



6th International Health Humanities Consortium
“Diversity, Cultures, and Health Humanities”
March 9 – 11, 2017

Marriott at the Texas Medical Center | Houston, Texas, USA



DIVERSITY, CULTURES, AND HEALTH HUMANITIES
6TH INTERNATIONAL HEALTH HUMANITIES CONSORTIUM

HOUSTON MARRIOTT AT TEXAS MEDICAL CENTER
MARCH 9 – 11, 2017

TABLE OF CONTENTS

Steering Committee of the Health Humanities Consortium	6
Conference Staff	8
Conference Sponsors	9
About the Health Humanities Consortium.....	10
About the Host	11
Houston Recommendations	12
Join Us Next Year.....	13
Conference Schedule Overview.....	14
Sessions: Thursday, March 9	15
Sessions: Friday, March 10.....	16
Sessions: Saturday, March 11	24
Conference Abstracts	29
Flash Presentations.....	29
Panels	33
Papers	41
Posters	67

STEERING COMMITTEE OF THE HEALTH HUMANITIES CONSORTIUM

Therese (Tess) Jones, PhD

Associate Professor, Department of Internal Medicine
Associate Director, Center for Bioethics and Humanities
Director, Arts and Humanities in Healthcare Program
University of Colorado Anschutz Medical Campus

Michael Blackie, PhD

Associate Professor, Family and Community Medicine
Northeast Ohio Medical University

Stephanie Brown Clark, PhD

Associate Professor and Director, Department of Medical Humanities and Bioethics
University of Rochester Medical Center

Katherine Burke, MFA

Program Manager
Cleveland Clinic Lerner College of Medicine

Nathan Carlin, PhD

Associate Professor, McGovern Center for Humanities and Ethics
McGovern Medical School at The University of Texas Health Science Center at Houston

Quentin Eichbaum, MD, PhD, MPH, MFA, MMHC, FCAP, FASCP

Associate Professor, Department of Pathology, Microbiology, and Immunology
Associate Director, Transfusion Medicine
Assistant Dean, Program Development
Associate Professor, Medical Education and Administration
Vanderbilt University School of Medicine

Lester D. Friedman, PhD

Professor, Media and Society
Hobart and William Smith Colleges

Rebecca Garden, PhD

Associate Professor, Bioethics and Humanities
State University of New York Upstate Medical University

Craig Klugman, PhD

Professor, Health Sciences
DePaul University

Erin Gentry Lamb, PhD

Associate Professor, Biomedical Humanities
Director, Center for Literature and Medicine
Hiram College

Bradley Lewis, PhD
Assistant Professor, Gallatin School
New York University

Lise Saffran, MPH, MFA
Director, Master of Public Health Program
University of Missouri

Audrey Shafer, MD
Professor, Anesthesia
Director, Program in Arts, Humanities and Medicine
Stanford University

Danielle Spencer, MS
Associate Faculty, Department of Narrative Medicine
Faculty, Einstein-Cardozo Master of Science in Bioethics
Columbia University

Gail S. Werblood, PhD
Art Historian, Department of Disability and Human Development
University of Illinois at Chicago

CONFERENCE STAFF
MCGOVERN CENTER FOR HUMANITIES & ETHICS
MCGOVERN MEDICAL SCHOOL
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON (UTHEALTH)

Nathan Carlin, PhD
Associate Professor

Alma I. Rosas
Executive Assistant

Alina Bennett, PhD, MA, MPH
Postdoctoral Fellow

Thomas R. Cole, PhD
McGovern Chair in Medical Humanities
Director

Rebecca Lunstroth, JD, MA
Assistant Professor
Associate Director

Angela M. Polczynski, MBA, EdD Candidate
Senior Program Coordinator

Jeffrey P. Spike, PhD
Samuel E. Karff Chair
Professor

Christine Wieseler, PhD, MA
Postdoctoral Fellow

CONFERENCE SPONSORS



ENDORSED BY



ABOUT THE HEALTH HUMANITIES CONSORTIUM

The Health Humanities is the study of the intersection of health and humanistic disciplines such as philosophy, religion, literature, fine arts, as well as social science research that gives insight to the human condition.

The Health Humanities use methods of reflection, contextualization, deep textual reading, and slow critical thinking to examine the human condition, the patient's experience, the healer's experience, and to provide renewal for the health care professional.

The Health Humanities Consortium is a community of scholars and institutions who work in the humanities and arts to promote, reflect on, and advocate health and health care in the world.

ABOUT THE HOST

In September 2004, Thomas R. Cole, PhD, a historian, gerontologist, and documentary filmmaker, was selected as founding director of the McGovern Center for Humanities and Ethics, which was launched with generous funding from the McGovern Foundation. Housed in the McGovern Medical School, the Center provides programming to all six professional schools of The University of Texas Health Science Center at Houston (UTHealth). The McGovern Center examines the moral, spiritual, and cultural aspects of biomedical science and the health care professions. Our faculty are trained in various disciplines, including history, medical humanities, philosophy, ethics, religious studies, and law.

This year's theme, "Diversity, Cultures, and Health Humanities," seems a perfect fit for hosting a meeting in Houston, named the most diverse city in America that is also poised to become the country's third-



largest city. The city is filled with ethnic diversity in its art, culture, and food, which is also observed within the Texas Medical Center (TMC). Known as the largest medical center of its kind, the TMC includes 59 institutions which: provide care to over 3,000 patients daily from Houston and around the world; educate and train future health professionals; and constitute the largest employer in the city.

HOUSTON RECOMMENDATIONS

Nate's Top 10 Things to Do (in addition to the Rodeo!)

1. McGovern Centennial Gardens in Hermann Park (free)
2. The Cistern (reserve tickets online)
3. Buffalo Bayou Park and Bike Ride (rentals available by the Cistern)
4. Houston Zoo
5. The Menil Collection and Rothko Chapel (free)
6. The Museum of Fine Arts, Houston (free on Thursdays!)
7. Bat Colony at Waugh Street Bridge
(hundreds of thousands of bats fly out every dusk)
8. NASA
9. Galleria Mall
10. Rice University (walking the loop around campus is beautiful!)

Alma's Top 5 Coffee Shops

1. Blacksmith (Montrose)
2. Honeymoon (Downtown)
3. Cafeza (Heights)
4. Catalina (Washington Corridor)
5. Fellini (Rice Village & MFA-Houston)

Angela's Top 10 Bars

1. Moving Sidewalk
2. Anvil Bar & Refuge (2017 James Beard nominee)
3. The Pastry War
4. Warren's (cheap and strong)
5. Poison Girl
6. Nouveau Antique Art Bar
7. Lei Low (Tiki Bar)
8. Wooster's Garden
9. West Alabama Ice House
(great taco truck!)
10. 13 Celsius (for wine lovers)

Alina's Top 5 Gluten Free/Vegetarian Spots

1. Green Vegetarian Cuisine
2. Crave Cupcakes
3. Brasil
4. Petite Sweets
5. EQ Heights (best coffee)

Top 3 Breweries

1. 8th Wonder
2. Saint Arnold
3. Karbach

Nate's Top 25 Places to Eat

1. Tex Mex: El Tiempo Cantina on Westheimer (order beef fajitas and margaritas)
2. BBQ: Brookstreet BBQ
3. Steak: One Fifth Steak (expensive)
4. Greek: Helen's
5. Mexican: Hugo's (expensive)
6. Brunch: Snooze
7. French Bakery: Common Bond
8. Southern: Bernadine's
9. Modern American: Underbelly (expensive)
10. Pakistani: Himalaya (order Nihari)
11. Burgers: Hubcap Grill (cash only)
12. Indian Fusion: Pondicheri or Indika
13. Lebanese: Fadi's (vegetarian friendly)
14. Seafood/American: Liberty Kitchen
15. American: State of Grace (expensive)
16. Japanese/Sushi: Uchi (expensive)
17. Hotdogs: Good Dog
18. Italian: Da Marco (expensive)
19. Chinese: Mala Sichuan on Westheimer (2017 James Beard nominee)
20. Tacos: West Alabama Ice House Food Truck (very cheap)
21. Steak: Vic and Anthony's (expensive)
22. Salads: Local Foods
23. Vegetarian: Verts
24. Pizza: Star Pizza (get the deep dish!)
25. Wings: Griff's (ask for them extra crispy!)

JOIN US NEXT YEAR

**7th International Health Humanities Consortium
“Frankenstein@200”**

**April 20 – 22, 2018
Stanford University School of Medicine
Stanford, CA**

DIVERSITY, CULTURES, AND HEALTH HUMANITIES
6TH INTERNATIONAL HEALTH HUMANITIES CONSORTIUM
HOUSTON MARRIOTT AT TEXAS MEDICAL CENTER

CONFERENCE SCHEDULE OVERVIEW

THURSDAY, MARCH 9, 2017

4:00 pm	Registration
4:00 pm	Appetizers and Cash Bar
5:30 pm	Welcome Remarks
5:45 pm	Film and Discussion
7:00 pm	Dinner On Your Own

FRIDAY, MARCH 10, 2017

7:30 am	Breakfast and Registration
8:00 am	Morning Sessions
10:30 am	Keynote Speaker: Teresa Blankmeyer Burke, PhD
Noon	Business Lunch
Noon	Poster Set Up
2:00 pm	Keynote Speaker: John Hoberman, PhD
3:30 pm	Afternoon Sessions
4:45 pm	Poster Session
5:30 pm	Poster Break Down
6:00 pm	Houston Livestock Show and Rodeo

SATURDAY, MARCH 11, 2017

7:00 am	Breakfast and Registration
8:00 am	Morning Sessions
10:30 am	Keynote Speaker: Sayantani DasGupta, MD
Noon	Lunch
1:00 pm	Afternoon Sessions
2:00 pm	End of Conference

FRIDAY, MARCH 10

FRIDAY, MARCH 10, 2017

7:30 – 8:00 am **Breakfast and Registration** **Grand Ballroom & Foyer**

8:00 – 9:00 am **Paper Session** **Room I**

Session Chair: Jerome Crowder, The University of Texas Medical Branch at Galveston

Teaching and Learning Intercultural Perspectives for Health Humanities: A World of Health and Wellness Interfaces with Global Cultures and Languages for Undergraduates

Mary E. Wildner-Bassett, University of Arizona

The Use of Narrative Medicine to Promote Reflective Practice in Cross Cultural Communication

Susan Arjmand, University of Illinois College of Medicine at Chicago

Diversity and Contestation at the Global Margins: A Cultural Study of the Ethical Terms of Engagement in Short-term Global Health Missions in Dominican Republic Bateyes

Brenda K. Wilson, The University of Texas Medical Branch at Galveston

8:00 – 9:00 am **Paper Session** **Room II**

Session Chair: Andrew Childress, Baylor College of Medicine

Experience Against Evidence: Why We Need to Talk about Alternative Health-Seeking in Graphic Medicine

Andrea Charise, University of Toronto Scarborough

“Anything Important in the Paper, Dear?” HIV/AIDS & Comics

MK Czerwicz, Northwestern University Feinberg School of Medicine

Illuminating Truths: Comics as a Stage for the Sharing of Taboo and Trauma

Amerisa Waters, The University of Texas Medical Branch at Galveston

Visual Images and Embodied Subjectivity in Health Care

Shelley Wall, University of Toronto

8:00 – 9:00 am **Paper Session** **Room III**

Session Chair: Christine Wieseler, The University of Texas Health Science Center at Houston

Swinging the Lantern: A Critical Analysis of Economic and Governance Policies that Affect the Health Care Experiences of Seafarers

FRIDAY, MARCH 10

Shannon Guillot-Wright, The University of Texas Medical Branch at Galveston

Coercive Threats to Public Health: Fighting Food Deserts

Keagan Potts, Western Michigan University

The Infectious Character of Existential Suffering in Three Prison Memoires

Alina Bennett, The University of Texas Health Science Center at Houston

Allies for Sexual Minorities: Prevention of Self-Harm and Suicide through Art and Education

Cynthia A. Standley and Rebecca E. Fisher, University of Arizona College of Medicine-Phoenix

8:00 – 9:00 am

Paper Session

Room IV

Session Chair: Woods Nash, University of Houston

Discovering Difference: Diversity and Diagnosis

Danielle Spencer, Columbia University

History for Social Responsibility in Nursing Education

Kylie M. Smith and LisaMarie Wands, Emory University

Diversifying Narratives of Domesticity-as-Public Health: Black National Housekeeping in Frances E. W. Harper’s Postbellum Literature

Rachel Conrad Bracken, Rice University

8:00 – 9:00 am

Paper Session

Room V

Session Chair: Sheena M. Eagan, California State University East Bay

In Some Other Form: Reshaping Loss in Grief Memoirs

Tahneer Oksman, Marymount Manhattan College

Writing Cancer Risk: A Look at Recent “Previvor” Memoirs

Allan Borst, University of Denver

Blogging as Health Literacy: A Survivor’s Story

Rebecca J. Hogue, University of Ottawa

Voices from Central State: 100 Years of Patient-Authored Narratives

Emily Beckman, Elizabeth Nelson, and Modupe Labode, Indiana University-Purdue University Indianapolis

BREAK

FRIDAY, MARCH 10

9:15 – 10:15 am **Paper Session** **Room I**

Session Chair: Brenda K. Wilson, The University of Texas Medical Branch at Galveston

Re-Imagining Humanism in the Anthropocene

David Kline, Rice University

Conceptions of Humanity in Health Humanities

Randall A. Poole, The College of St. Scholastica

Troubling Thought Experiments: Assumptions about Disability and Gender within Biomedical Ethics

Christine Wieseler, The University of Texas Health Science Center at Houston

The Face of the Other: Dangerous Encounters Beyond the Reach of Words

Brian Volck, Cincinnati Children's Hospital Medical Center

9:15 – 10:15 am **Paper Session** **Room II**

Session Chair: Shannon Guillot-Wright, The University of Texas Medical Branch at Galveston

Health Humanities, Wearable Fertility Trackers, and the Rhetoric of Health 2.0

Sara DiCaglio, Texas A&M University

Transforming Health Humanities through Sound: Incorporating Audio into the Classroom

Lise Saffran, University of Missouri

Desiring Interfaces: Virtual Vulvas and the Pedagogy of Female-Bodied Pleasure

Alanna Beroiza, Rice University

Lose “Hope”: Hope as a Commodity in Breast Cancer Awareness

Jessica Hume, Bellarmine University

9:15 – 10:15 am **Panel** **Room III**

Session Chair: Peggy Determeyer, The Hope and Healing Center and Institute

What Counts as Health Humanities? A Roundtable Discussion of Methods, Curriculum, and Disciplinary Relationships

Craig Klugman, DePaul University: “Methodology of Health Humanities”

Therese Jones, University of Colorado Anschutz Medical Campus: “The Intro Course: The Pedagogical, the Political and the Personal”

Erin Lamb, Hiram College: “Whither STEM?: Curriculum Building in the Health Humanities”

Eileen Anderson-Fye and Julia Knopes, Case Western Reserve University: “Social Sciences and Health Humanities”

Sarah Berry, Bellarmine University: “St(h)ealth Humanities”

FRIDAY, MARCH 10

9:15 – 10:15 am **Panel** **Room IV**

Session Chair: Thomas Cole, The University of Texas Health Science Center at Houston

Insides Out: Medicine, the Body, and Interiority

John Mulligan and Alexander Adkins, Rice University

9:15 – 10:15 am **Panel** **Room V**

Session Chair: Jeffrey Spike, The University of Texas Health Science Center at Houston

Getting It Together: Learning from an Interdisciplinary and Interprofessional Immersion in Health Humanities

Lois Leveen, Siobhan Conaty, and Marina Tsaplina, Penn State University College of Medicine

BREAK

10:30 – 11:45 am **Keynote Speaker** **Grand Ballroom**

Teresa Blankmeyer Burke, PhD
Associate Professor of Philosophy
Gallaudet University

Teresa Blankmeyer Burke is the first signing Deaf woman in the world to receive a Ph.D. in philosophy, having accessed her graduate education through American Sign Language (ASL) interpreters, and occasionally through real-time captioning (CART). Burke's research for the most part resides in deaf philosophy, the space where philosophy intersects with Deaf studies. (The use of uppercase Deaf designates the cultural community of signed language users; lower case deaf designates audiological status). Topics she has published on include moral justification regarding the use of genetic technology to bear deaf children (specifically, the question of signing Deaf potential parents considering this option) and signed language interpreting ethics. Burke currently serves on the American Philosophical Association Inclusiveness Committee, the American Society for Bioethics and Humanities Task Force on Disability, the World Federation of the Deaf Bioethics Committee, and chairs the U.S. National Association of the Deaf Subcommittee on Bioethics.

Session Chair

Christine Wieseler, PhD
Postdoctoral Fellow
The University of Texas Health Science Center at Houston

Noon – 2:00 pm **Business Lunch** **Grand Ballroom**

Led By
Therese Jones, PhD – University of Colorado Anschutz Medical Campus
Craig Klugman, PhD – DePaul University

FRIDAY, MARCH 10

Noon – 2:00 pm **Poster Set Up** **Hallway & Foyer**

2:00 – 3:15 pm **Keynote Speaker** **Grand Ballroom**

John Hoberman, PhD
Professor of Germanic Studies
The University of Texas at Austin

John Hoberman is a social and cultural historian who has researched and published extensively in the fields of sports studies, race studies, human enhancements, medical history, and globalization studies. His work in sports studies encompasses race relations, politics and the Olympics, and performance-enhancing drug use. His interests in medical history include the social and medical impacts of androgenic drugs (anabolic steroids) and the history of medical racism in the United States. He has lectured at many medical schools and other medical institutions on this topic. Hoberman is the author of many books and articles, and he has been interviewed by all of the national networks: PBS, ABC, NBC, CBS, FOX, ABC (Australia), CBC (Canada), and BBC (UK).

