The Medical Humanities, Literature and Language

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1. Introduction

The origin of this special issue of the *Nordic Journal of English Studies* on the Medical Humanities was a desire to highlight particular research interests of the new editors of the journal and to demonstrate one of many fields that span disciplines within English Studies: literature, culture and language. A volume on the Medical Humanities was especially relevant as we began our editorship during the Covid-19 pandemic: therefore, it is not surprising that the pandemic informs or is the focus of some studies included in this volume (see section 3). We take this as a starting point for the discussion in this introduction, before turning our focus to the Medical Humanities in general with regard to literature and language, and especially to our work in the Medical Humanities in the Nordic countries.

2. The pandemic, literature and language

In 2020, it seemed everyone was either reading or reading about *The Decameron*. Posts highlighted particular passages on the healthy abandoning the sick and the rich skipping town. Virtual book clubs, popular articles, and live Facebook lectures on the book were organized and advertised. While the plague described in *The Decameron* has never eluded cultural interest (e.g., Cooke 2009), it was experiencing a revival in 2020 (e.g., Di Lauro 2020; Sherberg 2020; Vanamee 2020).

Meanwhile, new communities and cultural expressions were formed out of loose association with this fourteenth-century short story collection. The Library of Congress commissioned composers to create musical responses to the pandemic on YouTube ('The Bocaccio Project' 2020). The *New York Times* published 'new short stories inspired by the moment' ('The Decameron Project' 2020).

People were not only reading Boccaccio. Others turned to *A Journal of the Plague Year* by Daniel Defoe, *The Plague* by Albert Camus, *Love*

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in the Time of Cholera by Gabriel Garcia Márquez and *Pale Horse, Pale Rider* by Katherine Anne Porter. These books recurred frequently on lists of 'pandemic reading' (e.g., Bortolot 2020; Metcalf 2020; Popomaronis 2020).

Why? Why were and are people drawn to fiction about historical epidemics when they are going through one of their own? The book jacket for the *New York Times Decameron Project* suggests, 'when reality is surreal, only fiction can make sense of it'. Literature is thought to *do* something in the face of disease and crisis.

There is a growing body of research on bibliotherapy, or the use of reading in treatment. One strand of this research concerns shared reading and relief from chronic pain; another suggests that reading literature improves theory of mind, or our capacity for empathy (e.g., Billington 2016). During Boccaccio's time, reading was part of treatment for the mind and body (Olson 2019; Langum 2018). Music and reading, sitting in the garden, along with other things, affected the passions (or what we would now call emotions), which had a physiological impact on the health of the body. The recent pandemic brought this kind of embodied relationship between reading fiction and either making sense of disease, escaping from it, or surviving it (Downes and Römhild 2021). A Danish and English led project *Lockdown Reading* queried 'the way fiction reading was changing during these sudden periods of social isolation, suspended work, and increased awareness of our historical moment' (Davies et al. 2022: 2).

The pandemic of course drew attention to the language we use to describe medicine, disease and health. Familiar military conceptual metaphors—ILLNESS AS WAR (Lakoff and Johnson 1980; Bleakley 2017) surfaced. Coronavirus units were 'war zones;' doctors and nurses were on the 'frontlines'. However, as some pointed out, this militaristic language coincided with border closings, international grappling for equipment and vaccines, and restricted civil liberties (e.g., Musu 2020), although the causal effect of this language is debated (Benzi and Novarese 2022).

In 2020, the *Oxford English Dictionary* published several extra updates to cover rapid linguistic change during the pandemic. New words were added or infused with new meanings. Words added to the Oxford English Dictionary in 2020 include 'Covid-19,' 'comorbidity,' 'contact tracer,' and 'frontliner' ('New Words List April 2020'; 'New Words List July 2020'). Words with extended meanings include 'self-isolation',

'social distancing', 'infodemic' and 'Zoom' ('New Words List April 2020'; 'New Words List July 2020).

As well as directly influencing the language, with new or adapted words, concepts and metaphors, the pandemic has also lent impetus to studies of the language of risk communication and how official information is mediated to the public, which is taken up in two of the contributions (see section 3). Investigating the language of official sources when addressing the lay public plays a key role in helping communicators improve the effectiveness of the message, which is vital in a national emergency such as the pandemic.

