



Journal of Arts & Humanities

Volume 10, Issue 01, 2021: 42-52

Article Received: 15-01-2021

Accepted: 30-01-2021

Available Online: 05-02-2021

ISSN: 2167-9045 (Print), 2167-9053 (Online)

DOI: <https://doi.org/10.18533/jah.v10i01.2037>

Beyond Traditional Medical Humanities: How Reading World Literature Focused on Health Relates to the Development of Empathy

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ABSTRACT

Implementing a medical humanities curriculum in pre-professional health studies cultivates students' practical expressions of virtue. Such a curriculum may vary across institutions, but it often encompasses core components such as humanities, history, and bioethics. Reading world literature, especially first-person narratives that embed health and emotions, allows readers to experience the narrator's emotional states. Literary fictionality releases readers from social obligations, allowing them to empathize unreservedly for a fictional character in a direct exchange with the author. By referencing Kazuo Ishiguro's *Never Let Me Go*, Salman Rushdie's *Midnight's Children*, and Tsitsi Dangarembga's *Nervous Conditions*, I demonstrate that through the narrators, Kathy H., Saleem Sinai, and Tambu, respectively, readers encounter intimate details of emotions in recurring themes of love, health, and identity. From the narrators' perspectives, readers establish a foundation for the fictional characters before being exposed to their emotions and health and mental alteration, which invite empathy. These attributes of health-related world literature, which may be beneficial in the context of medical humanities, have not been broadly discussed. Given the expansion of medical humanities, I propose that reading world literature focused on health also represents a new, nontraditional genre. Further, I contend that medical humanities curricula should include health-focused world literature. By predisposing pre-health students to empathy and cultural awareness, they better understand and feel for patients while caring for them.

Keywords: Medical Humanities, World Literature, Emotions, Empathy.

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1. Introduction

The importance of implementing a health humanities curriculum in pre-professional education—medicine, pharmacy, nursing, and others—has recently been emphasized. A health humanities curriculum can exist in different forms, encompassing core components including humanities, history, and bioethics. For example, Barron (2017) proposed that curricula focused on

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health humanities can develop a pre-health student's ability to understand patients as human beings beyond their pathophysiology and provide patient-centered care. As one medical student's comment highlights, "humanities help teach us how to connect with patients, empathize with patients and understand why we should strive so hard to take care of our patients" (Barron, 2017).

Humanities, such as world literature, especially first-person narratives that place a strong focus on health and emotions, could direct readers to experience and engage with a narrator and his or her emotional states. These works appeal to readers' cultural awareness, emotions, and empathy. Empathy is defined as a vicarious, spontaneous sharing of affect, which can be provoked by witnessing another's emotional state, by hearing about another's conditions, or even by reading (Keen, 2006). In reading literature, readers enter the narrator's thoughts, and even, in good literature, feeling how the narrator feels. Jurecic (2011) suggests that the development of an empathetic response from reading literature becomes a consensus that affirms teachers of college literature to expand their pedagogical approaches that encourage their students to be able to empathize people who may be very different in terms of cultural, social, or ethnic background.

Reading literary fiction offers readers the opportunity to encounter characters whom they may never expect to meet or settings where they cannot imagine exist in the real world. Fictionality in literature can possess distinct identities and breadths that subvert readers' views. Keen's (2006) theory of narrative empathy suggests that readers, through the narrator's lens, develop stronger empathetic response when reading fiction. She argues that "paratexts cuing readers to understand a work as fictional unleash their emotional responsiveness, in spite of fiction's historical mimicry of non-fictional, testimonial forms... Readers' perception of a text's fictionality plays a role in subsequent empathetic response, by releasing readers from the obligations of self-protection through skepticism and suspicion. Thus they may respond with greater empathy to an unreal situation and characters because of the protective fictionality, but still internalize the experience of empathy with possible later real-world responsiveness to others' needs" (Keen, 2006).

In opposition to a social situation in the real world wherein the realness of an identity is surrounded by skepticism, literary fictionality is communicated directly between the author and readers. In a direct, one-to-one exchange, readers are being released from the obligation of protecting themselves from doubts and are encouraged to display their emotions fully and empathize unreservedly. This greater empathetic response provokes readers to internalize their reading experience, which readers may recall upon encountering a similar or analogous circumstance in the real world. Paratexts, such as love, health, narrative style, and identity, frequently appear in the circulation of works in world literature to frame fictionality, eliciting reader empathetic response. Readers can spontaneously be empathetic for a fictional character. However, empathic disposition is subjective, and some readers may feel little empathy. The development of empathy could be progressive as readers learn more about the character.

In this paper, I discuss the interrelationships between love, health, first-person narrative style, identity and how they are tied to readers' empathetic response by referencing Kazuo Ishiguro's *Never Let Me Go*, Salman Rushdie's *Midnight's Children*, and Tsitsi Dangarembga's *Nervous Conditions*. These three novels are similar in offering conceptual investigations into the main concepts that I have proposed. In each novel, we are being pulled by the narrator into his or her view. Following the narrators, readers may feel as the narrators do. By drawing on Keen's (2006) theory of narrative empathy, I argue that through the narrators' perspective, readers observe intimate details of emotions from the fictional characters in circumstances of love and health and identity and loss of identity, developing empathy. At last, I propose that reading world literature focused on health also fits in the realm of medical humanities. Berry (2017) suggests that medical humanities have expanded to include new genres that discuss and connect elements of race, culture, gender identity to patient care. In this context, I contend that the implementation of health-focused world literature in a medical humanities curriculum can be taken into consideration.