Respondent
Keisha Ray, PhD
Assistant Professor of Philosophy
Texas State University

BREAK

3:30 – 4:30 pm **Panel** **Room I**

Session Chair: Rachel Conrad Bracken, Rice University

The Spaces and Places of Healthcare

Vicki Heath, Tasha Dubriwny, and Jessica Howell, Texas A&M University

Vicki Heath: “‘Dirt-Eating’: Eating Absurd Things in the British Atlantic World, 1600-1820”

Tasha Dubriwny: “The ‘Breastfeeding in Combat Boots’ Campaign”

Jessica Howell: “Rewriting Malarial Metaphors: *The Calcutta Chromosome*”

3:30 – 4:30 pm **Panel** **Room II**

Session Chair: Alanna Beroiza, Rice University

Visual Narrative: An Essential Element of Narrative Competence

Kayhan Parsi, Loyola University Chicago

Nanette Elster, Loyola University Chicago Stritch School of Medicine

3:30 – 4:30 pm **Panel** **Room III**

Session Chair: Rebecca Lunstroth, The University of Texas Health Science Center at Houston

FRIDAY, MARCH 10

The Gross Clinic: Diversifying Curriculum through Creative Crosstalk

Lauren Barron and Julia Hitchcock, Baylor University

3:30 – 4:30 pm

Flash Presentations

Room IV

Session Chair: Erin Prophet, Rice University

A Physician’s Perspective on Practicing Health Humanities: A Cautionary Tale of Bribery and Conflict of Interest for Busy Clinicians

Michele Martinho, New York University, Ross University School of Medicine, and Creighton University

Vesalius and the Texas Hill Country: The Introduction of Undergraduate Health Humanities Programming at Schreiner University

Krisann Muskiewicz, Schreiner University

Going “Off Script”: Launching a Storytelling Event within an Academic Medical Center

Erika Versalovic and Andrew Childress, Baylor College of Medicine
Woods Nash, University of Houston

Image Theater as a Method for Naming Health Humanities

Katherine Burke, Cleveland Clinic Lerner College of Medicine

Making the Invisible Visible: Art, Identity, and Hierarchies of Power

Robert Rock, Nientara Anderson, and Cindy Crusto, Yale School of Medicine
Cyra Levenson, Cleveland Museum of Art

Defending the Art of Physical Therapy: Expanding Inquiry and Crafting Culture in Support of Therapeutic Alliance

Nicole Brun-Cottan, Danny McMillian, and Jennifer Hastings, University of Puget Sound

Evaluating the Effectiveness of the Basic Trauma-Counseling Training

Miu Ha Kwong, Washburn University

3:30 – 4:30 pm

Paper Session

Room V

Session Chair: John Mulligan, Rice University

The New Science of Life-Prolongation in Francis Bacon’s ‘History of Life and Death’

Aaron Greenberg, Northwestern University

The Obligation to Treat, the Power to Harm

Sheena M. Eagan, California State University East Bay
Zohar Lederman, National University of Singapore

FRIDAY, MARCH 10

Educating for Tolerance in a Conflict-Ridden Political Environment

Khaled Karkabi, Adi Ivzori Erel, Orit Cohen Castel, and Dikla Agur Cohen, Israel Institute of Technology (Technion)

Manjula Padmanabhan's *Harvest*: Postcolonial Tensions, Global Economy, and Organ Transplantation

Madalina Meirosu, Mount Holyoke College and University of Massachusetts

BREAK

4:45 – 5:15 pm

Poster Session

Foyer & Hallway

The Person behind the White Coat: Building a Medical Humanities Core Curriculum for Medical Students

Julie Chen and Harry Wu, The University of Hong Kong

The Use of a Health Sciences Common Book to Promote Health Equity and Interprofessional Education

Josephine Ensign, University of Washington

Non-resident Living Kidney Donations: Ethical Implications and Practical Approaches

Jane A. Hartsock, Indiana University-Purdue University Indianapolis

A Road Map for Applying Culturally Responsive Teaching in the Health Humanities

Angela M. Polczynski, Sam Houston State University and The University of Texas Health Science Center at Houston

Zika, Vulnerable Populations and Synthetic Biology as Medical Technology

Elyse Purcell, State University of New York at Oneonta

Penn State ProduceRx: Partnering a Hospital and a Local CSA to Impact Long-term Health Outcomes for Underserved Patients Receiving Fruit and Vegetable Prescriptions

Sarayna Schock and Daniel George, Penn State College of Medicine

Power of Meditative Art: Creative Care

Ambica Sethi, Lydia Mousa, and Fatema Shipchandler, University of Houston

Arguing for Continued Life: A Counter to Narratives of Choice in the VSED Discussion

Jamie L. Shirley, University of Washington Bothell

Modeling or Teaching Empathy through Patient A: Special Theater Projects in Medical Education at the University of Florida College of Medicine

Nina Stoyan-Rosenzweig, University of Florida College of Medicine

SATURDAY, MARCH 11

Creating Enabling Environments: Dementia and Assisted Living

Santiago Quesada-Garcia, University of Seville

Pablo Valero-Flores, University of Málaga

8:00 – 9:00 am

Paper Session

Room V

Session Chair: Woods Nash, University of Houston

Public Health Humanities: Diversifying Readership through *Vital*, an Online Magazine

Lesley Curtis and Sarah Berry, Wellesley College

Healthy Enough: The Politics of Health Care and Mexican Life in the United States

Elizabeth Farfán-Santos, University of Houston

“Oil on My Mind,” A Community-Based Film on Climate Change and Mental Health

Erica Fletcher, University of Houston

S. Rodriguez, Artist

“Normal Family Life” as Protection against HIV in Francophone West African Prevention Media

Christine Cynn, Virginia Commonwealth University

BREAK

9:15 – 10:15 am

Panel

Room I

Session Chair: Saba Fatima, Southern Illinois University Edwardsville

Learning Health-Caring and Social Justice in a Student-Run Free Clinic

Amerisa Waters, Heather Cox, Kathryn Kennedy, Jacob Moran, and Robert Beach,
The University of Texas Medical Branch at Galveston

9:15 – 10:15 am

Panel

Room II

Session Chair: Ben Saxton, The University of Texas Health Science Center at Houston

Digital Health and the Health Humanities

Olivia Banner, The University of Texas at Dallas: “Systemic Bias in Digital Health Media:
Wikipedia and Apple’s HealthKit”

Jarah Moesch, Artist and Scholar: “When ‘Health’ Is Not Enough: Queer Bioethics and
Quantified Bodies”

Kirsten Ostherr, Rice University: “Artificial Empathy: Human-Computer Interaction in
Medicine”

SATURDAY, MARCH 11

9:15 – 10:15 am **Paper Session** **Room IV**

Session Chair: Keisha Ray, Texas State University

Illness as Metaphor in the 2016 US Presidential Election

Lisa Diedrich, Stony Brook University

Reading Audre Lorde’s *The Cancer Journals* and *A Burst of Light* in the Health Humanities Classroom

Belinda Waller-Peterson, Moravian College

Prosthetic Politics: Reading and Teaching Audre Lorde’s *Cancer Journals Now*

Emily Waples, Hiram College

Dualism and Its Discontents: Philosophy, Literature, and Medicine

Danielle Spencer and Craig Irvine, Columbia University

9:15 – 10:15 am **Paper Session** **Room V**

Session Chair: Woods Nash, University of Houston

“You Get This Humanity Touching You:” A Qualitative Study of Student Experience in Canada’s First Undergraduate Health Humanities Curriculum

Andrea Charise, University of Toronto Scarborough

Marcela Costa, Federal University of Pernambuco, Brazil

A Survey of Medical Humanities Teaching in North American Allopathic and Osteopathic Medical Schools

Craig Klugman, DePaul University

Homebrewing the Medical Humanities Minor

Douglas Dowland, Ohio Northern University

BREAK

10:30 –11:45 am **Keynote Speaker** **Grand Ballroom**

Sayantani DasGupta, MD

Core Faculty Member, Program in Narrative Medicine

Columbia University

Sayantani DasGupta is a pediatrician and a core faculty member of the Program in Narrative Medicine at Columbia University. She also teaches in the graduate program in Health Advocacy at Sarah Lawrence College, and is a prose faculty member in the summer writing conference “Writing the Medical Experience” at Sarah Lawrence College. DasGupta has published several books and

SATURDAY, MARCH 11

1:00 – 2:00 pm **Paper Session** **Room III**

Session Chair: Erin Prophet, Rice University

Reductionist vs. Holistic: Yoga Therapy and the Individual

Anjali Kanojia, Tina Nguyen, and Brad Smith, University of Houston

Crossing Boundaries: Health, Illness, and Palliative Care in China

Xinyuan (Lisa) Zhang, Stanford University

Performative Speech Acts, Ghosts, and Invocations of Illness in Malaysia

Cheryl L. Nicholas, Penn State Berks

Senses, Healing, and Sanctity Presented in Tokme Zangpo's Biographies

Gloria Chien, Virginia Commonwealth University

1:00 – 2:00 pm **Paper Session** **Room IV**

Session Chair: Alina Bennett, The University of Texas Health Science Center at Houston

In the Shadow of Charity Hospital: Mental Health Care in New Orleans

Ben Saxton, The University of Texas Health Science Center at Houston

Billing Low Income Uninsured Patients as an Ethical Concern

Saba Fatima, Southern Illinois University Edwardsville

Making Readers' Stomachs Churn: When a Clinical Encounter Looks Like Something from Literature

Michael Blackie, Northeast Ohio Medical University

1:00 – 2:00 pm **Paper Session** **Room V**

Session Chair: Nathan Carlin, The University of Texas Health Science Center at Houston

Reflecting on the Use of the Arts to Explore Birth

Susan Hogan, University of Derby and Nottingham University

Satirical Medical Advertising Facilitating Public Dialogue

Lisa Erdman, Aalto University

A Mongrelized Public: Group Rights and Cosmopolitanism

Ahmed Siddiqi, University of Houston

ADJOURN

CONFERENCE ABSTRACTS
FLASH PRESENTATIONS

Nicole Brun-Cottan, Danny McMillian, and Jennifer Hastings – University of Puget Sound
Defending the Art of Physical Therapy: Expanding Inquiry and Crafting Culture in Support of Therapeutic Alliance

In this paper an argument is presented that we are losing the art of practicing physical therapy. Authors suggest that in order to preserve defining characteristics of the profession, there is an urgent need to redirect our research agenda and PT education with a focus on the study of contextual and psycho-social factors that influence treatment outcomes. Recent research findings indicate that the effect of therapeutic alliance may be as important to outcomes as the chosen intervention. The authors suggest that excellence in DPT education must incorporate education addressing the vital importance of therapeutic alliance and also include training in the skills for developing such unique intentional relationships.

The successful practice of physical therapy within the biopsychosocial construct requires a professional culture that places value on the interpersonal relationships that foster healing and the face time required to build those relationships. Unfortunately, pressures on current practice such as the drive for increased productivity, cost effectiveness and ultimately, profit, are changing the landscape in which we practice. For-profit entities are placing an emphasis on data-driven practice patterns and tying reimbursement to performance on standardized outcomes measures that may not reflect progress specific to unique individuals. This phenomenon is partially fueled by an overemphasis on quantitative research and an under-appreciation of clinical expertise and patient values in evidence based medicine. This imbalance undermines the holistic, patient-centered approach that has been the basis for physical therapy since its inception.

Katherine Burke – Cleveland Clinic Lerner College of Medicine
Image Theater as a Method for Naming Health Humanities

A recent New York Times article described Health Humanities as a “fledgling” field whose value is “still debated.” How can we present our scholarship and practice to the wider public with clarity and meaning, especially when the field encompasses such a wide variety of methods, genres, and tools? Even within our own community there is debate about what to call the field. While we are gathered at this conference, we have an opportunity to have a robust dialogue and create plans to effectively communicate our message. First, however, we must communicate with each other.

Image Theatre, a technique from Augusto Boal’s Theatre of the Oppressed, uses our most fundamental artistic tool – the body – to communicate thoughts and concepts quickly, with clarity and intensity. In this interactive presentation we will use an Image Theatre exercise to collectively “name” our field. This exercise will be a demonstration of one way to use theatre as a pedagogical technique, and will simultaneously serve as a launching point for dialogue on communicating our identity(ies) and purpose(s) with students, medical educators, the media, and ourselves.

Miu Ha Kwong – Washburn University
Evaluating the Effectiveness of the Basic Trauma-Counseling Training

On March 11, 2011, a triple disaster – earthquake, tsunami, and nuclear meltdown took place in the Great East Japan and impacted all aspects of life in Japan. Volunteers in Hong Kong were recruited to take a basic trauma-counseling course before going to provide immediate supportive work to the 311 disaster survivors in Japan. Findings have come up with four themes 1) The 40-hour training prepared volunteers with basic post

ABSTRACTS

traumatic stress and counseling knowledge and skills which equipped the participants well to provide a brief home visit but not enough for continuing visits with same case who has more complicated issues. 2) Integration of knowledge and skills in practice generally was hard for the new or first time volunteers. Therefore, team approach helped release the anxiety and master the practice faster so to achieve better results as well as teamwork was extremely well received in the Japanese culture. 3) Supervision was useful and effective that guided deeper application and critical thinking. 4) Both the disaster survivors and the volunteers benefited from the visits. Conclusion: trauma training is basically equipped the volunteers with basic knowledge and skills to work with the survivors. Combining field practical experience, the volunteers enhanced their supportive work with the disaster survivors.

Michele Martinho – New York University, Ross University School of Medicine, and Creighton University

A Physician's Perspective on Practicing Health Humanities: A Cautionary Tale of Bribery and Conflict of Interest for Busy Clinicians

In September 2010, my decision to accept cash bribes for referring office blood work to a laboratory in New Jersey violated not only my place in society as a law abiding citizen but also my oath to my profession and to my patients. Initially, I did not understand how my actions were so deeply criminal. I saw the cash as simply a referral fee for sending my bloodwork to a particular lab. At the very worst, I feared that my decision would pose a tax issue with the IRS, and I would be required to pay taxes on this money at some point. I now understand the true definition of the word bribe and how I violated a basic principle of health care ethics by engaging in a conflict of interest. Bribery does not mean accepting money to do something "bad" which I interpreted as ordering or drawing unnecessary blood tests, which I did not do. In fact, bribery means accepting money to induce a desired behavior which was simply sending the blood work to the lab. The results of my crime are deeper than the obvious criminal and financial aspects. As a physician, by engaging in the conflict of interest, I violated my fiduciary responsibility to my patients. I violated their trust in me by forcing them to question whether the bloods that I had drawn were truly necessary or whether I was simply drawing them because I was being paid a fee from the lab. The magnitude of the crime that I have committed has devastated all aspects of my personal and professional life. All that I have worked to achieve is now comprised: my freedom, my medical license, my reputation, and my ability as a single parent to provide for my children. In this paper, I articulate how I violated specific principles of health care ethics and, in doing so; I focus not only on medical professionalism but also on lived experience. Health humanities, in contrast to bioethics, necessarily emphasizes experience, context, and narrative, so while my guiding question—how can we, as physicians, be better trained in as well as practice reflexivity so as to make better decisions?—is, in part, a way for me to make amends (however modest) for my crime, it is also an expression of a way of practicing health humanities.

Krisann Muskievicz – Schreiner University

Vesalius and the Texas Hill Country: The Introduction of Undergraduate Health Humanities Programming at Schreiner University

This presentation examines the introduction of undergraduate health humanities programming at Schreiner University, a federally identified Hispanic-serving institution, in Kerrville, Texas. Two components currently comprise instruction in medical humanities at Schreiner University: the Vesalius Living and Learning Community and the Minor in Medical Humanities. The Vesalius Living and Learning Community is connected to a Title V Grant which supports student success in the first-year experience.

This presentation will briefly explore the learning-community approach at Schreiner and will discuss ways that this particular learning environment nurtures the examination of diversity, culture, and health humanities. Members of the Vesalius Living and Learning Community take cohort classes together and live together in a dedicated wing of a residence hall. Coursework introduces students to concepts related to health care ethics,

ABSTRACTS

scarce resource allocation, social determinants of health, and factors related to access disparities. Membership in this community enhances numerous degree plans by offering a study in health humanities that is not otherwise emphasized in the first year.

This presentation will also discuss the newly launched Minor in Medical Humanities at Schreiner. This interdisciplinary minor seeks to complement knowledge gained through a health-field major and add focused investigation of topics in health humanities. Eighteen credit hours are required for the minor, including the common course, Medical Humanities. Students may select from courses in Interdisciplinary Studies, English, Philosophy, Communications, Biology, Sociology, Psychology, and Public Health. Students from all majors are invited to declare this minor and, through this diversity of voices, the minor seeks inclusion.

Robert Rock, Nientara Anderson, and Cindy Crusto – Yale School of Medicine

Cyra Levenson –Cleveland Museum of Art

Making the Invisible Visible: Art, Identity, and Hierarchies of Power

The Liaison Committee on Medical Education, and the Accreditation Council for Graduate Medical Education have all declared training on cross cultural interaction and elimination of bias high-priority topics^{1-3,4}. In light of persistent healthcare disparities, the American Psychological Association states that “awareness of oneself as a racial/cultural being and of the biases, stereotypes, and assumption that influence world views” is crucially important in allowing health providers to deliver care effectively across racial/cultural lines^{5,6}.

Narrative interventions incorporating photography such as photo-voice projects and other audio-visual presentations have shown promise in promoting reflection on topics of racial bias in health care providers^{7,8}. Although used successfully for training in observation, there has been little published on the use of fine art, specifically painting or sculpture, as a means of entry into discussion and education on issues of racial bias in medicine.

Making the Invisible Visible: Art, Identities, and Hierarchies of Power (MIV) is an art tour and reflection session in the main curriculum of the Yale School of Medicine for all first year students. The tour explores the expression of bias in western culture in an effort to help health care trainees recognize and begin to work toward correcting the assumptions inherent to society as they apply to race, gender, class, and sexual orientation. MIV is being incorporated into curricula at another institution as well as graduate medical education at Yale. Qualitative analysis of student interviews for feedback is underway and preliminary results will be presented at the conference.

References:

1. Betancourt JR, Maina AW. The Institute of Medicine report "Unequal Treatment": implications for academic health centers. *The Mount Sinai journal of medicine, New York*. Oct 2004;71(5):314-321.
2. *Functions and structure of a medical school: standards for accreditation of medical education programs leading to the M.D. degree*. Liaison Committee on Medical Education;2011.
3. *ACGME Program Requirements for Graduate Medical Education in Internal Medicine*. Accreditation Council for Graduate Medical Education 2016.
4. Gonzalez CM, Kim MY, Marantz PR. Implicit bias and its relation to health disparities: a teaching program and survey of medical students. *Teaching and learning in medicine*. 2014;26(1):64-71.
5. Dovidio JF, Fiske ST. Under the radar: how unexamined biases in decision-making processes in clinical interactions can contribute to health care disparities. *American journal of public health*. May 2012;102(5):945-952.
6. Sue DW, Capodilupo CM, Torino GC, et al. Racial microaggressions in everyday life: implications for clinical practice. *The American psychologist*. May-Jun 2007;62(4):271-286.
7. Ross PT, Lyson ML. Using artistic-narrative to stimulate reflection on physician bias. *Teaching and learning in medicine*. 2014;26(4):344-349.

ABSTRACTS

8. Lightfoot A, Chapman M, Colby R, et al. 177. Envisioning Health: A Trans- disciplinary, Community- Engaged Visual Intervention for Healthcare Providers on Implicit Bias Toward Latino/a Immigrant Youth. *Journal of Adolescent Health*.56(2):S91.
 9. Dolev JC, Friedlaender LK, Braverman IM. Use of fine art to enhance visual diagnostic skills. *Jama*. Sep 5 2001;286(9):1020-1021.
-

Erika Versalovic and Andrew Childress – Baylor College of Medicine Woods Nash – University of Houston

Going “Off Script”: Launching a Storytelling Event within an Academic Medical Center

This flash presentation will introduce a new storytelling event called “Off Script: Stories from the Heart of Medicine.” It emerged from a collaboration between two medical schools, giving their students, residents, faculty, and staff a unique forum in which to learn from one another. Hosted in a medical center and open to the public, the event functions as education, entertainment, and community engagement.

Building on a growing interest in storytelling, Off Script also serves as a way to practice and popularize narrative medicine. The event encourages participants to regard good clinical practice as intimately tied to their own stories and those of patients. The stories presented have touched on a wide range of themes, including peer suicide, a chaotic pediatric visit, extreme sacrifices, a patient’s prolonged dying, and the joy of a student’s first correct diagnosis.

A month before the event, members of a narrative medicine interest group field submissions of story sketches. Five to seven people are then invited to present their stories in a workshop, where they receive critical feedback from the narrative medicine group and their peers. Storytellers are also given an audio recording of their practice reading, and they participate in a rehearsal before the event. Through all this, participants sharpen their writing and speaking skills.

Finally, this flash presentation will summarize conceptual and ethical challenges the organizers faced in developing the project. It will also incorporate photos and audio clips from Off Script events.

