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The key issue of clinical humanities

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The real purport of "clinical humanities" is putting oneself in an unexpected (calamity or pain) situation and being unable to understand others' real situations and; hence, uncovering oneself. Therefore, the so-called "clinical humanities" (a verb) attempts to break the self-recursion in humanities and social sciences and puts humanities and social sciences in a helpless and confused state. Then it can achieve humanistic development in human clinical sites, such as illness, disaster, loss of family member and other calamitous situations, while also forming an on-site humanistic support network.

At various clinical sites, on the one hand, the inertia of the humanities and social sciences should be broken, and the voice of suffering should be heard to obtain new self-reflections. On the other hand, through self-reflections, humanities and social sciences can transform and penetrate a suffering situation to extract profound humanistic knowledge. Under this context, "clinical humanities" (a noun, referring to transformed humanities and social sciences) truly participates in human suffering situations and has a professional framework that is different from conventional suffering alleviation. It also has its own unique rhythms.

The purpose of my research in recent years is to show the multiplicity of "indigenous/cultural psychology" and "clinical humanities and healing." My studies try to highlight some of the alternative new meanings of "clinical humanities" and the true manifestation of the encounter between "clinical humanities" and "indigenous/cultural psychology."

Biography

An Bang Yu is an associate research fellow at the Institute of Ethnology, Academia Sinica, Taiwan. He received his Ph.D. from National Taiwan University, where he majored in social and personality psychology. His areas of research interest include religious experience, faith healing, self and emotion etc. His indigenous psychological research has focused on Chinese culture and emotion, the body and illness, clinical humanities, and clinical-philosophical practice.

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