2. Methodology

This paper employs a qualitative approach in connecting the works of Kazuo Ishiguro, Salman Rushdie, and Tsitsi Dangarembga to the expression of empathy and emotions. Particularly, there are

three lenses with which this paper evaluates the three novels: love and health, first-person narrative, and loss of identity. Within each of these, examples from each of the three novels will be presented through the use of direct quotes or summarization. Through close reading, I discuss the possible interpretations of these examples and examine how they represent the authors and narrators in appealing to the readers' emotions in various fictional scenarios and settings, which are important attributes of medical humanities.

3. Love and health

Love in world literature may be more than just a romantic, intimate relationship between two individuals. In fact, Sternberg (1995) depicts nine forms of love based on his triangular theory. Love can also be objective, meaning that a person develops a strong desire to pursue an inanimate object or idea. Love and health are intertwined, and they relate to each other bidirectionally. Not surprisingly, authors could leverage the love between two characters at the intersection between life and death to appeal to readers' emotions and evoke empathy. Snow (2000) argues that readers can empathize with fictional characters in a similar way when empathizing real people. She writes, "empathy with a fictional character can be explained... with the proviso that empathy in this case is "as if" empathy—that is, empathy as if the person were real. Reading descriptions of their lives, we come to identify with fictional characters in much the same way that we identify with real people" (Snow, 2000).

Readers read about the characters' history, emotions, and hopes, identifying them as if they are real. These descriptions readers learn about the characters provide "an essential background condition" that trigger and intensify readers' empathy (Snow, 2000). Likewise, in *Never Let Me Go*, *Midnight's Children*, and *Nervous Conditions*, readers not only learn about the narrators' descriptions and expressions of love, but also those of other characters interacting with the narrators, solidifying a background that evokes readers' empathy when they later read about their emotions.

3.1 Love and imminent death in *Never Let Me Go*

Ishiguro's dystopian *Never Let Me Go* depicts a group of human clones and their lives as organ donors in a scientifically advanced society. From a bioethical perspective, this novel describes the conspiracy of human cloning and a society's prejudicial treatments against the clones. *Never Let Me Go* criticizes unethical thoughts and practices in the face of self-interest using language, emotions, and intimate relationships, and advocates for acts of kindness. One example in which love and health are inseparably related is depicted in a scenario wherein Kathy H. and Tommy, who fell in love, are challenged to deal with Tommy's imminent death. Although Kathy and Tommy are genetic clones, Kathy is plotted as a carer who takes care of Tommy in his organ donations.

When Tommy expects a fourth donation, Ishiguro writes, "it happened about a week after the notice came for his fourth donation. We'd been expecting it... we'd had some of our most intimate conversations since the Littlehampton trip discussing the fourth donation... How maybe, after the fourth donation, even if you've technically completed, you're still conscious in some sort of way; how then you find there are more donations, plenty of them... how there's nothing to do except watch your remaining donations until they switch you off" (Ishiguro, 2005, p. 278-279)

In this context, a fourth donation suggests imminent death. However, Kathy and Tommy react peacefully and discuss it in intimate conversations. Despite being human clones, Kathy and Tommy have been humanized while growing up at Hailsham, where they have developed feelings, love, and intimate/sexual relationships. As Whitehead (2011) notes, "the students are, we learn, being trained as professional "carers," and their literary and artistic education seems to underpin their undeniably close affective bonds and their altruistic behavior towards one another. According to the logic of the teachers, or "guardians," at Hailsham, the humanities also humanize the cloned students, making them more "like us." As a result, upon being requested for organ donations, they would be willing to sacrifice components of their body, or health, to save others from life-threatening diseases.

When Tommy expects a fourth donation, he experiences the fear of death as well as the fear that he will leave Kathy. He says, "it's a shame, Kath, because we've loved each other all our lives. But in the end, we can't stay together forever" (p. 282). Between the love of Kathy and Tommy, Tommy trusts Kathy much that he "confided in" her in talking about his fears and concerns and together, they "are dealing with the fourth donation pretty well together" (Ishiguro, 2005, p. 279).

Like Kathy and Tommy, readers anticipate that Tommy will die soon because he will be used up until being “switched off.” Kathy is, too, a tragic character, who has “tears rolled down [her] face” in reminiscence of Tommy after his death (p. 288). Throughout the novel, the clones are portrayed as “poor creatures” (Ishiguro, 2005, p. 272) yet they are capable of displaying human emotions like Kathy and Tommy have. As these clones become more humanized and assimilate into the human society, readers are challenged to question the bioethics underlying human cloning and organ donations. Ishiguro, through manipulations of language, emotions, and love in the plot combining human-humanized organ transfer and the disregard for deaths of the humanized, appeals to readers’ emotions. Together, the characterization of Kathy and Tommy, their tragic love, and their passivity and acceptance of their fate invite readers’ empathy.