CONFERENCE ABSTRACTS
PANELS

Olivia Banner – The University of Texas at Dallas
Jarah Moesch – Artist and Scholar
Kirsten Ostherr – Rice University
Digital Health and the Health Humanities

This panel examines the politics of and possibilities for digital health tools. Each paper centers on different sites of health knowledge production and associated digital media. Taken together they present health humanities educators with greater insight into how humanistic approaches to digital media can guide their design, implementation, and better educational approaches.

Olivia Banner, “Systemic Bias in Digital Health Media: Wikipedia and Apple’s HealthKit”

This presentation explains that digital media are never neutral using two examples central to medical information access and gathering today: Wikipedia and Apple’s HealthKit. The first is open access and therefore modifiable, and I describe a wikistorming exercise I led in a class on health and media in which students studied, then edited, entries relating to disability through a critical disability studies framework. The second is proprietary, and, as it is being developed in tandem with medical research projects, controls the models for health and disability its tools inscribe. Both are deeply affected by the systemic bias that shapes how marginalized groups (in particular, people of color and populations defined by slow death) are represented and participate in digital publics and the knowledge they produce. By examining these two sites of digital health knowledge production and promotion, this presentation foregrounds the importance for humanities and health educators to consider how systemic bias affects the digital tools that are being ubiquitously embedded in medical practice.

Jarah Moesch, “When ‘health’ is not enough: queer bioethics and quantified bodies”

In this talk, Jarah will analyze the structures of power and privilege embedded in quantifying 'health' as a foundation for thinking through how embodied data is defined and collected, from fitness trackers for promoting activity to diabetics trying to gain control over their own data. On one hand, fitness trackers focus on physical movement, diet, and weight loss as defining a healthy body. On the other hand, people with chronic diseases such as diabetes are trying to gain access to their data by creating open standards and interoperability for their equipment so they might better care for themselves. Dividing the body into quantified bits makes it appear that wearing sensors will prevent us from having poor health, reinforcing the idea that individual behaviors are solely responsible for being overweight, have high blood pressure, or diabetes. Using a queer bioethical lens, I uncover the ways in which these decisions are made for normative bodies of a particular economic class, and as such fundamentally ignore issues of diverse bodies, knowledges, and needs.

Kirsten Ostherr, "Artificial Empathy: Human-Computer Interaction in Medicine"

This talk will describe the evolving role of algorithms in the practice of medicine, from machine learning, artificial intelligence, and sentiment analysis to the emergent field of "artificial empathy." After briefly explaining how these approaches conceive of the relationship between data and knowledge, I will present an argument for the role that humanists should play in shaping this evolving field, with a set of recommended strategies for collaboration with data scientists.

Lauren Barron and Julia Hitchcock – Baylor University
The Gross Clinic: Diversifying Curriculum through Creative Crosstalk

In keeping with the theme of the conference, we propose a panel discussion describing the course, “Visual Arts and Healing” a joint project between the Art Department and the Medical Humanities Program at Baylor

ABSTRACTS

University, Waco, Texas. This project addresses the value of art within medical education and the benefits realized by art students collaborating with pre-health students in a studio setting. The course goals focus on art, medicine, the artist and the physician in five innovative learning modules. All modules are structured to introduce and strengthen skills and knowledge in the following areas: observation and visual analysis, interdisciplinary and creative thinking, the value of reflection and self-expression for patients and practitioners and the role of visual arts in healing & healthcare environments.

Each module relies on unique blend of pedagogical strategies. This fluid shift enables student interaction and mindful engagement as they begin to adapt and internalize the module's content. Lecturers and presentations are rich and diverse and include: family physician, interior designer, radiologist, art therapist, cardiovascular physiologist, artist, pathologist and a medical ethicist. The studio experience incorporates introductory charcoal drawing lessons, verbal and visual critiques, relevant readings, art journaling and field work of a tour of a hospital giving special attention to architecture and its design elements.

The central feature of the course is a collaborative work of art based on the "The Gross Clinic," a well known painting by Thomas Eakins. At the beginning of the semester, the painting is subdivided into rectangles. Each student is assigned one rectangle that represents a small portion of the painting. Students are given the rectangle with no previous information on the painting's subject, the artist or orientation of the image within the rectangle. Their task is to draw the image, transcribing it to a much larger scale, each with a different technique: a precise copy, a black and white reversed (as in a photographic negative or x-ray), and line study using curvilinear, rectilinear or cross-hatching style. The pre-health students (most of whom had no experience with art) were coached by the art students throughout the semester.

This assignment was an opportunity for the students to learn about the connection between art and science—the importance of visual acuity, close observation, precision in following instructions, the use of tactile skills with new tools, the appreciation of uncertainty and ambiguity, the role of feedback and critique, the need for an open and curious posture, and the contribution of individual diligence to the ultimate success of the collective endeavor. The final work was assembled and exhibited in a campus gallery complete with artist reception at the end of the semester. The three large 8' X 9' drawings represent a visual capstone, an outstanding example of what can happen with interdisciplinary dialogue.

We will present our perspective as faculty, our experience working collaboratively, our observations of the interactions between our students, the challenges we encountered, and the outcomes we achieved based on our assessments. We will also provide ample excerpts from student reflections collected at the end of the semester. This panel discussion will be illustrated by photographs of our students working together, examples of individual drawings, and finally, the finished piece that was assembled at the end of the semester.

Quentin Eichbaum – Vanderbilt University School of Medicine

Neil Prose – Duke University Medical Center

Thirusha Naidu – University of Kwa-Zulu Natal

Developing Humanities Programs in Low Resource Settings in Africa: Conceptual and Strategic Approaches

Health humanities programs in the individualist cultures¹ of north America and Europe often struggle to retain their place in positivist science-based curricula of health professional schools, where they tend to be undervalued as just "compensation for an overdose of science."²

These health professional schools have also in recent decades experienced a remarkable demand and competitive growth in "global health" education programs (to the extent that some educators now argue that all health is "global health."³) In Africa, with more than a hundred new medical schools projected to open over the next decade, little thought has, however, been given to the place of the humanities in health professional schools. This is due in part to the traditional dominance of medical science in their curricula, but also because no viable and acceptable conceptual or implementation model(s) for teaching humanities in these settings has

ABSTRACTS

yet been proposed. Coupled with this predicament, are the uncertainties (and lingering mistrust) engendered through the continent's disquieting legacies of slavery, colonialism, the Cold War, AIDS epidemic and general high disease burden – all which have impacted African identity and left their scars on the continent's geopolitical and healthcare landscapes.

On this panel, through four perspective talks we will explore how to consider establishing humanities programs in health professional schools in low resource collectivist¹ settings in Africa:

1. This first perspective will explore the critical role the humanities have to play in developing and revitalizing the continent's fragile democracies. Martha Nussbaum's seminal treatise, *Not for Profit: why democracy needs the humanities*, has propounded such a vital role for the humanities in sustaining democracy; and Alan Bleakley has similarly argued that the humanities may serve to 'democratize' the autocracies of the hierarchical health professions.^{4,6}

2. In the context of the uncertainties encountered in low resource settings, and the associated inequities and identity issues of the African continent, a second humanities perspective will explore the development of health professional skills in dealing with uncertainty and change, coping and resilience, as well as skills in cognitive and emotional monitoring and regulation (and how these might differ in approach and conception from the teaching of metacognitive and emotional intelligence skills in individualist settings of high income countries).

3. A third perspective, will explore the role of story/narrative and the development of narrative competence not from the angle of the Western canon of literature, but from the perspective of the African oral and narrative traditions and literature.

4. A fourth perspective, will explore how best to include in a low resource African humanities curriculum, more defined content topics in ethics, social justice and the continent's rich traditions in the arts, literature and music.

The overall goal of this proposed panel, will be to explore and provoke discussion on the vital importance of the humanities in health professional education in the low resource settings with a focus on Africa - but that will likely also have generalizable applicability in low resource settings in other parts of the world.

References

1. Hofstede GH. Culture's consequences : international differences in work-related values. Newbury Park ; London: Sage; 1980.
2. Bleakley A. Broadening conceptions of learning in medical education: the message from teamworking. *Medical education*. 2006;40(2):150-157.
3. Binagwaho A, Nutt CT, Mutabazi V, et al. Shared learning in an interconnected world: innovations to advance global health equity. *Globalization and health*. 2013;9:37.
4. Bleakley A. *Medical Humanities and Medical Education: How the Medical Humanities Can Shape Better Doctors*: Routledge; 2015.
5. Bleakley A, Bligh J, Browne J. *Medical education for the future : identity, power and location*. Dordrecht: Springer Science+Business Media B.V; 2011.
6. Bleakley A, Brice J, Bligh J. Thinking the post-colonial in medical education. *Medical education*. 2008;42(3):266-270.

David Elkin and Latoya Comer – University of California, San Francisco
A Narrative Approach to Teaching Cultural Formation

There is broad consensus on the value of teaching residents and students about cultural issues in psychiatry and medicine. However, there is less certainty about the best teaching methods to accomplish this task. In this

ABSTRACTS

workshop, we will demonstrate a humanities-based curriculum to introduce and explore cultural issues pertinent to psychiatrists.

The narrative approach emphasized by the medical humanities focuses on understanding the guiding narratives in patients' lives. When this approach is combined with the biopsychosocial model, it can be expanded to better appreciate patients' stories from a transgenerational perspective. Trainees can better appreciate how cultural issues affect people at different stages of immigration, and how this in turn affects both resilience and the development of pathology at individual and family levels.

This workshop will feature a brief review of the basic principles of narrative medicine, as well as the manner in which cultural issues affect psychopathology and patient-physician interactions. The core of this workshop will demonstrate a humanities-based approach by leading the group in a reading and discussion of a short story by the writer Gish Jen, "Who's Irish," that plunges readers into the perspective of a judgmental and culturally biased Chinese American grandmother, and her struggle to understand her daughter's life, marriage, and her spirited biracial granddaughter. We will guide workshop participants through a discussion of cultural identity, family narratives, and confronting racism and bias in clinical settings. We will emphasize how to anticipate and deal constructively with the issues that often arise in these discussions. We will close with a consideration of other narrative resources, including fiction, non-fiction, and films, that are potentially useful for teaching medical students and residents how to approach cultural and family issues.

At the conclusion of this workshop, participants will 1) understand the pedagogical value of a humanities-based approach to teach cultural issues in psychiatry, 2) be prepared for discussions involving cultural issues such as identity, family pathology, countertransference, bias and racism, and 3) learn how to select from the vast literature of stories, essays, and poems, as well as films, to use in teaching students and residents about cultural issues.

Vicki Heath, Tasha Dubriwny, and Jessica Howell – Texas A&M University

The Spaces and Places of Healthcare

This panel consists of three papers by members of the Glasscock Working Group in Medical Humanities at Texas A&M University. The panel examines how diverse 'spaces and places' (geographical, clinical, digital) have affected health practice and values. Papers directly address how gender, race and age stereotypes affect health values in both historical and contemporary contexts.

"'Dirt-Eating': Eating Absurd Things in the British Atlantic World, 1600-1820" – Vicki M. Heath

This paper examines two distinct historical groups of patients who suffered from the same desire to eat non-foods, but were diagnosed and treated differently, during the 17th and early 19th centuries in the British Atlantic: white European woman diagnosed with *Pica* in England, and African slaves diagnosed with "dirt-eating" on plantations in the West Indies. While *Pica* was seen as an almost exclusively female disease, temporary and treatable, "dirt-eating" was seen as an exclusively slave disease, untreatable and long-term. However, both were associated with a lack of control by the patient. This paper asserts that white, male doctors' cultural frames of reference and location affected the diagnosis and treatment of these diseases.

"The 'Breastfeeding in Combat Boots' Campaign" – Dr. Tasha Dubriwny

The Breastfeeding in Combat Boots website is positioned as the primary source for military mothers for pragmatic information about breastfeeding. From what the website calls "Basic Training" (information about the biology and how-to of breastfeeding) to resources about military policies, BFinCB promises to support military mothers as they navigate domestic duties with service to their country. In this presentation, I consider the representation of the military as a space where women can perform good health citizenship. The construction of the military mother as protector of national security rests in part on the integration of motherhood into the armed services. BFinCB does this by presenting motherhood through the language, values and visual culture of militarism.

“Rewriting Malarial Metaphors: *The Calcutta Chromosome*” – Dr. Jessica Howell

In order to support a more global model for analysis of health and illness in literature, this paper examines the interwoven histories of colonial medicine and disease metaphors. Specifically, I examine how Amitav Ghosh’s novel *The Calcutta Chromosome* adapts disease metaphors in order to rewrite the historical legacies of malarial research in India. I suggest that Ghosh’s novel builds on the historical intersections between illness metaphors, medical research, and nationalist ideologies in order to make its trenchant critique of postcolonial health politics. This paper suggests that stories of malaria not only add nuance to our understanding of nineteenth-century discourses of colonial “progress,” but also offer insight into the imaginative frameworks that contemporary authors used to grapple with this most deadly disease.

Craig Klugman – DePaul University

Therese Jones – University of Colorado Anschutz Medical Campus

Erin Lamb – Hiram College

Eileen Anderson-Fye – Case Western Reserve University

Julia Knopes – Case Western Reserve University

Sarah Berry – Bellarmine University

What Counts as Health Humanities? A Roundtable Discussion of Methods, Curriculum, and Disciplinary Relationships

Since 2000, baccalaureate-level major and minor programs in the Health Humanities have more than quadrupled across the US (Berry, Lamb, Jones 2016). Forthcoming essays in a special issue of *Journal of Medical Humanities* by Health Humanities educators at the baccalaureate level will help to define the scope of the field as well as its aims and diverse practices. Similar moves toward field definition are happening with the rise of more masters-level programs in Health Humanities. A key question that has emerged from these developments is “What counts as Health Humanities?” in terms of methods, content, and disciplinary—even divisional—boundaries and relationships.

We propose a roundtable format in which we each deliver (about 5 minutes apiece) some key information and observations about an aspect of “What counts?,” with emphasis on the questions arising from the baccalaureate and masters contexts. We will then open up the second half of the slot to discussion among our colleagues in the audience for a greater and more nuanced perspective-taking of our field. In this way, we hope to gather an inclusive set of insights from our colleagues who teach and research in diverse settings and who have had different occasions to define the field—for example, in program-building, student recruitment or interviewing, assessment, collaboration within or across schools, grant-writing, and more. A roundtable and group discussion is the best format to address these emerging concerns and to enable colleagues to benefit maximally from the session; the collective brainstorming will help us all to think about our next steps for research as we move forward with defining and describing our field as an expanding academic enterprise.

Roundtable remarks will be delivered as follows:

- **Craig Klugman** will speak to “Methodology of Health Humanities,” specially looking at what methods fall within the Health Humanities and whether there is a uniquely Health Humanities method. This question is important as it often comes up in establishing new programs in undergraduate institutions where there are questions as to where the Health Humanities should be housed and whether it represents a unique form of knowing.
- **Therese Jones** will speak to “The Intro Course: The Pedagogical, the Political and the Personal.” Philosopher and political theorist, Herbert Spencer, posed this question in 1860: “What knowledge is of most worth?” It is a question that energizes or persecutes educators in the medical/health humanities as they consider the wide variety and increasing expansiveness of the field. How to construct an introductory course that both represents the diversity of methods, theories and materials yet provides students with a foundational knowledge of what the field is (and isn’t) and why it matters. This challenge is further problematized in how we think about the disciplines we include and their relationship to one another.

ABSTRACTS

- **Erin Lamb** will speak to “Whither STEM?: Curriculum Building in the Health Humanities,” exploring the diverse curricular structures of baccalaureate programs with a particular focus on how Health Humanities is positioning itself in relation to STEM, and what implications that positioning holds for our developing field.
 - **Eileen Anderson-Fye and Julia Knopes** will address “Social Sciences and Health Humanities” discussing explicit and implicit inclusion of social science curricula and objects of study. Where do social sciences dovetail and where do they conflict with health humanities perspectives? More, which differences among the social sciences matter the most in terms of epistemology, methodology, theory and data? How might we maximize productively the integration of social sciences with health humanities?
 - **Sarah Berry**, in “St(h)health Humanities,” will address the range of forms in which Health Humanities teaching occurs outside of formal curricular (major/minor) structures; such formats include themed Learning Communities and composition courses. While such venues provide opportunities, this work could go unrecognized, raising questions about the national (in)visibility of Health Humanities in National Center for Education Statistics databases such as the Integrated Postsecondary Education Data System (IPEDS).
-

Lois Leveen, Siobhan Conaty, and Marina Tsaplina – Penn State University College of Medicine

Getting It Together: Learning from an Interdisciplinary and Interprofessional Immersion in Health Humanities

This session offers real-time insights, reflections, approaches, and challenges related to cross-disciplinary and interprofessional work in the health humanities. Attendees will learn about and have opportunities to reflect on issues at the heart of the field of health humanities:

- breaking down the silos of "medicine" and "humanities" as discrete—and at times mutually suspicious—disciplines;
- building bridges between academia (including healthcare education) and the public;
- and negotiating the relationship between practice and theory.

In the fall of 2016, the Kienle Center for Humanistic Medicine at Penn State University recruited six individuals involved in the health humanities projects around the country for an intense week-long colloquium, followed by a year of mentoring. The participants were chosen to represent a broad range of health humanities projects and practices: a professor of art history; a theater professor; a psychiatrist on the faculty of a health sciences university; a pulmonologist and former medical school assistant dean; a novelist who delivers public humanities programs at museums and libraries as well as speaking at medical and academic conferences; and a puppeteer who founded an organization which uses performance to educate healthcare providers, patients, and the public about the perspectives of people living with diabetes. Through a series of conversations, interviews, and activities—some structured by the Kienle Center, others spontaneously initiated by the colloquium participants—this diverse group forged a deeper understanding of the collective power of efforts across the health humanities.

The specific projects the participants are undertaking reflect the broad range of what constitutes the health humanities: the creation of health humanities curriculum, learning activities, and course texts for undergraduates in both humanities and pre-health majors; the development of graphic medicine narratives to train medical students/residents and to help patients and families make sense of their experiences of illness; the use of creative performance to deepen understanding of the concerns of people living with chronic disease; and the design of programs that use humanities content (primarily literature and visual art) and humanities approaches to build respect and foster community among interprofessional healthcare teams, and between healthcare providers, patients, families, and the public. This session will focus on how individuals undertaking such disparate projects can learn from one another, broadening their collective understanding of and impact in the health humanities.

ABSTRACTS

While each participant, and our PSU hosts, brought particular expertise to our exchanges, the most profound thing we discovered was that we were all limited in our perspectives. As we worked together, we each questioned our own assumptions, rethinking individual projects and deepening the ways we found to collaborate. In this session, four of the six participants, along with a Penn State faculty member who organized the program, will share examples that model how professionals in diverse fields can learn from each other, and then invite attendees to join us in discussing how to strengthen networks of health humanities professionals by creating similar interdisciplinary and interprofessional experiences across the field.

Celeste Miller – Grinnell College

Rachel Balaban and Julie Strandberg – Brown University

The Undeniability of the Body: The Role of Dance with Both Patients and Medical Practitioners

This panel presents the work being done through two different programs that both utilize tools from dance to work in the medical field. However, one program focuses on working with medical students, while the other program trains undergraduates to work with persons with Parkinson's disease and Autism Spectrum Disorders.

