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The history of emotions has been thriving particularly at its intersection with the history of medicine, diseases, and health with recent works on pain, loneliness, cancer, and surgery.[1] *Feeling Dis-ease in Modern History: Experiencing Medicine and Illness* undoubtedly represents the pinnacle of these efforts. Edited by two of the leading experts in this area, the book's chapters are thoroughly diverse in topic, highly innovative, and sometimes experiential. While it is about feelings and experiences of disease, medicine, illness, and health, the book is not written with only historians of medicine, health, and emotions in mind. The book is in search of a method (or methods) and therefore has a major interest in expanding the history of emotions at large.

Grown out of a conference held at the Max Planck Institute for Human Development, in Berlin, in January 2020, the book is divided into six sections. The first section contains three chapters, and the remaining five sections contain two chapters each. Instead of summarizing each chapter in a traditional book structure in the introduction, the editors opt for “a set of critical commentaries” at the beginning of each thematic section to “draw out common and competing threads” (p. 21). Drawing fruitful connections between chapters and sections of edited volumes is sometimes challenging. The editors' decision to provide critical commentaries at the beginning of each section overrides this difficulty. The introduction thus also stands out as a chapter rather than a mere introductory piece. The editors raise the question of “collective experience” in the introduction, which is “an avenue of investigation that, up to now, historians of emotions have been reluctant to pursue.” A focus on “the first-person agentic I” is vital but should not be seen as a universal framework of experience (p. 6). This requires a renewed attention to experiences, contexts, bodies, norms, frames, and scripts. The editors discuss each of these themes in turn in the introduction, highlighting the skill and depth of historical understanding it takes to examine historical experiences.
The first section, “Lived Epidemic,” reconsiders the statement that epidemics embody fear through the examination of first-hand accounts, structural problems, and cultural memory. The central message is a powerful one: fear as an essentialized emotion tells us nothing about the experience of epidemics. We can learn more about why this is the case in the second section, “Datafication and Knowledge Production.” Here the topic of analysis is scientific knowledge production about affects and emotions as the cause of mental disorders and diseases. The chapters show how previously valid emotional knowledge as well as existing technical and technological settings determine which experiences are seen as relevant and worthy of translation into research data. “Narration” and “narratives” also play a central role here, as the third section, “Dis-ease Narratives: Making and Listening,” demonstrates. The chapters in this section explore chronic or long-term conditions—cancer and trauma—for producing “affective challenges of a special kind” (p. 121). These chapters blur the lines between emotional expression and emotional refuge by paying special attention to the place of art and aesthetics. The attention turns to the medical encounter in the context of sexual violence and criminal therapy in the fourth section, “Expertise, Authority, Emotion.” This section demonstrates how the harm caused is mediated by the medical refinement of a “broad cultural repertoire of attitudes and understandings of criminal violence” (p. 156). The fifth section, “Construction and Contingency of Experience,” turns to the question of how the coming and going of diseases, diagnoses, and therapies shapes the lived experience of patients. The chapters address this question by examining the relationship between the notion of pain and the notion of “nature” in twentieth-century America and Europe and by tracing the career of “fashionable” diseases in Georgian England. The sixth and final section is titled “Material, Objects, Feelings.” Here the chapters explore the lived experience within and beyond the limits of spatial planning and prescriptions. These six sections complement one another perfectly. Read together, they highlight how the history of experiences of medicine, disease, and health is always plural and multifaceted and never directional or one-dimensional (patient-centered or doctor-centered). Treating experiences as directional rather than “a perfectly circular biocultural configuration of affective experience as cause and effect” is a pitfall to be avoided (p. 4).

The theoretical contributions of each chapter cannot be discussed separately here. I would like to highlight five chapters that stand out to me. The first chapter, “Feeling the Dis-ease of Ebola: An Invisible War” by Emmanuel King Urey-Yarkpawolo, uses first-person narratives as sources but also includes them in the text to produce knowledge about the lived experience of Ebola. Urey-Yarkpawolo’s argument that the disease of Ebola that struck Liberia in 2014 was an “invisible war” acquires meaning through these narratives, which expose the entangled history of “the personal and the economic, social and political forces of a nation” (p. 29). In other words, Urey-Yarkpawolo uses these narratives to explain the situated experience of fear. In the final chapter, “Feeling Penfield,” Annmarie Adams similarly adds herself as “a subject” in the text but in a distinct way. Wilder Penfield was a neurosurgeon who commissioned Barnet Phillips, a New York-based decorator, to design the lobby of the Montreal Neurological Institute (MNI). While Urey-Yarkpawolo dedicates a part of his chapter entirely to his personal narrative of the first Liberian war (1989-97), Adams flickers between herself, Penfield, and others to examine feeling neurology through architecture. Adams's chapter, as she states, “may become outdated quickly,” but her argument that we should avoid assessing architecture by treating the experience of any one body as universal will not (p. 256). It is important to keep in mind whose experiences we prioritize when we talk about buildings’ past, present, and future. More important, who chooses to share their experiences? And how is
that choice mediated? Considering these questions will result in substantial revision of architectural historiography.

How do people communicate their experiences, solely through words, facial expressions, and gestures, or also through art, aesthetics, and the built environment? The theoretical contribution of Adams’s chapter also lies in this question, which is dealt with in chapters 6, 7, and 12 as well. The answer is not straightforward and needs to be contextualized. It would be a mistake to treat art, aesthetics, and the built environment unequivocally as physical or artistic expressions. Nevertheless, these chapters expand the kind of sources historians of emotions and dis-ease can draw on. Scholars seeking to understand the experiences of dis-ease cannot afford to disregard art, architecture, and aesthetics. The key is to consider them in a methodologically reflective way as Heidi Morrison does in chapter 7. To capture the experience of Palestinian childhood war trauma in the recent past, Morrison uses Sarah Lawrence-Lightfoot’s method of “portraiture.”[2] In so doing, she turns the lens to an examination of methods of writing, exploring metaphors, rhythms, tone, and sensory experiences, while not losing sight of the context. Her examination pushes the bounds of conventional psychological and psychiatric experiments and assessment by questioning symptomology in understanding trauma, while urging conventional war history approaches to turn their attention from battlefields to the intimate space of war.

Rob Boddice has emphasized on many occasions that historians can produce "emotion knowledge" that is relevant and valuable to other disciplines concerned with emotion research.[3] Above all, this volume underscores this highly significant point. It is as much about feeling epidemics, chronic illnesses, and health-care institutions as it is about knowing fear, shame, trauma, affect, and happiness. Thus, the book would be of value to diverse scholars across disciplinary boundaries. With this in mind, I would like to finish this review with a personal note to historians: there is no need for “worrying” about emotions in history anymore.[4] But concerns over how we add emotions to the historiography have not gone away. Emotions are not self-evident categories. The history of emotions has achieved a kind of theoretical and methodological sophistication and maturity that allow us to explore how emotions change and why. Feeling Dis-ease is the evidence. We can challenge these theoretical and methodological approaches—as Feeling Dis-ease does—without falling into the limbo of treating the meaning of emotion words as transparent. If our goal is to make histories of emotions and experiences part and parcel of doing historical research, producing emotion knowledge all the while, then thinking carefully, and collectively, about how we treat emotions and experiences in our work is the only way forward.

Notes


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