3.2 The tragedy of the Sinai family in *Midnight’s Children*

Rushdie’s *Midnight’s Children* describes the transition of India from British colonialism to independence and separatism using historical context, magical realism, and cultural symbolism. This novel follows Saleem Sinai who, through storytelling based on his memory, hopes to refine events that have happened in historical India and its partition. Because of Saleem’s unreliable narration, readers are challenged to reflect on truth and illusion in recurring themes of love and relationships, sex and gender, power and identity, magic and mythology.

Throughout *Midnight’s Children*, Saleem has included several stories centering around love and relationships, one of which depicts that of his parents, Amina Sinai and Ahmed Sinai, and their relationship crossing love and health. In fact, love between Amina and Ahmed occurs because of improvement in health. Their initial marriage, instead, consists of empty love, which depicts that a relationship lacks passion and intimacy (Sternberg, 1995). Amina initially marries Ahmed “for solace, for children,” but not for love. She had “found herself dreaming about an undreamable poet’s face,” or, Nadir, her ex-husband, whom Amina was deeply in love with, and “waking with an unspeakable name on her lips” (Rushdie, 2006, p. 73).

Not surprisingly, Amina and Ahmed’s empty love impacts them negatively, as “Ahmed ranted at her for hours within the shocked hearing of her family” and Amina is advised that “there was no shame in leaving an inadequate husband” (p. 324). However, in encountering death, despite the absence of love and intimacy, Amina is “driven by an unstoppable will,” perhaps by her view of her cultural role and gender identity, to nurse Ahmed for his recovery of his deteriorating health. Her hard work pays off, leading to Ahmed’s full recovery that “astound Breach Candy’s European doctors” (Rushdie, 2006, p. 340).

Amina and Ahmed provide an example of a literary fictional portrayal of how health can turn empty love into romantic love. Their newfound love is depicted optimistically, and they were portrayed to have “spent their days like just-courting youngsters.” Ahmed also stops his “nightly battle with the djinns,” or alcohol, and begins to care about Saleem’s nasal discomfort. He speaks to Saleem “come, son—come here and let me love you” and Saleem would be “smothered in his squashy belly” (p. 344). Further, Amina and Ahmed prepare a seemingly family picnic day, but in reality, drive Saleem to a clinic to get his sinuses surgically cleared (p. 346). As a result of Amina’s and Ahmed’s newfound love, the Sinai family finally enjoys time together. Amina forgets Nadir, Ahmed stops abusing alcohol and shows affection to his children, and Saleem is being loved. Despite provocations of “alpha and omega” and “baby-swap of Mary Pereira,” wherein Amina and Ahmed banish Saleem finding out that he is not their son, Saleem feels that his “parents loved [him].” He insists that “their love was stronger than ugliness, stronger even than blood” (Rushdie, 2006, p. 345).

Unfortunately, the Sinai family shortly after meets Alia’s revenge through her ability to impregnate emotions into food. Saleem begins to “blush like and beetroot whenever his sister speared in his thoughts” and Jamila is “seized by... dark emotions” and travels across the country, further dislocating Saleem’s “awful love” to his sister (p. 378). Further, Amina’s pregnancy provides the “opportunity of perfecting [Alia’s] revenge,” in which Amina bears “a monster child with a cauliflower instead of a brain.” Because of this “terrible toll,” Amina’s hair whitens and by the second trimester, she is “already an old woman.” Meanwhile, Ahmed, unable to help, finds himself “unnerved, adrift, unmanned.” He slacks in managing the Amina Brand, which results from their love and marriage, and

becomes “irritable with his work-force” (Rushdie, 2006, p. 380). Ironically, Ahmed’s health also deteriorates following Amina’s when he gets hit with a stroke.

Since the beginning, readers are exposed to Amina’s and Ahmed’s empty love relationship for nearly half of the novel, consisting circumstances of distrust, alcoholism, endless verbal and physical abuse, and thoughts of cheating. Following Alia’s revenge, Saleem is driven “into a deeply fatalistic frame of mind” by “the flinty refusals of [his] sister” (p. 387) and Amina and Ahmed die when the India-Pakistan war breaks out. As Saleem notes, his parents fell in love too late, or, the love within his family comes too late. Through Saleem’s narrative, Rushdie appeals to readers’ empathy for the Sinai’s, in which Amina and Ahmed endure a long-lasting, loveless marriage and Saleem, in particular, suffers a banishment and mistreatments as a result of his parents’ distrust towards each other. Because the Sinai family’s affairs have been introduced since Book One of *Midnight’s Children*, Rushdie also draws upon readers’ anticipation that their interrelationships will ameliorate. However, Alia’s revenge quickly ends Amina’s and Ahmed’s brief, blissful family moments and the India-Pakistan war eliminates Saleem’s long-awaited, “benighted family” (Rushdie, 2006, p. 386), intensifying readers’ empathy towards the Sinai family.

3.3 Love for education in *Nervous Conditions*

Dangarembga’s *Nervous Conditions* follows Tambu and uses her story to address the impact of colonialism and patriarchy on women’s oppression. *Nervous Conditions* depicts Tambu’s struggle in pursuing an education, the main protagonists’ desire for power and dignity, and the marginal characters’ inferiority in dynamic themes of colonialism, patriarchy, health, and education. Throughout the novel, readers are left to ponder how the intersectionality of being a woman and being black in this society impacts Tambu and others.