The partnership with Grinnell College (undergraduate liberal arts college) and the Medical Humanities department at Des Moines University, uses reflective art practices (dance improvisation specifically) in medical education, so that in addition to the acquisition of procedural skills, future doctors develop a conscientious attitude for professional identity development. Very specifically in this partnership, medical students are not learning skills to utilize with patients, but rather are using these skills for their own self-awareness.

At Brown University Artist and Scientists as Partners (ASaP) is a program and undergraduate course at Brown University that advocates for research exploring diverse medical and arts practices for persons with Parkinson's disease and Autism Spectrum Disorders. ASaP advocates for the recognition of the value of the arts within a holistic healing approach.

This panel will examine the ways in which these two programs utilize action-based practices that place learning & reflective practices in in-body activities; and how deep in-body experiences provide us all with access to facing the undeniability of the body, and ways in which this knowledge becomes a pathway to health.

The health being in multiple directions – pathways to health as in what the medical field guides for its patients, but also as a pathway for holistic medical practitioners: "Doctor, heal thyself." In addition we will present on how both programs have researched into how these collective experiences translate into embodied awareness of inequality, changed perspectives about power, & a desire to act differently.

John Mulligan and Alexander Adkins – Rice University

Insides Out: Medicine, the Body, and Interiority

In his magisterial history of the medical arts, Roy Porter identifies the paired logics of interiorization and individualization as driving the development of modern Western medicine. In this telling, the anatomical vision of the human body plays a decisive role, inaugurating the modern moment with Andreas Vesalius' 1543 anatomy atlas, *De Humani Corporis Fabrica*: "Medicine would thenceforth be about looking inside bodies for the truth of disease. The violation of the body would be the revelation of its truth." With its unflinching probings into the body's hidden structures, anatomy stands in here for a general process of medical inquiry that locates disease in the individual body, and interrogates and plumbs that body's depths for answers about its condition.

This panel examines and complicates the interiorization narrative at three critical junctures: early modern anatomy and the history of the medical atlas, eighteenth- and nineteenth-century anatomy and its uncannily lifelike models, and our contemporary moment's hyper-personalization of medicine in the health lifestyle industry.

Kayhan Parsi – Loyola University Chicago
Nanette Elster – Loyola University Chicago Stritch School of Medicine
Visual Narrative: An Essential Element of Narrative Competence

According to Rita Charon, narrative competence is “the capacity to recognize, absorb, metabolize, interpret, and be moved by stories of illness.” We most often think of written narrative, however, visual narrative in the form of cartoons, television, films, documentaries and art work are other key ways to develop narrative competence. In this presentation we will critically examine how popular visual media can potentially humanize otherwise complex and inaccessible biotechnologies, medical conditions and/or health system interactions. Such accessible representations can often prompt discussion about potentially sensitive or emotionally charged areas of medicine and healthcare.

We have co-taught a course on bioethics, biotechnology and the law. In this course, we have attempted to integrate popular illustrations of technologies and complex health issues into our teaching. There have been some very good contributions by various scholars on visual representations of bioethical issues (e.g. *Picture of Health: Medical Ethics and the Movies* by Colt, Quadrelli and Friedman). In our teaching efforts, we utilize fictional film but also utilize documentaries, news stories and YouTube videos to illustrate the challenges of biotechnologies and systemic issues in healthcare today. Pablo Blasco has referred to the use of film in his teaching efforts as “cinema education.” We posit that in order for students to better understand the uses and misuses of biotechnology, they have to become more literate consumers of visual information, hopefully developing greater overall narrative competence.

Amerisa Waters, Heather Cox, Kathryn Kennedy, Jacob Moran, and Robert Beach – The University of Texas Medical Branch at Galveston
Learning Health-Caring and Social Justice in a Student-Run Free Clinic

Clinical education does not prepare students for some of the most persistent moral challenges in the U.S. healthcare practice. An efficiency and profit-focused healthcare system has resulted in a disintegration of the relational elements of health care practice. Additionally, despite continued advancements in medical practice, few solutions address inequities in access and quality of care and the difficulties of providing care in a broken system. Even with recent healthcare reform social inequities persist. Such gross inequities and injustice in the healthcare system lead to unnecessary illness and even death— without access to necessary services, treatable conditions become terminal illnesses. The ever-increasing for-profit model of health care, and the pervasive health disparities that flourish in this model, complicate clinicians’ ability to maintain empathy during education and in practice. Lessons are not given on how to alleviate the suffering that results from injustice— suffering that affects both patients and providers. Student-Run Free clinics can function as a space to address the injustices in healthcare and teach an ability to attend to that suffering.

In this panel discussion we will introduce the unique work being done at St. Vincent’s Student- Run Free Clinic, a volunteer free clinic that provides primary and specialty care to individuals who are uninsured and underinsured in Galveston, Texas and the surrounding areas. Rooted in the history and philosophy of the free clinic movement, our discussion will center on the potential of the student-run clinic as a place for teaching future clinicians through social justice work. We will begin with an introduction to the history of the contemporary free clinic and St. Vincent’s Student-Run Free Clinic. Highlighting the difference in learning in a free clinic compared to learning in formal healthcare curriculum, four of our student co-directors will discuss the experience of learning and teaching in this setting from the perspective of a medical student, a physician assistant student, a clinical laboratory science student, and a medical humanities student. Finally, using spatial theory, we will theorize the specialness of this space and the everyday practice in it. This panel seeks to provide a view of one clinic’s efforts to teach clinical students how to provide patients with compassionate care while challenging the structures of healthcare that function to exclude and dehumanize.

CONFERENCE ABSTRACTS
PAPERS

Samantha Allen – Texas Christian University

The Medical Humanities and Disability Studies: The Disciplinary Divide and the Importance of Literary Illness Narratives

My paper (excerpted from the introduction to my dissertation tentatively titled “Reading and Writing Epidemics: Illness Narratives as Literature”) examines the current states of disability studies and the medical humanities—two highly interdisciplinary fields which, as my paper will show, have many similar aims, but rarely interact with each other. As many other scholars, such as Diane Price Herndl and Martha Stoddard Holmes, have noted, the divide between the two fields ultimately hurts the goals of disability studies and the medical humanities. To examine this divide, my paper focuses on how both the medical humanities and disability studies define disease and disability and how the two fields read illness narratives, particularly book-length, first-hand published accounts of illness. By exploring how the fields emerged separately and only have a few points of intersection, my paper argues that reading literary illness narratives offers a way to bridge the gap between disability studies and the medical humanities. As a literature scholar, I examine how each field uses and reads illness narratives, particularly first-hand accounts of illness as a way to theorize, conceptualize, and, ultimately, attempt to improve the lives, through social change and/or improved medical and health care, of those with illnesses and/or disabilities. By showing how a literary approach to reading these narratives can benefit both fields, my paper argues that by examining first person creative nonfiction accounts of illness, a useful model of how to conceptualize disease and disability emerges—a model which can and will benefit both fields.

Susan Arjmand – University of Illinois College of Medicine at Chicago

The Use of Narrative Medicine to Promote Reflective Practice in Cross Cultural Communication

Introduction: A course was designed for medical students in which literature and writing exercises were used to promote reflection on cross cultural patient encounters. Students were encouraged to consider Kleinman’s principles of open ended questioning in their patient encounters and were prompted to develop skills in close reading of texts, specifically recognition of the reader’s response to narrative, understanding of point of view, and recognition of the impulse to create story, or plot.

Methods: Transcriptions of class discussion and material from written essays were used to inform the instructor’s understanding of learners’ progress. Comparison of pre and post-course writing assignments provided the means to document changes in learners’ reflections as they relate to course goals and served as the basis for the course evaluation. Qualitative analysis of the material was used to evaluate the course’s impact on the development of narrative skills and the capacity for reflection in the context of cross cultural communication. Inductive and grounded theory approaches to content analysis was used.

Evaluation: Review of pre and post-course essays in each data set demonstrated a more nuanced and deeper reflection in the post as compared to the pre course essay and included such themes as recognition of point of view, the nature of empathy, the desire to create meaning or plot, the role of judgments and assumptions, and the reader’s reaction to narrative.

Conclusion: This study may offer a new conceptual lens for viewing ways in which cultural competency and other features of physician patient communication may be taught using narrative skill training. When anchored to exercises in reflective writing, student learners develop a framework with which to view and interpret their patient stories.

Emily Beckman, Elizabeth Nelson, Modupe Labode – Indiana University-Purdue University Indianapolis

Voices from Central State: 100 Years of Patient-Authored Narratives

This paper will examine Anna Agnew’s memoir *From Under the Cloud* alongside just discovered patient narratives from Central State Hospital in Indianapolis, Indiana. These include patient newsletters newly found in the Indiana Medical History Museum’s institutional archives (*The Local Bahr* and *The DDU Review*, 1988-1993), as well as other Central State patient writings such as Riah Cox’s autobiographical story, “I Remember Jones” (c. 1950). These new documentary sources allow us to trace change over time, and to draw on insights from both history and medical humanities in order to elucidate the meaning of patient narratives within larger social contexts. Literature scholar Benjamin Reiss’s 2008 book *Theaters of Madness: Insane Asylums and Nineteenth-Century American Culture* (Reiss, 2008), one of the few scholarly works to examine mental patients’ creative expressions within nationwide discourses on freedom, democracy, slavery, and gender, provides a model for this analysis. Unlike Reiss, however, we will approach the Central State narratives from a rigorously historical, place-based perspective, reading patient narratives against institutional documents, medical records, newspapers, and archival documents regarding Central State and its role in the community. In this regard, we take our inspiration from Geoffrey Reaume’s *Remembrance of Patients Past: Patient Life at the Toronto Hospital for the Insane, 1870-1940* (Reaume, 2009), bringing a locally grounded, patient-centric perspective to the examination of mental health care in Indiana.

Catherine Belling – Northwestern University

Aesthetic Diversity and Affective Discipline

In the context of arguments about the value of conserving genetic diversity and embracing variations in ability, this presentation considers *aesthetic* diversity in two senses: differences in appearance that may or may not be associated with disability (or advantage), and differences, social and individual, in perceiving what is or is not attractive, repellent, or ‘normal.’ Sometimes we find ourselves reacting with involuntary revulsion, ambivalent fascination, or desiring attraction to the sight of certain other people. A voluntary act must follow and manage this affective response: a disciplining of the gaze and of one’s reading of the other as taken in by, and as returning, deflecting, or escaping, that gaze. Drawing upon the work of Rosemarie Garland-Thomson, especially *Staring: How We Look* (2009), and Susan Schweik’s *The Ugly Laws* (2009), this brief presentation will center on the public work of Lizzie Velasquez, a woman with a genetic inability to gain weight who, at 17, found an online video calling her “the ugliest woman in the world” and is now a successful public speaker. A close reading of parts of a 2013 TED talk given by Velasquez will allow us to observe her reconfiguration of the normalizing gaze and to examine the ethics of that “fortress of edicts” that disciplines, in Garland-Thomson’s terms, our primal “hunger for and horror of the stare” (59). Finally, we will consider what attention to Velasquez’s history and performance might teach us about the ethical implications of an aestheticized clinical gaze.

Alina Bennett – The University of Texas Health Science Center at Houston

The Infectious Character of Existential Suffering in Three Prison Memoires

Existential suffering has been characterized in multitude ways across the medical literature with a particular sedimentation in the area of clinical ethics concerning end-of-life care. In contrast to the presentation of existential suffering as a symptom as seen in traditional clinical ethics literature, this paper presents three cases of existential suffering as an infectious disease caused by an exposure to incarceration. Prison memoirs intimately describe the infectious nature of the environmental exposure to imprisonment which leads, in some cases, to the development of existential suffering. When existential suffering is caused by the conditions of imprisonment, it is unlike traditional presentations of cases of existential suffering where the disease-causing agent is beyond human control. This presentation uses memoir to outline the particular conditions that can facilitate existential suffering and argues that it is not ethically justifiable to expose prisoners to such

ABSTRACTS

conditions. Because we as a society have agreed to house people for whom liberty has been restricted, we have special obligations concerning the management of health effects stemming from living in those built environments. The presentation utilizes a phenomenological account of experiences of imprisonment to explore the potential need for changes in prison architecture and other conditions as an infection control strategy.

Alanna Beroiza – Rice University

Desiring Interfaces: Virtual Vulvas and the Pedagogy of Female-Bodied Pleasure

In 2015, For Goodness Sake LLC launched a website called Omgyes.com. Drawing on data from surveys of over 2,000 women collected in collaboration with researchers from the Kinsey Institute at Indiana University, the site provides an interface where users can not only read about recent studies of female pleasure, but can also engage in real-time simulations of pleasure with touchable videos of vulvas.

Omgyes.com breaks down women's pleasure into discrete modes of stimulation, each of which is given a label such as, "edging," "hinting," "consistency," and "surprise." Every category has its own page, with interviews and masturbatory demonstrations, as well as brief summaries of, and statistics on, the mode of pleasure in question. At the bottom of each page is also a link to a virtual vulva created from thousands of images of the vulva of the woman in the video interview, as well as sound recordings of her voice that coach users according to her particular haptic preferences. As the site suggests: "With the world's first touchable videos, as you touch, you get feedback in real-time so you can fine-tune. Get it wrong. Then get it right."

My paper critiques the radical pedagogical promise of these digital takes on female pleasure by exposing the ways in which the combination of, supposedly, revelatory scientific data and digital expressions of this data reduce the complexity of the female-bodied pleasures that they purport to "unveil." Instead of providing a window into them, this mode of digital representation ensures that female-bodied pleasures remain obscured by the application's insistence on visual, exterior genital sensations. This representational focus on the visual and the exterior in the conceptualization of pleasure reflects the virtual vulvas' rendering of female-bodied-pleasure as the product of digital media technologies, medical and scientific studies, capitalism, and normative social ideologies—not a superior claim to understanding female pleasure.

Michael Blackie – Northeast Ohio Medical University

Making Readers' Stomachs Churn: When a Clinical Encounter Looks Like Something from Literature

This paper uses "Our Family Secrets," a recently published essay in the On Being a Doctor section of *Annals of Internal Medicine*, as a case study for exploring the literary content of medical humanities classes in medical education. "Our Family Secrets" recounts the troubling and unethical behavior of physicians as witnessed by two different medical students, both of whom share their experiences in what is described as "a medical humanities class." Anticipating the uproar and handwringing that followed the essay's publication, the journal's editorial board felt it necessary to offer a prefatory explanation for why it chose to "publish something that expose[d] medicine's dark underbelly." The board's reasons for publication were to "make readers' stomachs churn" and "the hope that medical educators and others would use this essay as a jumping-off point for discussions that explore the reasons why physicians behave badly and brainstorm strategies for handling ugly situations."

In this paper, I will analyze how the board's explanation squares with the justification for requiring medical students to read literary representations of physicians behaving badly. And ask why the content of "Our Family Secrets" is more startling than the troubling depictions of unethical doctors portrayed in many of the short stories commonly used in medical humanities classes. I will argue, ultimately, that the responses to "Our Family Secrets" cannot be solely attributed to the difference between fact and fiction.

Allan Borst – University of Denver

Writing Cancer Risk: A Look at Recent “Previvor” Memoirs

This paper examines a small, but growing archive of memoirs authored by women confronting elevated cancer risks associated with BRCA 1/2 gene mutations. Though these recent memoirs certainly constitute illness narratives, they can be distinguished by themes and motifs that stem directly from healthcare developments in the post-genomic age. Unlike conventional illness narratives, and especially cancer narratives, these “previvor” memoirs often document and explore the implications of discovering one’s genetic risk before any telltale symptoms appear, diagnoses get made, or treatments begin. Instead, one’s decision to clarify a hereditary cancer risk by electing to undergo genetic screenings takes center stage. Existential questions about one’s genetic responsibility and one’s genetic destiny come to the fore, while pressing decisions regarding prophylactic treatments, including surgery, may mean that pre-symptomatic patients find themselves living the life of illness even in its absence. As these previvor memoirs, and related forms of life writing, proliferate we can observe the evolution of the illness narrative genre as these texts build upon the canon of traditional cancer narratives or even signal a distinct, emergent narrative archetype.

Rachel Conrad Bracken – Rice University

Diversifying Narratives of Domesticity-as-Public Health: Black National Housekeeping in Frances E. W. Harper’s Postbellum Literature

“Health in the home is health everywhere,” domestic advice author Mrs. Harriette Merrick Plunkett writes in the 1885 *Women, Plumbers, and Doctors; or, Household Sanitation*, thereby rendering public health inextricable from domestic hygiene.¹ Following Plunkett’s lead, scholars of United States literature and culture have unearthed compelling, comprehensive accounts of the overlapping histories of domesticity, sanitary reform, and public health, yet do not fully attend to the racial dimensions of domesticity-as-public health throughout the nineteenth century. By bringing together nineteenth-century domestic hygiene literature, black activist author Frances E. W. Harper’s public lectures on race and gender equality, and her 1892 novel *Iola Leroy*, this paper demonstrates how Harper repurposes traditionally white narratives of domesticity as narratives of black national belonging in the years following the US Civil War. When read together, I argue, these texts reveal a long history of black women’s domestic labor, which allows Harper to rewrite narratives of domesticity-as-public health as narratives of black national belonging. Situating Harper’s public lectures and prose fiction within the existing canon of domesticity, domestic hygiene, and public health texts, this paper complicates existing literary- historical accounts of US public health history. It offers to scholars and students of literature and medicine and the medical humanities a way to critically engage racially diverse histories of domesticity and public health.

Andrea Charise – University of Toronto Scarborough

Experience Against Evidence: Why We Need to Talk about Alternative Health-Seeking in Graphic Medicine

Over the past two decades, privileging patient *stories* has been crucial to the growth of fields like narrative medicine and Health Humanities. As the work of Rita Charon, Arthur Frank, Sayantani DasGupta and others has shown, honouring patients’ complex stories of illness—the founding principle of narrative medicine and humanistic approaches to health—offers a meaningful because texturizing corrective to conventional health education and clinical practice, by allowing for the co-construction of meaning, the generation of empathy, and the challenging of received (i.e., expert) wisdom. Recognizing, therefore, the profound and evident value of patient stories, my presentation explores the very real challenge of advocating for a story-centered paradigm in the case of illness narratives that contravene evidence-based health knowledge. The troubling epistemological

ABSTRACTS

and ethical challenges of privileging story are especially clear in the context of non-health-professional engagements with “alternative” health and related public health phenomena like vaccine hesitancy.

How ought we—clinicians, health advocates, and health humanities practitioners alike—respond when personal stories involve health-seeking behaviours that are motivated by experiences that contravene public health objectives—as in stories of vaccine injury and immunization refusal? As a means of critically exploring this conundrum regarding the humanities’ commitment to “honouring” stories of illness, in this presentation I present a lively close reading of key texts—including John Porcellino’s critically-acclaimed graphic novel *The Hospital Suite* (2014)—within the context of critically autoethnographic reflection on my own experiences as a professor in a Health Studies program that was recently embroiled in an anti-vaccination scandal. I ask: is it possible to advance a more critical relationship to stories of illness without falling prey to the combative, chilling, and ultimately censorious effects of health expert overconfidence? I conclude with three concrete, if preliminary, recommendations for a more critically rigorous, ethically-responsive public arena for the telling of—and listening to—such troublesome stories of illness experience.

