



Book Review

Narrative Art and the Politics of Health

Brooks, N., & Blanchette, S. (2021). Anthem Press. ISBN 978-1785277108 (cloth) CDN\$160.98; ISBN 978-1785277122 (e-book) CDN\$41.62. 264 pages.

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At a time when our understandings of health, whose lives hold value, disparities in access to healthcare, and restrictions on reproductive rights are overtly and undeniably shaped by political and social forces, *Narrative Art and the Politics of Health*, edited by Neil Brooks and Sarah Blanchette, is an important contribution to medical discourse and health humanities scholarship. This collection of essays written by a diverse group of academics and artists challenges our epistemological and ontological knowledges and offers critical insights and case studies that require readers to reconsider how we define “health,” and how health is informed by and reinforces economic interests, racism, and ableism. In introducing this collection of essays, Brooks and Blanchette discuss how the contributions are inevitably going to be read against, and framed by, the pandemic (p. 1) They suggest that as an overarching consideration of the book, the “critical role of narrative in the politics of health” underscores the importance of critical analysis of the discourses, policy responses and disparate consequences of COVID-19 on marginalized communities and developing nations (p. 1).

As a white settler on the unceded ancestral and traditional territories of the Kwantlen, Katzie, Musqueam, Semiahmoo, Tsawwassen, Qayqayt and Kwikwetlem peoples, I have benefited from privilege ascribed, not earned. I have much to learn, and as such I spent significant time reading and rereading each chapter of this book, because I was hungry for stories and perspectives that disrupt and reorient us towards inclusive narratives. I found myself deeply engaged and challenged when reading this book, forced to confront the narrow lens by which I considered some of the topics. I benefited personally and

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academically from the editors and authors querying the ways in which health care and narratives are political and intertwined, and how these narratives create distinctions that privilege and reflect white bodies and interests, subsequently devaluing unruly bodies and stories that deviate from social norms. In the same way that the social model of disability reveals the complexities of disability beyond the curative focus of the medical model of disability, this book successfully brings together an interdisciplinary analysis of health narratives that are typically simplified and bounded by scientific authority.

The essays in Part One focus on institutional narratives undergirded by white supremacy as the very foundation of how Western society conceives and responds to “health.” The chapters weave together seemingly separate areas of focus that connect at the structural level with devastating consequences. Beginning with a case study on the medical authority of ship doctors and captains during the slave trade, the origins of “health” being defined in relation to potential for production are elucidated, detailing how the slave trade served as the racist foundation for contemporary understandings about health, illness, disability and economic productivity (Gauvin, Chapter 1). The second chapter, by Kelly, Boyce and Rice, examines the use of performative technology such as slide shows in schools and universities as a delivery mechanism for eugenics ideology, or “destructive knowledges,” as part of white heteronormative nation building strategies (p. 9). Chapter Three, by Poole and Galvan, explores the medicalization of grief responses via the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), workplace bereavement policies, and public expressions of grief since the start of the pandemic to introduce the concept of “grief supremacy” and the “rules around grievability” that are produced by, and reinscribe, white supremacy (p. 63). Concluding this section, Eli Clare (Chapter 4) focuses on the power of naming and the role of seemingly innocuous systems of categorisation, such as library classifications, in constructing difference, moving beyond the analysis of more obvious systems of classification that pathologize us, such as those listed in the DSM-5, to see the reach and power of institutional narratives.

In Part Two, the various authors elaborate on sociocultural narratives surrounding vaccination, philanthrocapitalism, eugenics, and mental health. In a particularly timely chapter, Polzer and Wakewich (Chapter 5) deploy a critical health studies perspective to offer distinctions between anti-vaxxers and vaccine hesitancy and engage in complex discussions about the politics of public health, parenthood and cultural anxieties regarding neoliberal governance. In attending to one of the most discussed social and scientific issues of our time (vaccination), the authors problematize the mobilization of responsible parenthood (in particular motherhood), and how public health narratives and policies reflect and reaffirm neoliberal rationalities (p. 98). Polzer and Wakewich necessarily complicate understandings of vaccine discourse beyond the binary of anti-vaxxers and pro-vaccination, thus laying the groundwork to understand, develop, and deploy new social narratives that

are nuanced and potentially less polarizing. In Chapter Six, Martin, Barrera Garza, Khan and McKenzie discuss the corporate co-optation of altruism as a particular form of branding that is packaged as corporate responsibility instead of being critiqued as a predatory commodification of “under resourced bodies” (p. 117). In Chapter Seven, Graham elucidates linkages between 19th century spiritualism, madness, eugenics, early feminism, and 21st century conservatives. The section concludes with a focus on narratives about suicide and mental illness that have cross-cultural differences (e.g., anomie, atonement, liberation and madness), arguing that suicide must be understood and addressed in culturally appropriate ways (Marsden, Chapter 8).

The contributions in Part Three, which analyse fictional narratives in literature and stage performances, together explore ways in which institutional and sociocultural norms are normalized, consumed, and reified. Departing from narratives that centre white women, Milanes (Chapter 9) skillfully details the complexities of depression faced by Black women as “a symptom and a result” of institutional and social factors and highlights the importance of community as a site of support and a potentiating factor in health and well-being (p. 175). Lockett’s contribution (Chapter 10) on the value of lives, medical paternalism, health inequities, and assisted death engages in deep analysis of the life of an author and his body of work. This is especially timely and relevant. In light of the ongoing COVID-19 pandemic and 2021’s passage of medical assisted death (MAID) in Canada, the sanctity of life and collective social obligation to reduce and prevent human suffering is fleshed out in the nuances of his essay: MAID advocates argue for a person’s agency and right-to-die, while others have raised concerns that assisted suicide may be seen as the only alternative because of insufficient (or absent) social and medical supports. Poli’s essay (Chapter 11) works especially well when read alongside Clare and Marsdens’ contribution: it delves into the complexities and power of diagnostic categories, stigmatization of mental illness, and inadequate options for people who require mental healthcare (as well as their families) from the perspective of a family in rural India. Tomkinson (Chapter 12) examines the unassuming ubiquity of casts and shows that how we view casts, and how they are fictionally deployed, reflect and perpetuate ableism and the construction of difference that ascribes harmful, negative connotations to disability.

This collection of essays is thought provoking and an excellent addition to scholarship on health narratives. Each chapter is a departure from narratives that are underpinned by white normativity, challenging readers to analyze the historic and ongoing racist structural foundations and contemporary understandings of health. When read against the particular era in which it was created, the timing of the book’s publication serves as a strength and potential weakness. The immediacy and relevance of COVID-19, structural racism, mental health, ableism, and economic interests are of direct importance in 2022. Academic consideration and analysis in real-time are essential; conversely, the book doesn’t benefit from the added perspective that comes with the passage of time in the same way that later publications will. Indeed,

Brooks and Blanchette signal that the timing of the book and the impacts of the pandemic affected potential contributors, resulting in some intended areas of focus left unaddressed; tending to fat studies, socioeconomic status, privatization, addiction, sports, the sterilization of Indigenous women and birth alerts, abortion and reproductive rights, and the wellness industrial complex will be welcome additions for future editions. Nevertheless, this book is a powerful compilation of interdisciplinary essays that overlap in significant and surprising ways to deconstruct narratives and the politics of health as a foundation to understand the complexities of institutional, sociocultural, and fictional factors that shape and influence our perspectives individually and collectively. *Narrative Art and the Politics of Health* challenges readers to reconsider and disrupt established, oppressive narratives about health and to imagine new possibilities for how we can conceive of health and healthcare now and in the future.