Nervous Conditions begins strangely as Tambu says in the novel’s first line that “I was not sorry when my brother died. Nor am I apologizing for my callousness, as you may define it, my lack of feeling” (p. 1). However, readers later learn that Tambu’s brother, Nhamo, exerts his power over Tambu with his presumed superiority and privilege because of his opportunities for education. Upon Nhamo’s death, Tambu, being the second oldest in her family, receives the chance to go to school, where she strived and earned “the privilege of associating with the elite” by entering the Young Ladies College of the Sacred Heart (Dangarembga, 2004, p. 181).

There, Dangarembga writes about Tambu’s experience: “with all those new books, reading took up so much of my time that there was none left in which to miss Nyasha, or my uncle and aunt... although Nyasha did not visit, she wrote often. She wrote long, expansive, entertaining letters full of lucid, irreverent detail” (p. 199-200). In *Nervous Conditions*, Tambu’s love for education has prompted her to distance herself from distractions that may impact her studies. Her time now is rather spent reading and learning. She regards Nyasha’s letters as “expansive” and “entertaining,” taking time from her readings, and never writes back to Nyasha, despite saying to Nyasha that she “shall miss her too” (Dangarembga, 2004, p. 192) before she leaves.

In fact, Dangarembga uses Tambu’s love for education and the relationship between Tambu and Nyasha to evoke readers’ empathy for Nyasha. In writing about herself in her next letter, Nyasha writes, “in many ways you are very essential to me in bridging some of the gaps in my life, and now that you are away, I feel them again. I find it more and more difficult to speak with the girls at school” (p. 200). In this excerpt, Nyasha speaks to Tambu’s importance to her and how Tambu makes her feel confident. Although Tambu initially feel “a pang of guilt” (p. 201) when she did not reply to Nyasha’s letter, her guilt “dissolved quickly” (p. 201) as she is engaged “in the stream of novelty and discovery” (p. 201). She determines that she will “reply as soon as [she] had a spare moment” but she never did, despite how she “would see it often and be reminded to write.” (p. 201). In one of Nyasha’s last letters, she updates that she has “embarked on a diet ‘to discipline [her] body and occupy [her] mind’” and hopes to become “svelte” and “sensuous” (p. 201). Tambu never notes that she responds to this letter and she did not really notice” that Nyasha’s letters “eventually stopped altogether” (Dangarembga, 2004, p. 201).

As readers later learn from Tambu’s narrative, Nyasha has developed an eating disorder that she swallows her food “without chewing and without pause” (p. 202). She was “starving herself” (p.

203) and becomes “grotesquely unhealthy” (Dangarembga, 2004, p. 203) and her behavior has jolted her parents to bring her to a psychiatrist. She was prescribed Largactil, an antipsychotic medication.

As a result of Tambu disregarding Nyasha’s letters, in which Nyasha writes that Tambu helps in “bridging some of the gaps in [her] life” (Dangarembga, 2004, p. 200), Nyasha’s physical and mental health deteriorates, activating readers’ empathetic response. In Dangarembga’s interview included following the end of the novel, Dangarembga (2004) speaks that she “wanted more Zimbabwean and African women to be able to identify with the narrator than would have been the case if the Anglicized Nyasha had been narrating” (p. 209). As Dangarembga suggests, Tambu helps the Anglicized Nyasha bridging the gaps in Nyasha’s transition from England to Zimbabwe. These gaps can be language barriers, cultural shock, and patriarchal views that disapprove Nyasha. Tambu’s leave makes Nyasha feel the gaps again and Tambu’s love for education and irresponsiveness of Nyasha’s letters dismiss her emotional and spiritual support for Nyasha, leading to Nyasha’s health and mental decline.

4. First-person narrative

Fiction works are often narrated from a first- or third-person perspective. In contrast to third-person narration, in which readers may develop unbiased, subjective interpretations, first-person narration draws readers into the minds of the narrator. The use of language, usually personal to the narrator, and the use of first-person pronouns that describe the narrator’s perception are powerful in inviting readers to be engaged. By contrast, as Song (2015) remarks, without entering the narrator’s perspective, it becomes difficult for readers to uncover and connect the narrator’s thoughts and emotions. Keen (2006) argues that first person fiction works as a device that contributes to readers’ empathetic experiences and predispose readers to altruistic behaviors that characters exhibit. Indeed, literary works that focus on health could activate reader empathetic response indiscernibly through the narrator’s expression in intimate relationships, possessing emotions of joyfulness, excitements, sadness, and disappointments.

4.1 Saleem’s invitation to his audience in *Midnight’s Children*

In *Midnight’s Children*, readers learn from Saleem as his stories capture historical events that occurred in British India and after India’s partition. Saleem introduces a multitude of characters throughout the novel and describes how their experiences relate to India’s transition. As readers follow Saleem’s narrative, they observe that Saleem frequently exerts his opinions and emotions into his stories. Saleem responds, “I have not, I think, been good at describing emotions—believing my audience to be capable of joining in; of imagining for themselves what I have been unable to re-imagine, so that my story becomes yours as well (Rushdie, 2006, p. 336). Saleem’s self-reflection in this excerpt reveals that he is anxious and unconfident in describing emotions in his stories. He worries that because of his health, he cannot recount his stories accurately. However, he hopes that his readers are “capable of joining in” and share his emotions so that they can “imagine for themselves.” Through Saleem’s perspective, readers are able to see his disappointments and sadness.