Andrea Charise – University of Toronto Scarborough

Marcela Costa – Federal University of Pernambuco, Brazil

“You Get This Humanity Touching You.” A Qualitative Study of Student Experience in Canada’s First Undergraduate Health Humanities Curriculum

Background: The University of Toronto Scarborough (UTSC) is home to Canada’s first undergraduate Health Humanities curriculum, which launched in 2014. Located in the northeastern part of Toronto, a city heralded as one of the most multicultural in the world, UTSC is also home to higher-than-average numbers of students belonging to racialized communities and at-risk populations such as recent immigrants and low-income households.^{1,2}

Research Gap and Study Purpose: There is currently little to no scholarly data regarding the impact of interdisciplinary, arts-based Health Humanities education initiatives at the pre-professional undergraduate level. Our instrumental, qualitative case study (Stake 1995) asks: How do students in Canada’s first undergraduate Health Humanities curriculum describe their experiences of a humanities-based approach to health education?

Methods: Between April and June 2016, 25 undergraduate UTSC students who recently completed the semester-long course “Introduction to Health Humanities” participated in either a one-on-one semi-structured interview (n=11), or one of three focus groups (n=14), conducted by a trained peer (MC). Participants were 19-24 years old, primarily female (19/25) and not white- and/or Caucasian-identified; all gave informed consent before participating. Using fully anonymized transcripts of interview and focus group discussions in Microsoft Excel, we conducted standard qualitative content analysis approaches (including an open-coding procedure) to identify emergent themes (Patton 2002, Saldaña 2009). Study approval was granted by the University of Toronto’s Office of Research Ethics (#32777).

Findings: Content analysis revealed undergraduates’ strongly positive assessment of humanities-based approach to health education, alongside incentives and anxieties concerning enrolment in Health Humanities at the undergraduate level. Significant thematic findings included participants’ identification of: *conventional* undergraduate health education as intellectually and personally disenfranchising; Health Humanities’ cultivation of “epistemological flexibility”; the association of disciplinary diversity in undergraduate health education with principles of social/cultural inclusion; an improved valuation of the arts and humanities more generally.

Conclusions: This study contributes to establishing a scholarly, data-driven evidence basis for assessing the impact, value, and outcomes of arts- and humanities-based approaches to undergraduate health education.

ABSTRACTS

Future research should involve further investigation of the replicability of study findings in different national and international contexts.

References

¹ Toronto Facts: “Diversity.” City of Toronto. Accessed September 30, 2016.

(<http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=dbe867b42d853410VgnVCM10000071d60f89RCRD>).

² “UTSC By The Numbers.” The University of Toronto Scarborough. Accessed September 30, 2016.

(www.utsc.utoronto.ca/home/sites/utsc.utoronto.ca/home/.../UTSC-Impact-July16.pdf)

Patton, MQ. (2002). *Qualitative Research and Evaluation Methods* (3rd ed.). Thousand Oaks, CA: Sage.

Stake, RE. (1995). *The Art of Case Study Research*. London: Sage Publications.

Saldaña, J. (2009). *The Coding Manual for Qualitative Researchers*. London: Sage.

Gloria Chien – Virginia Commonwealth University

Senses, Healing, and Sanctity Presented in Tokmé Zangpo’s Biographies

Tibetan mind training contemplation is a Buddhist teaching system that provides a process of visualization meditation to develop universal compassion. Mind training master Tokmé Zangpo (1295–1369) is renowned for his iconic text *Thirty-Seven Practices of Bodhisattvas*. However, how Tokmé Zangpo’s biography established his sanctity by telling of his transformative uses of the senses has attracted little scholarly discussion. To remedy this neglected subject, this paper chooses to examine works composed by three biographers who had personal relationships with Tokmé Zangpo in the fourteenth century.

By investigating the earliest three extant biographies, this paper first explains that Tokmé Zangpo’s visualization power from his mind training practice had physical effect in curing illness. Second, this study points out how those biographers associated Tokmé Zangpo’s speech, seeing, and touching with miracle performance. Third, this research presents that Tokmé Zangpo’s physical appearance and his telepathy as known by others demonstrates his superior spirituality. I will conclude by showing that people believe in the continued existence of Tokmé Zangpo’s healing power after his death. Contemporary devotees still visit Tokmé Zangpo’s shrine and express their hope for healing through being pressed by a stone there.

By focusing on Tokmé Zangpo’s sensory performances, this paper argues that portraying efficacy of his sensory power is an essential mechanism for demonstrating his sainthood. In conclusion, this research illuminates how Tokmé Zangpo’s sanctity is created by the application of the senses as recorded in religious biography and by touching a sacred object in his shrine today.

Jerome Crowder – The University of Texas Medical Branch at Galveston

Peggy Determeyer – The Hope and Healing Center and Institute

Community Dialogues to Identify Health Humanities Issues for Seniors in Diverse Communities

Community bioethics dialogue (CBD) is a proven method for allowing members of community groups to engage in extended, informed dialogue around health humanities issues and develop a set of values that reflect the community members’ specific perspectives that can then be used to guide health policy, educate leaders, and engage other residents. In the past, most community dialogue projects addressed a single topic (such as access to healthcare or genetic screening and privacy) and then disbanded. The authors have conducted CBD with diverse community groups in Galveston, Texas, to consider various health humanities issues for seniors (including access to medical care, mental health and aging). Our results demonstrate that CBD provides a

ABSTRACTS

dynamic platform for educating participants on a variety of health humanities issues employing articles, presentations, and case studies as their base. In the dialogues, participants use a combination of readings, community expertise, and a discussion of values to identify potential community needs and enhance personal understanding of rights and responsibilities in having those needs met, including prospects when individual capacity-making is lost. The presenters will discuss methods and results of their research using CBD and will provide a template for implementing the dialogues, so participants may develop an outline for applying the methodology in their own communities, including resource needs, target audiences, and bibliographic content.

Lesley Curtis and Sarah Berry – Wellesley College

Public Health Humanities: Diversifying Readership through Vital, an Online Magazine

It's common these days for media outlets to have entire series dedicated to health, science, and medicine (*Slate*, NPR, 538, and the *New York Times*, for example). It makes sense that large populations of people would want to read about health and medicine; it's a topic that affects everyone.

It's much rarer for commentary about the importance of humanistic approaches to health *or* news about collaboration between humanists and scientists to reach a mainstream audience—even though this information can be just as important to improving health outcomes and research results. *Vital* is an independent online magazine founded by scholars Ben Utter and Lesley Curtis that seeks to respond to this lack of information by blending interdisciplinary academic knowledge with digital journalism.

As a public health humanities magazine, *Vital* is dedicated to sharing information about social and cultural approaches to health with a wide readership. It differs from academic publications in that its articles are designed for a general audience and for professionals who need help translating their work into a language and format that are accessible to non-specialists. It also includes content that is sometimes rare in academic settings, such as human interest stories and word-limited posts formatted for social media sharing.

It is this blending of academic, journalistic, research, scientific, and humanistic approaches that makes *Vital* unique. In this presentation, cofounder Lesley Curtis and editor Sarah Berry discuss the way that their publication makes the health humanities public and makes public health humanities-focused. They will also offer statistics related to their readership and design. Curtis and Berry theorize that diversifying the audience of health humanities has the potential to change public perception about the role humanities can play in health and healthcare and thereby influence medical education and scientific inquiry.

Christine Cynn – Virginia Commonwealth University

“Normal Family Life” as Protection against HIV in Francophone West African Prevention Media

Early HIV prevention campaigns disseminated throughout Francophone West Africa promote self-management and self-discipline, as well as consumerism and incorporation into market economies, for example, through the purchase—not free distribution—of socially marketed condoms. Messages centering on individual behavior change reinforced ongoing economic austerity measures in the region. They promulgated neoliberal conceptions of free individuals behaving rationally and efficiently, and of healthcare, like other social services, as the responsibility of individuals and their families, and of private corporations, and later, of internationally funded nongovernmental organizations. However, inevitably, directives to self-manage were not always consistent or coherent, and not surprisingly, for female bodies, injunctions to self-manage did not always suffice.

My presentation analyzes a prevention program that aired on state television in Côte d'Ivoire and throughout the region: *Reasons for Fear*, one of a four-part 1993 series, *Gestures or Life (Les gestes ou la vie)*, directed by Ivoirian, Kitia Touré, with multilateral, French, and Ivoirian government financing and support. The segment

ABSTRACTS

establishes negative serostatus as guarantor of the safety, health, and vitality of the future and of the community to essentially mandate HIV testing and abortions for pregnant women who test positive. The segment produces HIV as impelling a state of emergency rationalizing the suspension of existing laws against abortion and proposes the heteronormative family as prophylactic equivalent to condoms. By insisting on what one character terms “normal family life,” the series promotes austerity measures articulated through the reinforcement of normative gendering as the solution to the spreading epidemic.

MK Czerwiec – Northwestern University Feinberg School of Medicine

“Anything Important in the Paper, Dear?” HIV/AIDS & Comics

My fifteen minute presentation will examine the history and significance of select comics that take as their subject HIV/AIDS, either as personal memoir, those created for public health messaging, and those created to empower political activism. Much of this work serves as a background for my forthcoming graphic memoir, *Taking Turns: Stories from HIV/AIDS Care Unit 371* (Penn State University Press, March 2017).

In my talk I plan to cover:

- a brief history of the use of comics in HIV/AIDS
 - a discussion of the significance of the medium in this context (bearing witness to stigmatized realities, creating a medium for representation, comics as community engagement and empowerment)
 - the role of comics in health and community activism around HIV/AIDS, particularly in the LGBTQ community
 - discuss the impact this history had on my work in this area, including a short excerpt from my graphic memoir
-

Sara DiCaglio – Texas A&M University

Health Humanities, Wearable Fertility Trackers, and the Rhetoric of Health 2.0

This paper examines the implications of the growth of wearable technologies and related developments in health tracking for health humanities scholars. It does so through an examination of the intersection between health tracking apps, wearable technology, and rhetorics of (in)fertility, specifically examining menstrual tracking apps and technologies. These devices, built around the basic principles of natural family planning (or the “rhythm” method), take in data supplied by users in order to provide guidance about peak fertile periods and ovulation dates. The technologies provide and analyze a specific kind of knowledge both determined and limited by the devices themselves as well as their rhetorical construction of their context; in addition, they also increasingly present themselves as technological alternatives to costly and complicated fertility treatments, raising questions about the development of lay technologies to replace other technological interventions on the female body. Through an examination of these devices—their rhetorical framing, interfaces, marketing, physical build, and use of specific kinds of data—this paper provides a jumping off point for conversations about how the health humanities might provide an opportunity for scholars, practitioners, and students to think about the intersection between our own field and the ever-increasing availability of different forms and layers of technological interventions and knowledge production.

Lisa Diedrich – Stony Brook University

Illness as Metaphor in the 2016 US Presidential Election

I explore how narratives of illness can be read as symptomatic of wider cultural categories, including race, gender, class, and sexuality. This is what I call illness politics, and the 2016 U.S. presidential election is an illuminating case of the way illness politics is informed by and inseparable from sexual, racial, and class politics. While it’s true that every four years the question of the health of the candidates becomes an issue in presidential politics, there is clearly something more going on this year, as the widespread coverage of Hillary

ABSTRACTS

Clinton's recent bout with pneumonia attests. I argue that in this election cycle we have been treated to illness politics standing in for sexual and racial politics. In order to understand this cultural and political phenomenon better, I propose exploring the obsession with illness in the presidential politics of 2016 by returning to Susan Sontag's *Illness as Metaphor* first published in *The New York Review of Books* in 1978. Even forty years after its publication there is perhaps still no other work that has had as great an impact on how we read illness as cultural sign. Sontag showed that illness as metaphor for individual and social weakness was not a new phenomenon. She proposed to elucidate the uses of illness as metaphor with the ultimate goal of purifying the experience of illness of metaphoric thinking. And yet, despite her call for the demetaphorization of the experience of illness, in many respects the opposite has happened: illness is now more metaphorized than ever.

Douglas Dowland – Ohio Northern University

Homebrewing the Medical Humanities Minor

In this presentation, I describe the process of developing a new medical humanities minor at a rural comprehensive university. To do so, I evoke the trope of homebrewing: the use of local and already existing ingredients to develop a product that is a unique response to national trends.

The Medical Humanities minor at Ohio Northern University was founded in 2015. Much of my presentation will focus on how the minor was “homebrewed” by a small working group of faculty from a variety of humanities and social science departments, which I coordinated. The presentation describes how the curriculum was developed from an already existing set of courses, as well as how an introductory and capstone course were developed to synthesize those courses into a cohesive medical humanities minor. It will also detail how “buy-in” was sought from pre-medicine, pharmacy and nursing departments, as well as from hesitant administrators.

Ultimately, the homebrew was a successful one: the university has come to see the medical humanities not only as a burgeoning field which imparts a useful skill set for health science undergraduates, but as a way to attract new and diverse audiences to a rural campus. Above all, I describe how the exploratory, interdisciplinary nature of the medical humanities was came to be the most appealing facet of our minor for both students and administrators, the acknowledgement that “when half the students in a class are humanities majors and the other half premeds...students from both the sciences and the humanities learn something about their own styles of thinking that deepens self-respect, curiosity, and confidence in bridging disciplinary differences.”¹ As an alternative to the somewhat regimented nature of the health science majors, our homebrewed minor has come to appeal to the students that medical programs find attractive: those who appreciate the ambiguity of critical inquiry, understand the role of empathy in the patient-practitioner encounter, and who value the human side of health care as much as they do their training in the health sciences.

To think of the medical humanities minor as a homebrew may provoke accusations of amateurism, or perhaps even careerism. Yet, much like a homebrew, the resulting product is unique and flavorful in unanticipated ways, some of which I will outline in the presentation's conclusion. By thinking of the medical humanities as a homebrew, we are reminded that the medical humanities is not only a crucial discipline, but also a site of improvisation and play, invention and self-fashioning, and as a homebrew, might prove a sort of medicine that itself soothes various ailments in student, faculty and administrative bodies.

Reference

¹ Anne Hunsaker Hawkins and Marilyn Chandler McEntyre, *Teaching Literature and Medicine*. New York: Modern Language Association, 2000: 13.

Sheena M. Eagan – California State University East Bay

Zohar Lederman – National University of Singapore

The Obligation to Treat, the Power to Harm

This paper critically examines the recent involvement of military medical professionals in torture (or so-called enhanced interrogation) within the United States Armed Forces and Central Intelligence Agency (CIA). Throughout the paper, we provide analysis examining how professional medical ethics were and can be manipulated to normalize and legitimize their behaviours and exploring the apparent lack of individual moral reflexivity on the part of physician-soldiers. Instead of criticizing military medical professionals, the aim of this work is to attempt to understand what conditions and contexts normalize these ethical transgressions, and highlight a need for increased education and reflection within this population. Putting aside ethical theories, we will critically examine the role of professional medical organizations and other types of policies in shaping and normalizing behaviour. Next, we will argue that, while institutional policies do play a significant role, the individual medical professional is the one to make the final decision, and that potentially, some actively or passively participate in torture and atrocities because they merely fail to critically reflect upon their actions.

Lisa Erdman – Aalto University

Satirical Medical Advertising Facilitating Public Dialogue

I propose a presentation of Finnexia[®], an advertisement campaign for a (fictitious) medication that helps people learn the Finnish language. The project aims to promote public dialogue about the experience of the foreigner in Finland and the role that language acquisition plays in cultural integration. On a secondary level, Finnexia[®] presents a satirical commentary on the notion of over-medicalization in society, and the reliance on ‘quick-fix’ approaches towards treatment of human conditions. In September of 2012, Finnexia[®] was presented as a live performance intervention in the Helsinki Railway Station in Finland. This artwork constitutes the primary artistic production of my doctoral research at Aalto University in Helsinki.

Elizabeth Farfán-Santos – University of Houston

Healthy Enough: The Politics of Health Care and Mexican Life in the United States

This paper explores the public policies and social narratives surrounding access to health care for undocumented Mexican immigrants under new health care reforms in the United States. Since the Patient Protection and Affordable Care Act of 2010 (ACA) was first implemented, discussions about access to affordable care have reignited emotional debates about the right to health care in the United States. The ACA excluded 11 million undocumented immigrants (60% of whom are Mexican), visa-holders, and those establishing permanent residence in the U.S., based solely on their immigration status; thus making these immigrants ineligible for affordable health insurance, patient protection, and accessible preventive care, and leaving them vulnerable to the deeply embedded inequities of the U.S. health care system.

Building on ongoing, ethnographic research initiated in 2014 that documents what I am calling the *health access narratives* of undocumented Mexican immigrants, and their mixed- immigration-status families, I argue that the explicit exclusion of undocumented immigrants from important health care reforms functions as a political act of alienation against the undocumented immigrant body, separating and estranging these bodies from a national public health focus on illness prevention and health security. An act that more than just limiting access to health care, erases personhood and the possibility of empathy for immigrant health. Exclusionary policies and the discourses of alienation on which these policies are built, perpetuate a social structure of fear that has a real impact on the health and health practices of immigrant and Latino communities in the United States.

Saba Fatima – Southern Illinois University Edwardsville
Billing Low Income Uninsured Patients as an Ethical Concern

This paper considers insider-outsider perspectives within practices of physician billing in hospital settings, arguing for more critically-informed assessments of powerful epistemologies of physician-patient interactions. She juxtaposes her assistance for an uninsured close family member with experiences of inpatient billing by her physician spouse. The first case offers a look at an epistemic insider, negotiating as patient advocate; the second offers a picture of an epistemic outsider, confronted by a physician's unreflective billing practices.

The central argument of the paper is: there is such arbitrary billing in medicine and that billing has a devastating impact on patients, and has become so intertwined with the patients experience of medicine, that it is now imperative that the physician have to pay attention to the financial aspect of medicine, if they are to truly be committed managing a patient's medical suffering.

Erica Fletcher – University of Houston
S. Rodriguez – Artist

"Oil on My Mind," A Community-Based Film on Climate Change and Mental Health

This bilingual 18 min. film contextualizes mental suffering within Houston, Texas—a city deeply affected by its proximity to petrochemical refineries, transnational shipping industries, and reliance on low wage labor and private transportation. Drawing primarily from the work of local artists and environmental justice activists, this community-based film situates local experience of emotional distress and extraordinary mental events within historical legacies of colonization, a lack of government oversight on industry pollution, and inadequate access to mental healthcare.

Given the intense heat of 2016—both politically and meteorologically—this film asks: How does ecological degradation in the Southwest affect our lives? How do we respond—even in extreme mental, physical, spiritual, and emotional states—to the warming world around us? How do we create and perpetuate our reliance to oil and gas, to the pharmaceutical industry, and to other entities that may be maddening (and—at times—life-giving) themselves? Whose lives are most affected by the carcinogenic Gulf Coast? Whose lives are criminalized rather than medicalized? How might we all be shaped by environ/mental loss? What does it mean to live in a perpetually sick state?

Taking up Gloria Anzaldúa's theorization of the *New Mestiza*, Karen Barad's discussion relational onto-epistemologies within space-time-matter, and Nancy Tuana's conceptualization of *viscous porosity*, the film makes a visual argument that the borderlands between sanity and madness, between mental health and climate change, between sustainable practices and economic reliance on oil and gas are inextricable from larger discourses of environ/mental justice in the Southwest.