3. Medical Humanities and English Studies

In 2020, the coronavirus renewed interest in particular books, words and phrases or created them. However, in its lingering after-effects, long-COVID may illuminate experiences of other chronic illnesses, such as Lyme disease (Douthat 2021).

As the population ages, non-communicable diseases (or chronic illnesses) increase. This global increase has pressing implications for quality of life, social welfare and economy (e.g., Busse et al. 2010). The increase and interest in chronic illness is marked in culture. Books that chronicle first-hand accounts of living with chronic illness are flourishing (e.g., George 2021; Miller 2021; O'Rourke 2022). The Medical Humanities, including English literature and language, have much to contribute to understanding chronic illnesses and other issues to do with medicine, illness and health.

Within the Nordic countries, there has been tremendous growth in the Medical Humanities in the past few years. These include dedicated centres, networks, journals, courses and academic positions. English literature and language are part of this development.

This Special Issue illustrates the multi-faceted approaches the study of English can contribute to understanding of health, medicine, and the experience of health and illness. **Godelinde Gertrude Perk** makes an explicit connection between our experience of Covid lockdowns with the experience of medieval anchorites, medieval religious people who lived solitary, walled-in existences. She investigates understandings of anchoritic physical and mental health, using methods from cognitive behavioural therapy. **Eric Pudney** examines the representation of witchcraft and the blood pact in the early modern play, *The Witch of*

Edmonton. In his analysis, he combines early modern medical theory and contemporary models of addiction to examine the blood pact as a kind of addiction. **Virginia Langum** investigates what is at stake in the aetiology and treatment of disease. Through the nineteenth-century case of health travel to Madeira for consumption, she considers how science shaped prejudice that may linger in the present. **Katarina Gregersdotter** probes issues of objectivity and power in the clinical encounter as represented in Margaret Atwood's neo-Victorian novel *Alias Grace*. Ultimately, the doctor fails to embody his ideals of science, and Grace controls her own story. **Jens Kirk** makes a compelling argument for marrying the Medical Humanities with environmental or 'green humanities'. He applies recently identified mental health impacts of climate change, such as *solastalgia* and ecological PSTD, to a close reading of Charles Rangeley-Wilson's *Silt Road: The Story of a Lost River*. The linguistic contributions in this volume consider medical discourse of historical periods and of the present day. The first of these, by **Jukka Tyrkkö**, **Pauline Alkenäs**, **Esme Richardson-Owen** and **Johannes Widegren**, complements previous research on the use of the term *symptom* in early modern English medical discourse by examining its use in *non*-medical contexts, using the 1.4-billion-word EEBO TCP v3 corpus. A combination of manual classification and computational topic modelling reveals some unexpected results, such as how quickly the term was adopted from vernacular medical texts for use in non-medical writing, used synonymously with *sign* or *token*. Metaphorical uses of *symptom* were found in religious and institutional contexts. In the contribution by **Elena Glotova** and **Marlene Johansson Falck** metaphors are in focus, namely how these are used to describe the sounds of tinnitus in nineteenth-century medical records. The authors show how the metaphors used reflect the patients' environment, and the importance of these accounts for understanding and treating tinnitus. Turning to studies of the present day, **Anna Justine Sochacka** uses Positive Discourse Analysis to examine the discourse strategies used in four TEDx Talks by women with autism. The study highlights the impact of treating people with autism as 'less than', and of dividing patients into 'high' and 'low functioning', and instead promotes neurodiversity, which argues that autism is not an intellectual impairment but a natural variation of brain development. **Aage Hill-Madsen** presents a study of the comprehensibility of medical texts directed at a lay public, using six European Assessment Report summaries that each report on a

specific medical product and the results of clinical trials. Focusing on the semantic density and semantic gravity of these texts, he finds that these texts may be challenging to reader groups unaccustomed to reading conceptually abstract texts. **Ying Wang's** contribution focuses specifically on risk communication, examining the language of Covid-19 press briefings by the UK government. She uses Structural Topic Modelling (cf. Tyrkkö et al.), revealing that topics were related to two key areas. The approach also facilitated the identification of high-frequency words associated with key topics, reflecting the use of simple everyday language with a positive prosody in the government's emergency risk communication practice.

We hope this Special Issue will encourage further investigations into these and other areas within the Medical Humanities. We would also like to take this opportunity to thank the previous editors of the *Nordic Journal of English Studies*, Karin Aijmer and Chloé Avril, for their dedication to promoting English Studies in the Nordics.

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