For example, in Saleem first awakening of love for Evie, he becomes so emotionally invested that he “would have to share her interests, to make her passions [his]” (p. 213). Despite his effort, Saleem still fails, in which Evie initially gives “no response” and later replies “why’d I wanna watch you?” (p. 217). In using his telepathic ability to enter Evie’s mind, he finds that Evie screams at him “GET OUT GET OUT GET OUT!” Saleem then lifts his hands to his forehead and “wet-eyed” (Rushdie, 2006, p. 218).

Readers also share Saleem’s dismay in his self-blame when Amina and Ahmed abandon him because their blood does not match that of Saleem’s broken finger (p. 269). In fact, Saleem’s parents banish him because of their own distrust in their “long-suffering” empty love relationship (p. 275). Nonetheless, Saleem insists that his mutilated finger has caused his banishment. He blames himself for “no longer worth the investment of their love and protection” and suggests that his parent’s banishment of him has, instead, become his “staincheeks” (Rushdie, 2006, p. 275).

In both moments, readers directly feel Saleem’s sadness and self-criticism in his narrative. Through the use of first-person pronouns as he narrates *Midnight’s Children*, Saleem is inviting readers to “imagine for themselves... so that [his] story becomes his audience’s as well” (Rushdie, 2006, p.

336). In addition, Rushdie's punctuation usage in his writing also allows readers to experience like Saleem. That is, the capitalization of "GET OUT" when Evie screams at Saleem places a stronger emphasis on how Saleem is being treated. Saleem's first-person narrative draws readers into feeling and experience his sorrow, inviting their empathy as they are joining Saleem

4.2 Tommy's death from Kathy's perspective in *Never Let Me Go*

Never Let Me Go follows Kathy, who is thirty-one years old at the beginning of the novel, with her reflection of her experience as a human clone at Hailsham. Throughout the novel, readers live in the Kathy's mind, reading her thoughts and emotional expressions from her childhood affairs, to her job as a carer, and finally, Tommy's death. At last, Kathy remarks her relationship with Tommy from childhood to his death, which Ishiguro (2005) writes, "I half-closed my eyes and imagined this was the spot where everything I'd ever lost since my childhood had washed up, and I was now standing here in front of it, and if I waited long enough, a tiny figure would appear on the horizon across the field, and gradually get larger until I'd see it was Tommy, and he'd wave, maybe even call" (p. 287-288). While "empty fields" represent the beginning of their love, they also signify their end, which Kathy "imagined this was the spot where everything [she'd] ever lost since [her] childhood." Kathy's imagination in which Tommy's "tiny figure... gradually get larger" depicts their love since childhood until his death.

Kathy's reminiscence is powerful in inviting readers to recall the struggles and disappointments that she and Tommy have encountered, which linger in Tommy's growth between his childhood and his death. For example, their hope for a deferral for organ donation turns to a disappointment when they find out that it is just a rumor. Although Kathy quickly remarks in her reminiscence from the childhood to the end, readers are encouraged to think about their challenges in their love beginning childhood before learning that "tears rolled down [Kathy's] face" (Ishiguro, 2005, p. 288).

Kathy's conclusion provides a summarization of her narrative that readers have been following from the beginning to the end, inclusive of events that has "gradually" happened. Kathy's narrative allows readers to learn about her unique experience with Tommy, from childhood love, to hopes and disappointments in seeking for organ donation deferral, and finally, acceptance of fate. Following Tommy's death, Kathy becomes directionless as she proceeds "to wherever it was [she] was supposed to be" (Ishiguro, 2005, p. 288). In combining a first-person narrative, innocent childhood love, passivity and tragedy, and Kathy's loss of direction, Ishiguro invites empathy from readers.

4.3 Tambu's view on her parents' wedding in *Nervous Conditions*

Nervous Conditions chases Tambu's story through her perspective in which she reflects on her value for education, her relationships with her relatives, and her views and opinions. Through her narrative, readers learn about Tambu's idolization of her uncle, Babamukuru, because he is well-educated and has earned his respect in their extended family. When Babamukuru decides to plan a wedding for Tambu's parents to cleanse Jeremiah's "sin" of cheating an existing marriage (with a Christian's perspective), Tambu disagrees.

In contrast to Babamukuru's view of planning a wedding, Tambu sees it as "ridiculous" and would "reduce [her] parents to the level of the stars of a comic show, the entertainers" (p. 165). Despite Tambu "could not approve of the wedding," she could not "go up to Babamukuru and tell him what [she] thought" because of her admiration of Babamukuru and her value for education. She explains, "coming to the mission, continuing my education and doing well at it, these had been the things that mattered" (p. 166). Tambu's idolization of Babamukuru for what he has accomplished with his education has "stunted the growth of [her] faculty of criticism" of her parents' wedding ridicule (Dangarembga, 2004, p. 167).