David Flood – Drexel University
Alzheimer's in World Films

As Alzheimer's increases its impact on individuals, families, and societies of developed countries, the appearance of this disease as a subject in film has likewise grown. While our exposure in the U.S. is understandably chiefly to Hollywood portrayals, Alzheimer's appears in films across the developed world, as well, with some of these available in subtitled versions. The result is that we can now literally "see" how the disease affects lives in different parts of the globe and witness how different family and social structures, including health-related policies, may--or may not--alter the disease's imprint on human lives. The brief sampling of films will include *A Song for Martin* (Sweden, 2001), *A Separation* (Iran, 2011, winner of an Academy Award for best foreign film), and *Firefly Dreams* (Japan, 2001). While we see played out again and again the universality of Alzheimer's deadly assault on minds, bodies, emotions, and relationships,

we also have the opportunity to assess how differences such as gender roles, healthcare systems, and attitudes towards the elderly can affect the way we experience its so far inevitable progression.

Rebecca Garden – State University of New York Upstate Medical University

Narrating Access: Health Humanities, Disability Studies and Structural Competency

This presentation discusses how a health humanities educator teaches “structural competency”—knowledge and expertise about social, political, economic, and historical forces that shape health, well-being, and healthcare—through Deaf and disability studies, narrative ethics, qualitative interviewing techniques, and community-based education. The presentation will map out the strategies for an interprofessional elective grounded in disability and Deaf studies, where the process of creating access for students, faculty, and Community Educators are integral to the pedagogy. The Community Educators are comprised of a disability self-advocate who works to raise awareness about access for people with intellectual disability, a community gardener and food justice activist who lobbies for better healthcare access for people with physical and mental disability, and a deaf Nepalese New American who provides communication access for other deaf Nepalese people and has particular expertise in the healthcare setting. The course works through the students’ immersion not only in disability and Deaf culture and theory but also in interviewing skills and participatory research practices, intensive collaborative interview sessions with Community Educators, and reflective writing and group presentations. The students learn about structural racism and ableism and how they impact health and full participation in society. Students also identify and develop Community Educators’ insights about how to improve healthcare access. The presentation will share limitations as well as successes and open up discussion about ways to expand opportunities for interprofessional education in the social determinants of health.

Daniel R. George, Claire de Boer, Tonya S. King, Margaret Hopkins, Joel Hammer, and Michael Green – Penn State College of Medicine

The Value of Integrating Visual Arts (VIVA): Evaluating the Benefits of Hospital Room Artwork on Inpatient Wellbeing

The arts have long played a role in health and healing dating back to the 14th century when paintings ushered patients to a good death or immortalized patrons for charitable activities. Today, about half of all hospitals have dedicated art programs, with activities ranging from permanent art displays throughout their buildings to bedside art therapies and performances in public spaces (e.g. waiting areas). While existing research suggests that artwork can make hospital environments feel less institutionalized and more emotionally pleasing, few studies have linked specific design features or interventions to concrete health outcomes. To address this gap, researchers in the Department of Humanities at Penn State College of Medicine designed a randomized controlled trial within the hospital’s Cancer Institute to evaluate the benefits of hospital room artwork on inpatient wellbeing. We randomized hospitalized cancer patients into 3 groups: 1) those who chose the artwork displayed in their rooms; 2) those whose room art was selected by the study team; and 3) those with no art in their rooms. We measured and compared self-reported pain, anxiety, depression, mood, and perceptions of room décor, and conducted several interviews and focus groups. We found that while having artwork in rooms did not appear to affect clinical outcomes, it did significantly improve perceptions of the hospital environment. Qualitative data suggested that the act of choosing artwork for one’s room provided a sense of control, enhanced morale, and improved perceptions of the healthcare environment.

Abraham Graber – The University of Texas at San Antonio

Is It Permissible to Lie to Patients about Neonatal Disability Diagnoses?

Andrew Solomon (2012) has suggested that informing parents of neonatal disability diagnoses can have a significant impact on early parent-child bonding. Consequently, parents who are informed of neonatal disability diagnoses are more likely to give their children up for adoption. This fact poses a problem for the

practice of informing parents of neonatal diagnoses. While physicians have a physician-patient relationship with the newborn, parents serve as proxies regarding medical decision making. There are broadly speaking two justifications given for parents acting as proxies: parents can best protect the child's autonomy and parents can best protect the child's well being. Neither justification applies here. The adoption system is notorious, especially for children with disabilities. Thus, informing parents of neonatal disability diagnoses fails to protect a child's well being. Furthermore, for related reasons, informing parents of neonatal disability diagnoses is unlikely to protect a child's autonomy. Consequently, there appears to be no justification for informing parents of neonatal disability diagnoses. There is, however, a good reason for physicians to avoid lying. Lying can undermine confidence in the physician-patient relationship and make people wary of visiting the doctor or disclosing information to their physician. Thus, if a physician has a neonatal disability diagnosis, disclosing it to parents would violate the physician's obligation to her patient (the neonate); however, failure to disclose the diagnosis threatens the fabric of trust between patients and their physicians. Avoiding this dilemma appears to require that physicians no longer offer neonatal disability testing.

Aaron Greenberg – Northwestern University

The New Science of Life-Prolongation in Francis Bacon's 'History of Life and Death'

“Ancient is the saying and complaint, that *Life* is short, and *Art* long,” Bacon writes in *The History of Life and Death* (1623/1638), a treatise on life-prolongation, “Therefore our labours intending to perfect *Arts*, should by the assistance of the Author of Truth and Life, consider by what means the Life of man may be prolonged.” This latitudinous interpretation of the ancient Greek physician Hippocrates’ first aphorism situates Bacon’s project in a millennia-spanning tradition while simultaneously signaling his departure from it. Hippocrates, it seems, was merely observing, not complaining, that life is short, and Bacon elides the aphorism’s emphasis on physician-patient collaboration, instead revising it as a call for life-prolongation. Bacon prefaces his treatise with a host of similar revisions, apologies, and caveats aimed at Christian readers who were focused not on this life but on the hereafter, and who were steeped in ancient ethical traditions such as that of Seneca, who argued that life well lived is long enough. This suggests that the desire to live longer was neither as plausible nor as self-evident for Bacon’s readers as it appears to be in the West today. Whereas other seventeenth-century authors (even physicians!) presupposed that life gets qualitatively worse the longer it lasts, Bacon radically proposes that longer life can be qualitatively better than shorter life. This new paradigm of longevity, I argue, constitutes a revaluation of values, where the question becomes not what kinds or ways of life are good, but rather what kinds or ways of life are good *for long life*. I show that while modes of evaluating life become progressively physicalized, quantified, medicalized, and politicized in seventeenth-century England, they continue to be shaped by the theological and ethical traditions from which they emerged.

Shannon Guillot-Wright – The University of Texas Medical Branch at Galveston

Swinging the Lantern: A Critical Analysis of Economic and Governance Policies that Affect the Health Care Experiences of Seafarers

The changed conditions of U.S. labor and worker protections that began in the late 1970s, seen most clearly in market disciplines and trade agreements driven by neoliberal policies, helped to create a precarious workforce. Precarious employment comprises people who lack legal protections; social security in terms of adequate wages and benefits; certainty over job status; and occupational safety. While the effects of these conditions on physical and mental health is well documented, less is known about the dominant economic architectures and governance structures that allow precarious employment. Therefore, I posit that the health inequities that follow precarious employment are produced through the discourse of economic and social policies that are inscribed onto the body (embodied). This research explores prevention through the historical discourse of the distribution of power and resources instead of risk and disease. I present a critical analysis of the economic and governance policies related to the seafaring industry as one way to interrogate the health effects of sociopolitical structures on vulnerable population groups. In this context, health is more than disease and access to care – structures come to not only matter, they play an integral role in the facilitation or impediment of health and well-being. Although this research follows a particular population group, it has far-reaching

implications for people who find themselves in disposable/precarious labor and those who advocate on their behalf.

Susan Hogan – University of Derby and Nottingham University

Reflecting on the Use of the Arts to Explore Birth

In The Birth Project we are exploring women’s experience of childbirth and the transition to motherhood using the arts and then presenting the research findings in films and exhibitions. Our overarching questions are concerned to explore what role arts engagement might have to play in antenatal and postnatal provision, especially where post-birth trauma is being translated into bodily symptoms. The Birth Project is also interested in exploring to what extent clinically-related birth practices are implicated in iatrogenic outcomes and post-natal distress. Furthermore, we are also concerned to investigate what is distinctive about an arts-based approach in terms of expressing narratives about the transition to motherhood.

Four sets of workshops have been run to-date for The Birth Project. A participatory arts group, *Mothers Make Art*, has been facilitated by the artist Lisa Watts. Watts has a distinctive art practice called Live Art, described by Gorman as ‘an art practice that presents the living body to encourage a self-reflective exploration of subjectivity, art and knowledge production’ (2014 p.6). One aspect of this way of working is that is ‘engages with how the audience experiences the performing body’s interaction with objects and materials’ (Watts 2010 p.2).

Mothers Make Art, asks questions in two ways: what are the effects of participation in workshops for the makers of the art and then what are the effects on others who experience the art that is produced as viewers. This paper will synthesise some of the findings to-date.

Rebecca J. Hogue – University of Ottawa

Blogging as Health Literacy: A Survivor’s Story

When someone is diagnosed with cancer one of the most common pieces of advice from health professionals is “do not use the internet”. However, it is inevitable that many patients return home and immediately turn to Dr. Google. Patients often turn to social media networks (e.g. Facebook groups) seeking support and information from other patients. Research has been done on this phenomena, however, the analysis is superficial and limiting as it is missing an insider perspective. This study uses the art of autoethnographic storytelling to demonstrate how the researcher, a cancer patient and blogger herself, came to develop digital health literacy and digital health citizenship through interactions within the breast cancer blogosphere. It is hoped that one day the discourse will change, and patients will be directed to useful digital health resources upon diagnosis.

Jessica Hume – Bellarmine University

Lose “Hope”: Hope as a Commodity in Breast Cancer Awareness

The modern breast cancer awareness movement has attached itself to cause-marketing strategies to raise funds and awareness and the result of some of this marketing is the phenomenon of pinkwashing, in which companies exploit breast cancer in order to profit. Pinkwashing strategies often employ the concept of “hope”—hope for remission, hope for a cure, hope for prevention for the next generation of women—in order to help sell their goods. This construction of hope, while appearing positive on the surface, has many problematic effects. Through the use of feminist theory, illness narrative theory, and cultural criticism about the breast cancer awareness movement, I will show the multitude of negative effects of the commodification of hope in many breast cancer awareness strategies, and explain why we should jettison the commodified concept of “hope.”

Anjali Kanojia, Tina Nguyen, and Brad Smith – University of Houston
Reductionist vs. Holistic: Yoga Therapy and the Individual

Yoga therapies are being recognized as complementary and alternative therapies in modern medicine in the United States. This has stimulated interest in evaluation of evidence-based therapies, setting up a novel relationship between science and practice. The norm in western healthcare is the tendency to take a pill as opposed to sustained, mind-body intervention for ailments. Incorporating yoga and mindfulness therapies into the western medical system allows stakeholders to explore other forms of healing consistent with eastern traditions of self-care. Medical pluralism within the existing biomedical system is a new dynamic for US health professionals. Historically, westerners took a reductionist approach that treats symptoms where the patient is a passive recipient of treatment. Yoga's holistic approach requires the patient to be an active participant, accountable for their mental and physical health. Tension between reductionist vs the holistic seem to be a critical barrier to bridging the gap between theory and practice at the individual level. Therefore the expected role of the individual needs to be considered in evaluating efficacy of yoga and mindful therapies in research. This presentation explores how future research should assess efforts to integrate yoga and mindfulness into mainstream biomedical treatments. This inquiry shifts the focus from the overt yoga practices to also consider the attitude and expectations of the patient toward their own care. This has implications for science and practice, including how yoga is taught and which variables are assessed in predicting the acceptability, feasibility, and sustainability of evidence-based yoga practices in the current US system.

Khaled Karkabi, Adi Ivzori Erel, Orit Cohen Castel, and Dikla Agur Cohen – Israel
Institute of Technology (Technion)

Educating for Tolerance in a Conflict-Ridden Political Environment

Context: Family medicine residents and faculty at the Technion, Israel, come from diverse cultural, ethnic and religious backgrounds. In times of war, ethnic-political tensions between Jews and Arabs intensify, and infiltrate the medical encounter as well as the interactions between professional colleagues.

Objective: To examine the impact of an educational program on participants' tolerance toward the other in a conflict political environment.

Methods: Mixed groups Jewish and Arab physicians participated in a three-session program moderated by instructors from the Centre for Humanistic Education within the Holocaust and Jewish Resistance Heritage Museum at Kibbutz Lohamei HaGetaot. Participants engaged in self- and family- identity workshops dealing with questions of identity, combating racism and human rights violations, relations between the majority and the minority, and the Jewish-Arab conflict in Israel.

Results: Sixty-five physicians participated in the program, 55 of them completed the post program evaluation questionnaire. Of them, 30 defined themselves as Jews (68%), and the others were Muslim or Christian Arabs. Most participants reported that the program contributed to their ability to listen to the other (69%), increased their awareness to the feelings of the other (75%), enhanced their understanding of culturally diverse people (65%), and promoted their acceptance and tolerance of the other (60%). The majority of participants (78%) thought that the program contributed to the mutual acquaintance with their colleagues, and 74 % were interested in participating in similar activities.

Conclusion: The education of healthcare professionals in the development of tolerance is vital, possible and fruitful.

David Kline – Rice University

Re-Imagining Humanism in the Anthropocene

Over the last fifty years of critique associated with the prefix “post-” —post-modernist, post-structuralist, post-humanist, post-colonialist, etc.—the idea of a humanism informing essentialist and normative accounts of human sociality, rationality, and morality has been convincingly deconstructed and discredited. For much of the academic humanities, no longer is it assumed that there exists something called “the human” that correlates to a universal and metaphysically grounded set of norms that transcend human difference across racial, cultural, and class lines. These departures from humanism have been highly effective, and have served causes of radical equality and justice in laudable ways. In the age of anthropomorphic climate change, however, we argue that the issue of humanism and normative values needs revisiting. If life on earth is to avoid absolute catastrophe, or avoid an extremely unequal adaptation to a post-climate change world, there must be some kind of basis for normative human values informing courses of action, limits, and ethics that cut across and unify human difference for the specific task of preserving a livable planet for both human and non-human life. Though this need not be called humanism, we suggest that the most important task for critical thinking in the anthropocene is to continue the humanist tradition of critically reflecting on what it means to be human. This will mean an engagement with both traditional forms of humanism and its critiques in a way specifically aimed at addressing the real problem of climate change. What is needed for this era is a pragmatic and non-essentialist approach to the category of the human that is able to inform a future where human life in its multiple forms relates to itself and its habitat with wonder, respect, and responsibility.

Craig Klugman – DePaul University

A Survey of Medical Humanities Teaching in North American Allopathic and Osteopathic Medical Schools

In 2016 Berry, Lamb & Jones learned that over 58 colleges in the US have baccalaureate academic programs in the health humanities. The AAMC reports that 126 out of 141 (89%) responding medical schools offered the topic of “medical humanities” in 2014-2015. This actually represents a decrease from 96% surveyed the year before. Though the question the AAMC asks is who has medical humanities content in their curriculum, they were not asked what disciplines are represented nor how much time is spent. Thus, a medical school that shows a 2 hour film would answer the same “yes” as a school that offers a comprehensive four-year humanities curriculum. This paper will present the preliminary data from a survey of all 161 MD schools and all 39 DO schools in North American. Participating schools were asked about their required and elective curriculum, formal and informal curriculum, number of hours, and which humanities disciplines are represented, among others. As of the writing of this abstract, about two-third of respondents offered required humanities curriculum and 89% offer elective curriculum, the vast majority offering these topics only since the 2000s. Literature is the most popular humanities discipline offered.

Lois Leveen – Penn State College of Medicine

Breathing the Health Humanities into Healthcare Provider Wellness Strategies

Diagnosed with a rare, advanced cancer in his mid-thirties, the patient declared, "It was literature that brought me back to life." This statement—with its emphasis on the humanities rather than on medical intervention—might seem all the more surprising given the source: a neurosurgery resident at Stanford. Yet Paul Kalanithi's moving memoir *When Breath Becomes Air* is a testament to how the humanities can help us make sense of life, and of death, even allowing a physician-turned-patient and his family (along with countless readers) to find emotional wellness in the face of a devastating physical illness.

Reading Kalanithi's memoir along with evidence-based research on preventing or reducing burnout, depression, and suicide among healthcare providers, I explore how health humanities can be used to improve

provider wellness. The presentation includes specific examples of how the humanities provide opportunities for reflection, which can build individual practitioners' resilience, and for connection, which fosters interprofessional team bonding.

Amrapali Maitra – Stanford University

Dance in the Madhouse: Movement and Expression in a Women's Shelter of Kolkata, India

Sadhana's burns are a leaf across her heart: ruffled edges with a network of veins. As she dances, stretching the edges of the loose cotton *salwar kameez* provided by the shelter, the leaf emerges and retreats with the flutter of her arms. Severely abused by her husband, Sadhana grew frightened and depressed, ultimately fleeing her marital home in Assam and returning to her parents in Kolkata. But even there, her family was unsure how to take care of a *pagol*, a madwoman. So she drifted apart and ended up on the streets, ultimately arriving at the shelter.

For the past year I studied experiences of domestic violence among low-income women Kolkata, India, for my MD/PhD in Anthropology. In my fieldwork I used dance as an entry into women's worlds and realities. By teaching Indian dance for cultural programs at the shelter and engaging in movement-based activities, I formed intimacies with the eighty women who reside there, most of whom were mentally ill or disabled and many with histories of familial abuse. Movement equalized us; we found harmony in beats, steps, and silences.

I will explore how dance permits a different kind of expression than oral narrative; one less focused on truth or authorship, two areas where narratives often splinter through layers of memory, medication, and psychosis. Through cases I will examine how the trauma of domestic violence is negotiated through movement *and* how bodily expression provides an important alternative to the clinical narrative and spoken forms of therapy or self-realization for abused women: one attentive to the affects, rhythms, and embodied experiences of suffering and survival.

In the stretches and movements of everyday life, Sadhana's leaf flutters but it does not fall.

Madalina Meirosu – Mount Holyoke College and University of Massachusetts

Manjula Padmanabhan's Harvest: Postcolonial Tensions, Global Economy, and Organ Transplantation

Set in the near future, Manjula Padmanabhan's play *Harvest* (1997) explores the moral tensions that result from the intersection of medical progress, economic disparity and globalization. The play presents a dystopia in which the financially powerful West, represented by an American company and its client, obtains organs from destitute people in India. Attuned to the global implications of organ donation, the play subscribes to the dictum "when morality comes up against profit, it is seldom profit that loses" (Shirley Chisholm). In my paper I shall analyze the various failures of capitalism highlighted in the play: the danger of family dissolution when technology first insinuates into, and then controls, the lives of the "donor's" family; the ethical inadequacy of body politics and reproductive politics when these occur within the context of a wide disparity of economic power; the threat of social isolation and fragmentation brought on by the "donor" family's lavish life-style acquired in advance for future donations. Using an intersectional approach that relies on feminist theories, Marxist theories and psychoanalytic thinking, this paper highlights the problematic aspects of the ethics of organ transplantation in the context of a capitalist system that, though morally bankrupt, nevertheless widens its circle of corruption as it infects with its values the very people that it preys upon.