Tambu "pretended to [herself] that the wedding was a wonderful plan" (p. 165). However, readers also see Tambu's self-criticism as she agrees that she is "unnatural" when she "would listen to Babamukuru even when he told [her] to laugh at [her] parents" (p. 167). She indicates that her weakness and perceived-guilt act like "razor sharp edges" that slice her (p. 167). She also suffers physically. On the day of the wedding, her disapproval of a mockery of her parents' wedding is reflected by her lack of energy to attend, in which her "muscles simply refused" and she hopes to remain "paralyzed" in bed (168). However, her disobedience meets Babamukuru's threats, including

“to stop buying [her] clothes, to stop [her] school fees, to send [her] home” (Dangarembga, 2004, p. 169).

In addition, because of her disapproval of her parent’s wedding and her idolization of Babamukuru, Tambu suffers mentally when she describes her brain having split “into two disconnected entities” arguing and disagreeing each other (p.169). Collectively, Tambu’s first-person narrative allows readers to identify the contrast in which she deprecates Babamukuru’s plan for her parents’ wedding versus what she actually thinks. In reading from Tambu’s perspective of how she struggles between her parents’ wedding and her disobedience of Babamukuru, readers see that this opposition have negatively affects Tambu both physically and mentally as she doubts her “legitimate existence in this world” and acts “maniacally” (Dangarembga, 2004, p. 169). Dangarembga attempts to appeal to the readers’ empathy through this characterization of Tambu, especially coming from Tambu’s own perspective and thoughts that allow readers to follow.

5. Loss of Identity

Identity, as it relates to an individual’s unique characteristics, could be subjective. Subjective self-identification relies greatly on a character’s self-perception and self-criticism of a particular experience. A character’s self-esteem is strongly connected to how he or she reflects on an event and how that event may create meanings. As the novels unfold, these descriptions and characteristics are revealed to readers, providing them an essential background condition before reading about their emotions (Snow, 2000). In literary works, authors play with identity dynamics, through shifts in reality, cultures, and origin, to generate reader empathetic response. Thus, readers may see, through a first-person perspective, how a character struggle through the change or loss of identity and the consequences that follow.

5.1 The “dream future” of the clones in *Never Let Me Go*

After Hailsham, in *Never Let Me Go*, the clones are left to join human society. They begin to ponder their lives beyond Hailsham’s boundaries and be “lost in conversations about [their] plans for the future” (143). Although they were optimistic, for example, Ruth shapes her “dream future” based on a picture in a magazine. Ishiguro (2005) writes, “their picture of a woman working in a nice glass-fronted office... This seemed just too close a match to what we then knew to be Ruth’s “dream future.” ... Ruth began telling us about the sort of office she’d ideally work in... She went into all the details—the plants, the gleaming equipment, the chairs with their swivels and castors—and it was so vivid everyone let her talk uninterrupted for ages... She even talked at one point about how the people in her office would all be “dynamic, go-ahead types.” (p. 142-144)

Apparently, Ruth’s “dream future” that she has planned includes the details and designs of her office and the type of people whom she hopes to work with. Despite her “dream future” is vividly depicted, she continues to “talk uninterrupted for ages,” describing her optimism and idealism. In contrast, knowing the purpose of the clones’ existence as organ donors, readers recognize that Ruth’s “dream future” is a false hope and anticipate her anger and disappointment.

When Ruth finds that her possible, whose office is “lovely” (p. 160), does not look like her, her idealism of a “dream future” shatters. She later bursts into anger: “we all know it. We’re modelled from trash. Junkies, prostitutes, winos, tramps. Convicts, maybe, just so as long as they aren’t psychos. That’s what we come from... If you want to look for possibles, if you want to do it properly, then you look in the gutter. You look in rubbish bins. Look down the toilet, that’s where you’ll find where we all came from” (p. 166). This excerpt defines the Ruth’s self-perception of her loss of identity. She sees the clones as “trash” who are modelled from dregs, for “as long as they aren’t psychos.” She sees them as different from humans, who think them as “art students,” and that they will be “thrown out” if humans find out about their identity as clones (Ishiguro, 2005, p. 166). In addition, she no longer sees herself as one who can achieve a “dream future” like humans as she compares herself with litter.

In comparing the clones’ sufferance in organ donation, people’s “overwhelming concern was that their own children, their spouses, their parents, their friends, did not die from cancer, motor neurone disease, heart disease” (p. 263). Admittedly, the clones’ identity as the humanized, or to which they hope to be, real humans, dissipates in having to serve their purpose as organ donors. Rather,

people are convinced that they are “less than human, so it didn’t matter” (Ishiguro, 2005, p. 263). The clones are, instead, identified as “creatures” and machines that will be “switched off” upon finishing serving people. By introducing false optimism, drastic shift in reality, and ethical considerations in concerning the clones’ identity and loss of identity, Ishiguro invites empathy and invites discussions to balance health and morality in welcoming scientific and medical advances.

5.2 Nyasha’s cultural shock in *Nervous Conditions*

Identity dynamics is also depicted in the presence of cultural shift as well. For example, in *Nervous Conditions*, Babamukuru’s daughter, Nyasha, experiences a cultural shock when she returns to Zimbabwe with her family. Growing up in England, Nyasha’s behavior of staying out alone at night with a boy may be perceived as normal; however, Babamukuru, with his patriarchal and cultural view, discourages Nyasha’s behavior and accuses her as a “whore.” After their fight, Nyasha expresses her distress: “it happens, you get so comfortable and used to the way things are. Look at me now. I was comfortable in England but now I’m a whore with dirty habits... I know, it’s not England anymore and I ought to adjust... But once you get used to it, well, it just seems natural and you just carry on. And that’s the end of you. You’re trapped. They control everything you do” (Dangarembga, 2004, p. 119).