Cheryl L. Nicholas – Penn State Berks

Performative Speech Acts, Ghosts, and Invocations of Illness in Malaysia

ABSTRACTS

Hantu (ghosts) are an integral part of Malay folk culture. In Malay culture, *hantu* emergences are usually associated with illness. This paper explores how *meneguh hantu*, which is to acknowledge or hail ghosts, works for Malays as a performative utterance (Austin, 1962) to produce illness; that is, if you say it, they (*hantu*) will come, and they will make you ill. Much of the previous research on *hantu* accounts treats such talk as monologic or in terms developed by structural linguistics. Drawing from ethnographic methods concomitant with ethnography of communication (Hymes, 1974) and ethnomethodology (Garfinkel, 1967; Wieder, 1974), I explain how invocations of illness (brought about by *hantu*) during deployment of *meneguh* often depend on negotiations of: *hantu* presence during the speech act, spatial-temporalities and objects considered *hantu* territory and, the disposition or intent of the person making the speech act. I also explicate the constituent processes of the Malay social world; how in mundane interactive sequences, Malay interactants including the ethnographer, situate and re-situate their social realities by using talk sequences to account for those realities. In the Malay context, illness due to evoking *hantu* involves knowing the maxims and contexts of talk that work as a performative speech act. Such actions around *meneguh* include: a) an avoidance of certain speech acts under particular conditions, b) a recognition that certain speech acts can inadvertently produce *hantu*, thus generating illness, c) the use of *meneguh* purposefully, as arbitrations with *hantu*, in order attack or hurt others by making them ill.

Tahneer Oksman – Marymount Manhattan College

In Some Other Form: Reshaping Loss in Grief Memoirs

In Joseph Luzzi's recently published memoir, *In a Dark Wood*, he writes about the sudden loss of his wife in a tragic car accident that left him also a single father. Staring at his wife's dead body in the open casket, Luzzi laments, "But there was nothing left of the person I had loved in that body... If Katherine was anywhere in this universe, it had to be in some other form" (39). For Luzzi, that form ultimately reveals itself in literature that speaks to him in a new way after this tragedy as well as the memoir he writes in order to "see" his wife and his loss of her.

This presentation will examine several contemporary grief memoirs made by those who lost partners and then decided to transform that experience into a book. I will read Luzzi's work alongside Anders Nilsen's *Don't Go Where I Can't Follow* and *The End* -- two artistic works that include everything from photocopies of artifacts testifying to his relationship to comics about his grief battles. In reading these texts composed in different mediums, I will seek, in terms that move beyond a simplistic notion of composition as catharsis, to account for why people create grief memoirs. If we view them as a means of reshaping, of lending a new form to what has been lost, does this make them, not a means of moving on, but instead of moving into what has been lost? If so, when does the reshaping end?

Randall A. Poole – The College of St. Scholastica

Conceptions of Humanity in Health Humanities

One of the guiding principles of health humanities is that the humanities are indispensable to humane healthcare because they teach us about what it means to be human. They teach us about the human condition, about human suffering and healing, and about human well-being and flourishing. The field of health humanities strives to counter biomedical reductionism and to see the patient not as a diseased or dysfunctional body but as a whole person – body, mind, and soul. In pursuing these purposes, the field can draw on (or critically respond to) a wide range of conceptions of humanity in the history of philosophical, religious, and scientific thought. These conceptions include various forms of materialism, mind-body dualism, and representations (originating with Aristotle) of the human being as a unity of body and soul, or as an embodied rational soul. The proposed paper will identify and describe the main conceptions, assess their strengths and weaknesses relative to each other, gauge their relevance to health humanities, and explore their implications for human dignity and bioethics. It will show how the intellectual history of "humanity" can better inform an understanding of health in the fullest sense as human well-being and human self-realization. Further, it will

demonstrate that this history offers rich resources for one of the central tasks of health humanities: to understand illness, suffering, disability, healing, aging and dying as human experiences.

Keagan Potts – Western Michigan University

Coercive Threats to Public Health: Fighting Food Deserts

Proper health starts with proper nutrition. Americans often picture malnutrition as a distant problem restricted to developing countries. This association ignores the immediate threat that hunger poses to millions in the US every day, and one of the largest unrecognized public health crises in our country. Across the US, poor and disadvantaged communities struggle to survive in food deserts. Food deserts arise from a complex amalgamation of social, economic, and racial inequalities which prevent access to fresh produce. Negative health resulting from food deserts is exhibited by higher rates of hypertension, diabetes, and cardiovascular disease amongst low income populations.

In this essay, I begin by outlining the public health threat introduced by food deserts, then focus on cases of urban food deserts. Next, I identify the presence of coercion in determining the shopping and eating practices of those stranded in food deserts, and suggest that aid should be guided by Rawlsian principles of distributive justice in counteracting current market forces. I assert that distributive justice balances market forces in a way that does not introduce further coercion into an already oppressive system. Finally I provide a few examples of efforts that adhere to Rawls, and evaluates these projects' effectiveness in combatting health problems posed by food deserts. In order to fight coercive factors creating food deserts, we must restore autonomy to those most affected by barriers to access.

Santiago Quesada-Garcia – University of Seville

Pablo Valero-Flores – University of Málaga

Creating Enabling Environments: Dementia and Assisted Living

The main mission of architecture is to build an atmosphere where humans can develop their space and habitat. Architecture is a necessary tool in building the inhabitants' environment.

The extension of human life expectancy brings about the challenge of maintaining quality of life throughout that period. One of the most significant diseases affecting our aging population is Alzheimer's disease. This is regarded as the epidemic of the 21st century, due to the growing number of patients, the diversity of the populations and cultures affected and its advanced effect on aging societies. Society has to adapt to these new risks and draw on the necessary tools to address this issue, within the context of family life and organization, housing and the smart cities of the future.

The aim of this paper is to show, at the 6th International Health Humanities Conference, how creative practice and the integration of new technology in architecture allow individuals with a range of characteristics, inhabitants with dementia, to live in dignity, comfort and safety, while supporting caregivers.

We will develop examples and experiences in different countries, covering different practices and scales in architecture: the home context, residence buildings and finally at the urban scale. This knowledge is important in organizing and planning the standard for future cities. Ambient Intelligence (AmI) and Ambient Assisted Living (AAL) solutions will be unveiled, as well as other suitable architectural techniques that allow for a proper spatial definition, the interpretation of user needs in the incorporation of new facilities and the implementation of technological solutions in ordinary housing as an added part in future house development.

Lise Saffran – University of Missouri

Transforming Health Humanities through Sound: Incorporating Audio into the Classroom

ABSTRACTS

Audio storytelling tools and artifacts are potentially transformative as health humanities educators seek to expand the canon to include diverse perspectives and voices and to encourage students to consider health humanities in a global context. Health humanities curricula in developing countries will necessarily look beyond a collection of literature, art and music that has been, in critiques of medical humanities programs in developed countries, held to include an almost exclusive “scholarly emphasis on Western cultural artifacts” (Hooker, Noonan 2011). In countries and contexts with strong oral narrative traditions, audio storytelling offers an opportunity to both include narratives, music, and histories that are not adequately represented in mass media and to encourage deep engagement by students with the material. This presentation will explore this approach using both examples of how audio storytelling has been translated from Native American Communities for educational purposes and audio clips that convey the power and potential of the form. A writer, public health professional and experienced audio storyteller, Lise Saffran directs the Master of Public Health Program at the University of Missouri, where she teaches Storytelling in Public Health and Public Policy.

Ben Saxton – The University of Texas Health Science Center at Houston

In the Shadow of Charity Hospital: Mental Health Care in New Orleans

After Hurricane Katrina led to the intentional shutdown of Charity Hospital, New Orleans lost 128 psychiatric beds and countless mental health resources. Since then, there has been a dangerously low number of long-term inpatient psychiatric facilities to care for people experiencing a mental health crisis in the city. Many of these individuals, having nowhere else to go, end up on the street or in jail.

Drawing from conversations with individuals who have been displaced by a lack of mental health resources in New Orleans, this paper will share a few of their stories. It will also consider recent proposals that offer alternatives to incarceration or homelessness for those with mental illness—like, for instance, the proposal to restore Charity Hospital as a centralized resource that would include clinical research, affordable housing, and inpatient care. Finally, this paper will consider how, from a health humanities perspective, teachers and educators can raise awareness about mental health care in both New Orleans and around the country.

Ahmed Siddiqi – University of Houston

A Mongrelized Public: Group Rights and Cosmopolitanism

Two philosophers who have developed different conceptions of group rights are Jeremy Waldron and Iris Young. In his paper “Minority Cultures and the Cosmopolitan Alternative,” Waldron offers a critique of communitarianism and group preservation, followed by a proposal for a cosmopolitan society, where cultural frameworks are minimized to allow for a more hybridized individual. In her essay “Together in Difference: Transforming the Logic of Group Political Conflict,” Young criticizes a certain liberal conception of an ‘assimilationist ideal’, offering instead an alternative ideal which recognizes groups and seeks to correct for social injustices resulting from group identity. In this essay I will critique Waldron’s cosmopolitan approach, as it stands on its own, and in light of Young’s thesis, to show that a more nuanced, fluid view of groups is required to honor group rights and to uphold adherence to democratic ideals. I will show that social justice and remediation of inequalities, both extensions of the democratic ideals, demand that groups’ rights be sufficiently upheld.

Kylie M. Smith and LisaMarie Wands – Emory University

History for Social Responsibility in Nursing Education

The Nell Hodgson Woodruff School of Nursing at Emory University in Atlanta lists ‘social responsibility’ as one of its core values. This is articulated in the curriculum in courses that teach students about cultural humility, sociology and politics of health, and especially through service learning in a course entitled “Social responsibility and bioethics in nursing”. The course co-ordinator has collaborated with the recently appointed

ABSTRACTS

Andrew W Mellon Faculty Fellow for Nursing and the Humanities to redesign the course objectives, learning activities and assignments, in order to develop a sense of social responsibility in nursing students through humanistic inquiry.

As well as developing interpersonal skills through reflective and aesthetic expression, students receive course content that is strongly grounded in the history of nursing. As a scholarly discipline, nursing history has flourished in recent years, exploring the many ways in which nursing as a profession and a practice has had to develop at the intersection of issues such as gender, race and class.

In this presentation, the authors discuss the ways in which they have integrated this historical material into nursing curricula. Underpinned by critical theory, historical perspectives reveal the challenges for ethical practice in nursing. By drawing on the humanities in a complex way, our aim is to extend students beyond cultural humility. Historical context is used to enable an appreciation of the burden for persons living with social disparities today. An understanding of this history is central to the enabling of a contemporary practice of ethical social responsibility in nursing.

Danielle Spencer – Columbia University

Discovering Difference: Diversity and Diagnosis

The mutability of diagnosis has increasingly entered public discourse: From ADHD to Asperger Syndrome to Gender Identity Dysphoria, we are acutely aware of the social and historical contingency of what Charles Rosenberg terms “disease entities”, and we wrestle with highly contested decisions concerning how—and whether—to treat children with such differences. Yet rarely discussed are cases of adults newly learning of longstanding cognitive or perceptual conditions such as the aforementioned diagnoses or dyslexia, prosopagnosia, hearing or visual variances—even benign differences such as synesthesia.

How is our self-understanding and identity affected when the way we have always experienced the world is suddenly labeled or pathologized; do we respond with relief, confusion, regret? Following a positivist model one might embrace new diagnoses as evidence of a continuous expansion of knowledge; alternately, a constructionist understanding may lead to different interpretations, emphasizing personal/historical context. Reconciling a long-standing yet previously unrecognized difference from the norm with one’s identity juxtaposes the two models in generative yet often bewildering ways, demanding creativity from patients, clinicians, family members, educators, ethicists and policy-makers.

What are our responsibilities to help frame such experiences? How do we bridge theory and practice to offer a sense of creativity and narrative agency? I will present case studies illustrating this phenomenon—including interviews, memoirs and studies—and address the social and intellectual questions they raise. I propose that interdisciplinary training in the health humanities uniquely prepares us to help negotiate such dilemmas situated at the intersection of nosology, illness and identity.

Danielle Spencer and Craig Irvine – Columbia University

Dualism and Its Discontents: Philosophy, Literature, and Medicine

Beginning with several literary and nonfiction patient accounts elaborating alienating healthcare experiences, we explore the dissociative underpinnings of medical practice in the Western philosophical lineage, particularly mind-body dualism within Platonic and Cartesian thought. We then turn to developments such as phenomenology and narrative hermeneutics that offer more salutary approaches to understanding illness experiences and the clinical encounter, including Merleau-Ponty, Toombs, Pellegrino, and Zaner. Such perspectives address the dissociation and alienation evident in literary accounts about healthcare by patients and clinicians both.

Highlighting a self-reflexive attentiveness towards narrative framing, we explore counter-narratives to this particular story within and beyond the Western tradition, demonstrating the humility and rich complexity of

philosophical enquiry. How does such attention to the philosophical tradition illuminate biases subtending contemporary clinical practice? Further, which biases does this very framing evince? What do insights and influences gleaned from philosophical discourses such as race and whiteness theory, feminist theory, gender theory, and Hinduism have to teach us? How might we diversify philosophical education in the clinical context?

We close with a brief discussion of the poem “Soul” by David Ferry, which offers a means of approaching the age-old issue of the relationship between body, mind, and spirit. Thus the authors offer a pedagogical approach that demonstrates how dynamic philosophical enquiry—particularly in combination with literature and other discourses—yields particular insight into the challenges and possibilities of healthcare today.

Cynthia A. Standley and Rebecca E. Fisher – University of Arizona College of Medicine-Phoenix

Allies for Sexual Minorities: Prevention of Self-Harm and Suicide through Art and Education

We provided a leadership program that empowered 12 participants comprising faculty, staff, and students with the skills necessary to identify signs of self-harm and what to do when these arise, with a focus on the lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) community. Program attendees were educated on LGBTQ issues in the community and suicide prevention, while also creating artworks depicting negative work environments, areas of inclusion and comfort, and maps of their ideal space. The program culminated with an art exhibit displaying 15 artworks in the medical school cafe, coordinating with First Friday activities in downtown Phoenix. The public was invited to attend and the exhibit was advertised in the Phoenix Urban Guide and the Artlink websites. The exhibit remained on display for one month. A comment card box was placed near the exhibit to gather feedback from viewers. Viewers appreciated the showcasing of LGBTQ-related work and felt welcomed and understood. The program participants completed a survey during the debriefing session on Day 2 of the program. 100% of participants strongly agreed or agreed that this program increased their knowledge of the topic. Participants commented that they felt the sessions were useful, fun, a nice change of pace, clear, on topic and applicable. They particularly valued the discussions, interactive activities, and the storytelling about the artwork that was created. This leadership program and art exhibit have helped to transform the climate for LGBTQ students, staff and faculty into one that is safe, accepting and supportive.

Brian Volck – Cincinnati Children’s Hospital Medical Center

The Face of the Other: Dangerous Encounters Beyond the Reach of Word

For Emmanuel Levinas, the face-to-face encounter with the other is a privileged relation fraught with asymmetry, vast unknowns, grave responsibilities, and traces of transcendence. The unknowable other challenges and disrupts the complacent self through language, desire, and a concern for justice. Levinas, a Talmudic scholar and World War II POW, recognized that such encounters are modulated by cultural inheritance, experience, and expectations.

I invoke Levinas as a starting place to explore the physician’s face-to-face engagement with the patient when the latter comes from another culture or speaks a different language, and particularly when the patient cannot speak at all. To avoid reducing my consideration to a handful of communication skills or techniques, I use, as examples, clinical and non-clinical encounters rendered in Anne Fadiman’s *The Spirit Catches You and You Fall Down*; the writing and work of Jean Vanier, founder of L’Arche, and the visual art of Tim Lowly, whose recurring subject is his cognitively disabled daughter.

In each case, the presence of the other issues an unspoken challenge and invitation, threatening to leave the observing self altered, perhaps irreparably wounded. Can the physician engage the other in this way and remain “objective?” What does it cost the physician to enter such a relationship? What is the cost of not

entering? I conclude with reflections on my medical experiences encountering the patient as unknowable other via the Benedictine practices of silence and hospitality to the stranger.

Shelley Wall – University of Toronto

Visual Images and Embodied Subjectivity in Health Care

Visual images figure centrally in biomedical discourse, from health promotion, to patient education, to medical education. Anatomical representations teach us to recognize, compare, and categorize the bodies of others, and also our own. They play a role in mediating cultural notions of normativity, ability, gender, age, race, shape, and other aspects of what it means to be embodied. Multidisciplinary scholarship has demonstrated that images of the body can shape how we inhabit our bodies; and it has been suggested that a patient's sense of embodied identity can influence their health care outcomes.

Where do medical representations of the body come from, and what practices guide their creation? In other words, how does the creative work of contemporary medical illustrators intersect with theoretical perspectives on anatomical illustration? While research in body studies, visual studies, gender studies, and other domains has produced a robust critique of medical imagery, medical illustrators produce images of the body from within a separate silo of contexts, conventions, and practices; they belong to a community of practice with a set of competences and approaches to visual communication that have evolved over time, from conventions initiated in the European Renaissance, to the establishment of medical illustration as a professional discipline in 1911, to the incorporation of contemporary medical imaging technologies. This presentation will consider how scholarship on embodiment might inform the practice of medical illustration, and what the disciplinary knowledge of medical illustrators might contribute to other domains concerned with the lived body and its representations.

Belinda Waller-Peterson – Moravian College

Reading Audre Lorde's The Cancer Journals and A Burst of Light in the Health Humanities Classroom

This paper analyzes Audre Lorde's black feminist approach to writing about and experiencing illness in *The Cancer Journals* and *A Burst of Light*. I use Sayantani DasGupta and Audre Lorde's conceptualizations of wellness as political warfare to engage these texts as illness narratives that prioritize black women's health and depict social advocacy that honors cultural diversity. Additionally, I employ DasGupta's "Listening as Freedom: Narrative, Health, and Social Justice" to make explicit the relationship between Lorde's literature and health activism. DasGupta notes, "that teaching around race, class, ability, gender, or power opens up our understandings of the way we approach narratives themselves by situating them firmly within broader political contexts." I argue that critical consideration of Lorde's work in a health humanities classroom allows students and practitioners to engage texts that consider specific nuances of her black feminist experience and make connections to larger challenges that black women face in medical settings. Incorporating Lorde's literary and activist work (beyond *The Cancer Journals*) into a health humanities curriculum asks students and practitioners to approach patients with a renewed awareness of their diverse cultural narrative tapestries and a commitment to compassionate care.

Emily Waples – Hiram College

Prosthetic Politics: Reading and Teaching Audre Lorde's Cancer Journals Now

Part autobiography, part provocation, Audre Lorde's groundbreaking work *The Cancer Journals* (1980) inaugurated a politics of visibility for breast cancer patients in the United States. Situating breast cancer as "a black lesbian feminist experience," Lorde sought to unsettle the culture of silence surrounding the disease and its treatment, making space for the expression of racialized, queer, and feminist lived experience as a strategy of resistance that called into question the reproduction—and literal reconstruction—of normative forms of

embodiment. This paper explores the legacy of Lorde's *Cancer Journals* as feminist theory, cultural critique, political manifesto, and pedagogy as it considers how *The Cancer Journals* has been and may be situated as a foundational text in the field of health humanities. Specifically, it examines the ways in which Lorde's anti-prosthetic politics of visibility has been received in feminist theory and praxis, analyzing in particular the circulation and censorship of mastectomy images on social media platforms in the age of corporate "pinkwashing." Illustrating the manifold strategies by which "awareness" campaigns have championed consumerism as a political prosthetic, it demonstrates how contemporary breast cancer culture's over-arching emphasis on individual subjectivity—in particular, the subjectivity of the "survivor"—has tended to obfuscate the larger feminist project of mobilizing around the investigation and regulation of environmental causes of cancer. Ultimately, this paper seeks to how actors in health humanities networks—patient-activists, care providers, theorists, and teachers—might mobilize, adapt, and challenge Lorde's text as they seek develop feminist and anti-racist pedagogies and practices.

Amerisa Waters – The University of Texas Medical Branch at Galveston

Illuminating Truths: Comics as a Stage for the Sharing of Taboo and Trauma

Sexual trauma is a pervasive problem across the world as is the control of information around reproductive health. The forms of sexual trauma are many and the harmful effects individuals experience from them are also greatly varied. Information on, and access to, reproductive and sexual health are contested topics with information on each obscured in rhetoric-filled debates. Comics have the capacity to provide rich visual narratives of reproductive health and sexual trauma. The affective engagement of comics of readers allows for an empathetic interaction with the narratives and a kind of being present with the stories that have historically been silenced. This presentation explores the complex communication of taboo topics and experiences of trauma through comics and their potential for nuancing clinical education. An analysis of such works as *Abortion Eve* (1973), *Not Your Mother's Meatloaf: A Sex Education Comic Book* (2014), and *Becoming Unbecoming* (2015) reveals the ways visual narratives offer more complex tellings of these narratives of taboo and trauma. The use of the visual illuminates the truths of the lived experiences of reproductive and sexual health as well as the truths of trauma and its aftermath. It is these truths that are not able to be conveyed through text alone. Through comics, a different kind of telling of these stories is made possible.

Christine Wieseler – The University of Texas Health Science Center at Houston

Troubling Thought Experiments: Assumptions about Disability and Gender within Biomedical Ethics

I consider two thought experiments within biomedical ethics focused on reproductive choices. I am concerned less with the authors' conclusions than with their reasoning, framing of the issue, and the implicit assumptions on which their arguments rely. These thought experiments incorporate contested assumptions regarding norms related to gender and disability as well as exemplifying how de-contextualization and framing impact the conclusions readers are likely to draw about moral issues

In "The Abnormal Child: Moral Dilemmas of Doctors and Parents," Richard Mervyn Hare asks us to imagine a conversation between a fetus likely to develop into a child with an unspecified impairment if carried to term and Andrew, a potential fetus expected to develop typically if carried to term. In this dialogue, the fetus clearly believes that it is better not to exist than to live with an impairment and views individuals as fungible and thus reinforces the dominant narrative about disability. In "Causing Disabled People to Exist and Causing People to be Disabled," Jeff McMahan asks us to imagine an aphrodisiac available to women that induces ovulation and makes conception of a child with an impairment more likely.

This paper examines the aforementioned thought experiments in order to clarify and trouble the authors' assumptions in regard to disability and gender. The paper engages with feminist and disability rights critiques—drawing on the work of Adrienne Asch, Eva Kittay, and Marsha Saxton—in order to contextualize reproductive choices and offer alternatives to the framing used in these thought experiments.

Mary E. Wildner-Bassett – University of Arizona

Teaching and Learning Intercultural Perspectives for Health Humanities: A World of Health and Wellness Interfaces with Global Cultures and Languages for Undergraduates

This paper will discuss and welcome input from session participants about a journey of development of a core undergraduate course for an emerging set of emphases (undergraduate certificate, minor, eventual major) in Health Humanities for the College of Humanities at the University of Arizona. As one of the main leaders of this set of initiatives in my College, I will address the following experiences of working:

- with some forms of resistance to disciplinary purity;
- with diversifying the curriculum;
- with the growth of an undergraduate program in Health Humanities; and
- with preparations for the upcoming semester (Fall 2017) for teaching cultural humility and intercultural understanding in a 300-level undergraduate course entitled *Health Humanities: Intercultural Perspectives*.

The course has been developed from the perspective of those willing to engage actively as critical, discerning, humane participants in the present and future of healthcare and of health and wellness in any context. The course provides theory and practice in an inclusive and applied approach to humanities-based ways of thinking and knowing.

The paper will give examples of assignments and experiences for students where they will be offered tools to improve transcultural communication skills by deep reading and reflection on core humanities approaches to the world of health and wellness and those approaches' interface with global cultures and languages.

References and texts:

- Paul Crawford, Brian Brown, Charley Baker. *Health Humanities* Palgrave Macmillan (2015).
- Therese Jones, Delese Wear, Lester D. Friedman (Eds.) *Health Humanities Reader* Piscataway, NJ, USA: Rutgers University Press, 2014.

Brenda K. Wilson – The University of Texas Medical Branch at Houston

Diversity and Contestation at the Global Margins: A Cultural Study of the Ethical Terms of Engagement in Short-term Global Health Missions in Dominican Republic Bateyes

Short-term global health missions [STGHM] are an increasingly popular cultural formation that provides a range of volunteer and/or educational opportunities for individuals to be a part of the globalized humanitarian action. While the field of global health still debates questions of clear definitions, values, and evaluation methods, there has been an ever-increasing body of literature concerning ethical issues in STGHM. The sending institutions (particularly academic institutions) have responded to these concerns primarily by emphasizing the importance of volunteers to develop ethical and cultural competencies before departure. This cultural study uses theoretical and empirical modes of analysis to understand the perceptions and orientations of participants involved in STGHM in La Romana, Dominican Republic. La Romana is a popular destination for STGHM that enables foreign volunteers to participate in activities aimed to improve the health of marginalized individuals living in sugarcane communities known as bateyes. Responses from ethnographic interviews are used to examine the interface between the experiences of American volunteers and batey residents. This study reveals tensions between American perceptions versus on-the-ground realities in bateyes that not only blur the lines between benefit/harm ethical debates but also reveals the technological and political dimensions of ethical problems. The study broadly argues for the importance of social and cultural context, the centrality of diverse voices, and structural analyses in the development of "ethical" activity in STGHM. This study also offers a compelling case of how the humanities and social sciences contribute to a critical study of global health and a global health humanities.

Xinyuan (Lisa) Zhang – Stanford University

Crossing Boundaries: Health, Illness, and Palliative Care in China

This documentary follows the director's own path traveling back to her hometown in rural China, to witness and involve in the care of her maternal grandmother who was diagnosed with metastasized lung cancer. As a medical trainee in Modern Allopathic Medicine and as a member of a family that firmly believes and adheres to Traditional Chinese Medicine (TCM), the director explores her own dilemma in appreciating the undervalued importance of TCM in end-of-life care. As an observer and member of a culture where the approach towards informed consent, combined with a different patient's perspective of illness, is crossing the perceived medical ethics boundary in the Western standard, the director learns to reconcile and understand the dynamic culturally-driven principles behind the family's decisions and apply it to caring for a diverse population in the U.S. who may have different perspectives, expectations, and approaches towards health and illnesses.

Finally, as one of hundreds of millions of children born under the "One-Child Policy" who will become the sole caregivers for members of a rapidly aging population in China in the next five to ten years, and as one of millions of students who permanently migrate to other cities or countries, the director urges her generation of "single child" to recognize the burden, anticipate and proactively face the challenges in caring for the elderly population starting from now.

CONFERENCE ABSTRACTS
POSTERS

Julie Chen and Harry Wu – The University of Hong Kong

The Person behind the White Coat: Building a Medical Humanities Core Curriculum for Medical Students

Context: In a healthcare environment increasingly overwhelmed by new technology, commercialism and efficiency, which leaves patients lost, unheard and discontented, medical schools are seeking to bring balance to their curricula. The introduction of the medical humanities (or health humanities) can help to broaden the understanding of the human condition – a necessity for those in the caring professions.

Intervention: Following four years of pilot work, a longitudinal, compulsory medical humanities programme for medical students was launched in 2012 as part of the six-year undergraduate medical curriculum at The University of Hong Kong. Using an outcomes-based approach to student learning, the curriculum was built around five themes - narrative medicine, culture, spirituality and healing, history of medicine, death, dying and bereavement, and humanitarianism. We share our experience of the first year of the curriculum in which students explored “the person behind the white coat” through reading and writing, performance, visual arts and film.

Observations: A variety of reflective tasks, including creative artwork and performing a re-imagined script, enabled students to demonstrate their understanding of “the person behind the white coat.” The contribution of colleagues from all disciplines in the medical faculty, the university at large and community partners was instrumental to the success of the first year programme.

Conclusion: A medical humanities curriculum has meaning if it is a compulsory part of the core curriculum and is assessed. It can be sustainable with a broad base of teaching support.

Josephine Ensign – University of Washington

The Use of a Health Sciences Common Book to Promote Health Equity and Interprofessional Education

University and college common book (CB) programs are familiar features at many postsecondary schools throughout the United States. A growing body of research indicates that, if done well, CB programs can increase critical thinking and literacy skills, enhance cultural awareness and cross-disciplinary dialogue, and foster a greater sense of community and valuing of life-long learning among students. Within health sciences education, there is an emphasis on inclusion of meaningful interprofessional educational experience, as well as calls to find ways to enhance cultural humility and empathy in health science students.

For the past five years, the University of Washington’s Health Sciences Service Learning and Advocacy Group, has had a Health Sciences CB program aimed at engaging students from across all six health science schools in substantive, interprofessional dialogue about pressing current event topics related to health equity and social justice. In this presentation, I will present results of an evaluation study of the effectiveness of this CB program and offer a set of best practice guidelines for anyone considering adoption of a similar program.

Jane A. Hartsock – Indiana University-Purdue University Indianapolis

Non-resident Living Kidney Donations: Ethical Implications and Practical Approaches

As the gap between organ donation and patients on the recipient waiting list continues to grow, residents of the US who are in need of kidney transplantation occasionally contract with living donors from outside the US.

Those individuals, often from third world countries, and with the largest percentage coming from Mexico, then travel to the US to undergo living donor kidney donation at US transplant centers. This practice is not limited to the US and occurs with some regularity around the world. However, there is very little written about this practice, none from the perspective of the US transplant system, and there is little in the way of guidance (either legal or ethical) for centers that accommodate it. This paper will present an ethical analysis of this practice with particular attention to lessons that can be drawn from living donor donation in other countries. This inquiry is particularly germane because OPTN has promulgated guidelines with respect to obligations owed to living donors, but those guidelines are clearly drafted with the assumption that the donor will be a US resident. The critical question then, is whether and/or to what extent those guidelines are applicable to the instant scenario in which the living donor is a non-resident. In addition to this concern, this paper addresses several critical ethical concerns implicated by the often vulnerable population from which donors are drawn. Finally, this paper proposes that additional inquiry beyond that used with domestic donors is necessary when those donors are non-residents.

Angela M. Polczynski – Sam Houston State University and The University of Texas Health Science Center at Houston

A Road Map for Applying Culturally Responsive Teaching in the Health Humanities

It is no secret that the composition of higher education students in the United States has changed. Today, college students are more diverse in gender, ethnicity, socioeconomics, and religion than ever. In the health humanities and sciences, this trend is no different. If the faces of our students have changed, why is it that our teaching strategies have not yet evolved to meet their diverse needs? In order to better reach—and teach—our students, it is necessary that our instructional approaches change as well. To address this idea, I am proposing a poster that would outline a road map for applying culturally responsive teaching strategies for health humanities students. Through culturally responsive teaching, learning environments can be designed to promote mutual respect and connection among students and instructors, cultivate open dialogue, and give students an opportunity to voice their unique perspectives through collaboration and discussion. Though certainly not a new pedagogical approach, culturally responsive teaching offers the health humanities a unique opportunity to transform teaching and learning. Thus, the poster will describe cultural responsiveness, in general, present tips for employing such pedagogy, and offer two to three sample learning activities that can be applied to teaching various health humanities content.

Elyse Purcell – State University of New York at Oneonta

Zika, Vulnerable Populations and Synthetic Biology as Medical Technology

On December 16, 2010, the Presidential Commission for the Study of Bioethical Issues released the report, *New Directions: The Ethics of Synthetic Biology and Emerging Technologies*. This report responded to the announcement from the J. Craig Venter Institute, which had created the world's first self-replicating bacterial cell with a synthetic genome. Called "Frankencell" by the media, this synthetic self-replicating bacterial cell marked a milestone in synthetic biology.

Since the *New Directions* report, synthetic biology has been used for the production of new medicines and for effective ways to fight diseases ailing women and children in impoverished nations. For example, by using the powerful gene-editing tool known as CRISPR/Cas9, researchers have genetically engineered mosquitos to be resistant to malaria and zika, a disease that causes microcephaly in infants. The hope is that by releasing genetically engineered mosquitos into the wild in regions such as Mombasa, Kenya, this technology will be not only medically significant, but it also provide a promising platform for social advocacy and political change.

There are, however, moral concerns, latent in this new technology: do the benefits outweigh the risks to the environment? Moreover, if the potential harms outweigh the benefits, will women and children be disproportionately affected? Finally, which entities will be held accountable in the event of a catastrophe? The aim of this paper is to provide a guiding ethical principle for synthetic biology, which upholds public benefits

and minimizes public harm, especially for women and children in geographic regions at the most risk.

Sarayna Schock and Daniel George – Penn State College of Medicine

Penn State ProduceRx: Partnering a Hospital and a Local CSA to Impact Long-term Health Outcomes for Underserved Patients Receiving Fruit and Vegetable Prescriptions

With the passage of the Affordable Care Act, academic health centers are required to provide increased preventive care for the populations they serve. After a 2015 community health needs assessment identified inadequate nutrition and obesity as a major issue in Central Pennsylvania, medical students at Penn State College of Medicine developed a pilot program called “ProduceRx.” Modeled after the emerging trend of “fruit and vegetable prescription programs”, ProduceRx is unique in that it enables clinicians who work with underserved patients to write “prescriptions” redeemable for weekly-subsidized boxes of fresh produce from a local farm that distributes fruits and vegetables as part of a Community Supported Agriculture (CSA) initiative. Additionally, patients in the program have access to a nutritional education program (via newsletters, YouTube videos, and a Facebook Page) developed by an interdisciplinary health team. In this session, we will share our model as well as preliminary results from the pilot study, which involved six providers from the specialties of bariatric surgery, family medicine, internal medicine, and adolescent bariatric medicine, and 70 patients. Attendees will learn strategies to connect hospitals with local agriculture to provide benefit patients through innovative preventive care.

Ambica Sethi, Lydia Mousa, and Fatema Shipchandler – University of Houston

Power of Meditative Art: Creative Care

The Creative Care team at University of Houston consists of ten pre-med undergraduates who have initiated a movement towards bringing awareness and practice of holistic healthcare. Grounded on the understanding of nuances that often govern healthcare and patient-doctor relationships, Creative Care aims to bridge the gap between traditional allopathic medicine and its effects on *all* aspects of an individual’s health. Our team saw a discrepancy in the current healthcare service sector where we noticed an emphasis on the quantifiable and physical aspects of a patient’s health, with an unequal, if not lacking, response towards their mental, emotional and spiritual health. This propelled us to explore topics such as community-based art collaboration, meditation and its influence on mental health, and art as a meditative avenue. Over the last six months, we have conducted four Art and Healing workshops in college classrooms in which we discuss mental health and the power of imagination in self-care. We also arranged Mandala-Drawing Nights and Meditation Workshops in residential halls and library classrooms to engage students, professors, and social and community health workers in the practice of mindfulness, and cross-cultural conversations. These events have shaped our current project in which we will host an Art Carnival at the Health-Bridge Children’s Hospital to bring a sense of community and empowerment to the young patients. By implementing avenues such as art and meditation, our team is slowly bridging the gaps within healthcare to promote inter-disciplinary and holistic health at the individual and community level.

Jamie L. Shirley – University of Washington Bothell

Arguing for Continued Life: A Counter to Narratives of Choice in the VSED Discussion

This presentation will offer a close reading of fifteen first-person narratives that were published in the summer 2016 issue of *Narrative Inquiry in Bioethics* on the topic of Voluntary Stopping Eating and Drinking (VSED). Although these narratives were followed by three commentaries, none of them addressed the discourses of death and suffering deployed by the authors to develop their narratives (mostly in favor) of VSED. Despite the long history of cultural opposition to suicide, opponents of the recently advocated strategies of hastening death (such as VSED and physician-assisted death) have struggled to articulate compelling justifications for their position. Proponents’ stories articulate discourses of personal choice, relief of suffering, and bravery in the face of death—all framings that claim for the narrator a sense of personal strength and efficacy. By contrast,

the oppositions' claims feel thin and unpersuasive. Ironically, however, the dominance of these discourses in favor of hastening death has not translated into policy change in the form of wide-spread legalization of hastened death. This suggests that opponents do have compelling reasons for their position. This project is an effort to deconstruct the narratives on both sides to better understand how they work and consider whether there are stories of illness and suffering that are not being told because of the dominance of these other discourses.

Nina Stoyan-Rosenzweig – University of Florida College of Medicine

Modeling or Teaching Empathy through Patient A: Special Theater Projects in Medical Education at the University of Florida College of Medicine

Increasing or maintaining empathy- variously defined- is a goal of medical school curricula and humanistic medical practice. Literature and practice disagree over whether empathy can be taught but studies show it can be lost, or maintained. Empathy is deemed important in effective and competent medical practice. Of course health humanities are considered an important part of that curriculum- and theater plays an important in this process. Reader's theater provides a powerful platform for discussing a common experience, theater training in residency helps residents learn to read emotion and put themselves into someone else's shoes, while other projects use the theater arts in a range of other ways. At the University of Florida College of Medicine, theater- a student run theater group- has long been a means for medical students to develop and maintain creativity. The UF program uses other approaches to theater in teaching, described in this presentation. This presentation will highlight regular projects and focus on description of the special presentation by medical students of the play Patient A- a project conceived, supervised and facilitated for medical students to stage the play and conduct original research on its impact. The special summer project actually included two stagings of the play- one by current medical students and one by alumni who started the original student theater group, White Coat Company, and research on how viewing the play impacted understanding of stigma and the concept of the "innocent victim."* The project also indicates the further potential for theater in medical education.

Rosemary Weatherston – University of Detroit Mercy

Voices of Life but Not of This World: 'Impossible Illness Narratives' in Health Education

Illness narratives are used in health education in support of numerous pedagogical goals. These include promoting students' ethical and professional development, illustrating health care inequities, and enabling students to practice perspective taking and narrative analysis, to name a few. Despite their pervasiveness, however, such uses of illness narratives—especially non-fiction narratives—are not without controversy. Some detractors condemn any privileging of narrative in medicine. Others worry that illness narratives promote atomistic models of selfhood or disease. Still other critics warn against readers' tendencies to reduce illness narratives to case studies or consume them as if they provided access to the authentic subjectivities of others.

Rather than trying to resolve such controversies, in this paper I reframe the issues driving them by making a case for incorporating "impossible illness narratives" into health care and health humanities classrooms.

Impossible illness narratives are fictional first-person accounts of sickness or impairment that, by means of their point of view or content, could never be produced in real life. Carolyn Barbier's "Nighthawks," for example, purports to be the real-time narration of a ventilator-dependent patient as she decides to die. In Octavia Butler's "Bloodchild" a young man struggles with his status as a breeding host within complex social relations entwining terran and alien species. Deeply defamiliarizing, impossible illness narratives resist conventional frames of interpretation. Instead, they require readers to employ unique reading strategies grounded simultaneously in narrative humility and structural awareness. Rather than sidestepping thorny issues of representation, production, and consumption involved with the use of non-fictional illness narratives, however, impossible illness narratives offer students and instructors a unique vehicle through which to engage them.

THANK YOU!