Nyasha is rather innocent in this cultural shift since her childhood is spent entirely in learning about England’s culture. In moving to Zimbabwe, her behavior is quickly deemed inappropriate and she is physically punished by her father. She is victimized in the transition from an open culture to a patriarchal, conservative culture. Whereas she feels “comfortable” with her behaviors being perceived in England, she “ought to adjust” as she moves back to Zimbabwe. Babamukuru views her as “no decent,” “whore,” “disgrace,” and threatens to kill her (p. 115-117). By contrast, Nyasha believes that she “wasn’t doing anything wrong” (Dangarembga, 2004, p. 115).

Despite not wanting to be an “underdog” in her fight with Babamukuru, Nyasha is being “trapped.” She is trapped in inferiority under her father’s familial power and patriarchal views, and her subjective identity is redefined with obedience, meaning that she should “behave like a young woman from a decent home” (p. 116). She is being controlled in that she “should trust and obey” (Dangarembga, 2004, p. 121), but at the same time, “that’s the end of [her].” Unfortunately, Nyasha’s cultural shock is accompanied with physical pain and loss of freedom, which represents her loss of identity, triggering readers’ empathetic response.

5.3 Saleem’s amnesia and loss of identity in *Midnight’s Children*

Another example in which the loss of identity is through the loss of memory. Readers, through the narrator’s perspective, are able to see the changes in a character’s expressions, personality, and beliefs, all of which are elements of identity. Following the deaths of his parents and among others in the India-Pakistan war, Saleem, in *Midnight’s Children*, loses his memory when the silver spittoon strikes him (p. 392). Throughout *Midnight’s Children*, Saleem’s physical characteristics frequently embodies India and her partition through the use of cultural symbolism. For example, his enormous, bulbous nose symbolizes his power and the three drops of blood from his nostril symbolize the division of India, Pakistan, and Bangladesh (p. 4). Saleem’s birthmark on his face shapes like the map of India (p. 265), and he also describes that his body is disintegrating into “(approximately) six hundred and thirty million particles of anonymous, and necessarily oblivious dust” (Rushdie, 2006, p. 36), which is roughly the population of India at the time of his storytelling.

The silver spittoon, meanwhile, represents India before her partition. Rushdie writes, “around the oldsters, the town fades into desultory evening pastimes... And now the old men place the spittoon in the street, further and further from their squatting-place, and aim longer and longer jets at it” (Rushdie, 2006, p. 44). In this excerpt, the oldsters and the traditionality of the hit-the-spittoon game stand for old India.

Thus, the bombardment of the silver spittoon on Saleem’s head suggests the end of old India, causing the loss of Saleem’s memory, to which he later identifies himself as a Pakistani (p. 403). Upon losing his memory, Saleem embraces his new self of being “empty and free” (p. 392). Following his loss of memory, Saleem is portrayed as a Buddha (p. 402), which reflects his changes. Saleem loses his identity when his mind is freed of “snotnose,” “mapface,” “Kolynos kid,” and “alpha-and-omega” (p. 392-393). He loses his emotions and sexual awareness when he is “free of... Evie Burns and language

marches... and the breasts of Pia mumani” (p. 393). Lastly, Saleem is also liberated from his self-blame in forgetting about the deaths of Homi Catrack, Hanif, Aadam Aziz, and Prime Minister Jawaharlal Nehru (Rushdie, 2006, p. 393).

In fact, Saleem’s amnesia has purified him so much that he is now metaphorically “wiped clean as a wooden writing-chest,” waiting to be rewritten with a new identity (p. 393). Unfortunately, his moral compass has been misdirected. He uses his sense of smell to assist Pakistan’s CUTIA units to capture Sheikh Mujib, the prime minister of Bangladesh. In addition, he also leads Pakistani troops to Mujib’s lair, resulting in a civilian massacre, rapes, and the destruction of the city. Yet, he is willing to bear the echo of his crime as if he is “bowing his head before the inevitability of his guilt” (Rushdie, 2006, p. 421).

When Saleem is interrupted by Padma, who is disappointed at his actions in Mujib’s capture, he excuses himself. Saleem says, “but how convenient this amnesia is, how much it excuses! So permit me to criticize myself: the philosophy of acceptance to which the buddha adhered had consequences no more and no less unfortunate than his previous lust-for-centrality; and here, in Dacca, those consequences were being revealed” (Rushdie, 2006, p. 409-410).

Sadly, Saleem’s loss of identity resulted from his amnesia has led him to becoming heartless and self-centered. In this amnesic period, his emotions and self-consciousness are being overtaken by his selfishness and “lust-for-centrality.” He is even convinced “that the purpose of that entire war had been to reunite [him] with an old life, to bring [him] back together with [his] old friends” (p. 429). Readers, like Padma, have joined in into Saleem’s stories since the beginning. She is in “anguish” (p. 409) and “denials” (Rushdie, 2006, p. 410) of Saleem’s true identity. As Saleem’s audience, the readers are able to feel like Padma in her disappointment towards Saleem, developing empathy for her.

6. Conclusion

In the beginning of this essay, I have introduced the current trends of implementing a health humanities curriculum in the pre-professional phase of medical and allied health studies. Barron (2017) reflects from her experience working with medical humanities students at Baylor University and suggests that medical humanities provides an “earlier foundation for deep engagement with the human side of health upon which further medical training is built.” To justify this statement, she cites multiple responses from her students in speaking about how their medical humanities education has benefited them in medical school and clinical practice.

According to Dellasega et al. (2007), humanities was first formally introduced into a medical school curriculum in 1967 by George T. Harrell of the Pennsylvania State College of Medicine. Harrell established this with the goal of helping to “educate physicians who see medical practice in a context that is comprehensive—that emphasizes and enlightens, rather than avoids, the rich complexities of man, his society, and his heritage” (Dellasega et al., 2007). Povar and Keith (1984) indicated that the Association for American Medical Colleges and the Commission on the Humanities advocated for increasing implementation of liberal arts in medical school curricula in the 1980s. Lamb et al. (2020) highlighted the current growth of health humanities programs at the baccalaureate level in the US. Their results show that health humanities programs have been growing in number exponentially since the 1980s. As of 2020, 102 of those are in operation in the United States. Despite the impact of direct medical humanities education is reported for the most part in survey-type responses and case reports, medical humanities continues to thrive and expand its boundaries. As Shapiro et al. (2015) suggested, literature in medical education, through close reading, contributes to cultivating students’ intellectual inquiry, emotional awareness, and sociocultural and countercultural perspectives.

In this essay, I have cross-referenced Ishiguro’s *Never Let Me Go*, Rushdie’s *Midnight’s Children*, and Dangarembga’s *Nervous Conditions* and I argue that the development of empathetic response from reading world literature focused on health also attend a new genre of medical humanities. Within these novels, I have devised three main concepts, love and health, first-person narration, and identity, and discussed how they relate to the development of empathy. Given how Keen (2006) defines empathy—as a “vicarious, spontaneous sharing of affect” that can be provoked and intensified by releasing readers from a self-protection of suspicion through a first-person narrative perspective—it

becomes clear that these three novels invite readers' empathy through the narratives of Kathy, Saleem, and Tambu.

The three novels described in this paper offer readers to learn about the descriptions of fictional characters through a first-person narrative, establishing a detailed foundation before being exposed to their emotional states and health and mental alterations, which invite empathy. Since a medical humanities education emphasizes promoting "interpersonal relationships between patients and practitioners" (Barron, 2017), which requires practitioners to acquire the ability to understand and empathize, I, thereby, argue that reading world literature focused on health belongs to the realm of medical humanities. Given the increasing interest and popularity of health science careers, a medical humanities curriculum in a health education should include health-focused world literature, predisposing students to critical comprehension, social and cultural awareness, and empathy prior to medical practice.

Acknowledgement

The author wishes to thank Susan Gorman, PhD for her support and guidance in the completion of this research paper.

References

- Barron, L. (2017). The Impact of Baccalaureate Medical Humanities on Subsequent Medical Training and Practice: A Physician-Educator's Perspective. *Journal of Medical Humanities*, 38(4), 473-483.
- Berry, S., Jones, T., & Lamb, E. (2017). Health Humanities: The Future of Pre-health Education is Here. *Journal of Medical Humanities*, 38, 353-360.
- Dangarembga, T. (2004). *Nervous Conditions*. Banbury: Ayebia Clarke.
- Dellasega, C., Milone-Nuzzo, P., Curci, K.M., Ballard, J.O., & Kirch, D.G. (2007). The Humanities Interface of Nursing and Medicine. *Journal of Professional Nursing*, 23(3), 174-179.
- Ishiguro, K. (2005). *Never Let Me Go*. New York: Vintage International.
- Jurecic, A. (2011). Empathy and the Critic. *College English*, 74(1), 10-27.
- Keen, S. (2006). A Theory of Narrative Empathy. *Narrative*, 14(3), 207-236.
- Lamb, E.G., Berry, S.L., & Jones, T. (2020). *Health Humanities Baccalaureate Programs in the United States*. Hiram, Ohio: Hiram College.
- Povar, G.J., & Karla J.K. (1984). The Teaching of Liberal Arts in Internal Medicine Residency Training. *Journal of Medical Education*, 59(9), 714-721.
- Rushdie, S. (2006). *Midnight's Children*. New York: Random House.
- Shapiro, J., Nixon, L.L., Wear, S.E., & Doukas, D.J. (2015). Medical Professionalism: What the Study of Literature Can Contribute to the Conversation. *Philosophy, Ethics, and Humanities in Medicine*, 10(1), 1-8.
- Snow, N.E. (2000). Empathy. *American Philosophical Quarterly*, 37(1), 65-78.
- Song, Y. (2015). How to Be a Proponent of Empathy. *Ethical Theory and Moral Practice*, 18(3), 437-451.
- Sternberg, R.J. (1995). Love as a Story. *Journal of Social and Personal Relationships*, 12(4), 541-546.
- Whitehead, A. (2011). Writing with Care: Kazuo Ishiguro's *Never Let Me Go*. *Contemporary Literature*, 52(1), 54-83.