



Health Humanities  
CONSORTIUM  
#2022HHC

# Spaces of/for Health Humanities

## March 25-27, 2022

**A virtual conference jointly hosted by:**

**The Center for Health Humanities, Massachusetts College of Pharmacy and Health Sciences**

**The Center for Literature and Medicine, Hiram College**

**The Health, Medicine, and Society Program, Lehigh University**



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Jessecae Marsh, Lehigh University  
Lorenzo Servitje, Lehigh University  
Emily Waples, Hiram College  
Erin Lamb, Case Western Reserve University School of Medicine  
Michael Blackie, University of Illinois Chicago  
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Ariel Cascio, Central Michigan University College of Medicine  
Julia Knopes, Case Western Reserve University School of Medicine

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The Health Humanities Consortium's [Curricular Toolkit](#) and [Syllabus Repository](#) (in collaboration with Rice University's [Medical Futures Lab](#)) offer a wide range of resources to support assignment, course, and academic program design. Search existing resources or share your own today!

## **Thank you to all of our conference moderators!**

Sarah Berry, SUNY Oswego  
Carol-Ann Farkas, Massachusetts College of Pharmacy and Health Sciences  
Martha N. Gardner, Massachusetts College of Pharmacy and Health Sciences  
Jennifer Garvin, The Ohio State University  
Jen Hartmark-Hill, The University of Arizona College of Medicine-Phoenix  
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Rebecca Macy, Massachusetts College of Pharmacy and Health Sciences  
Lori Anne Parker-Danley, Vanderbilt University Medical Center  
Ken Richman, Massachusetts College of Pharmacy and Health Sciences  
Paul Solomon, Western Michigan University

## **Thank you to all of our conference reviewers!**

MK Czerwiec (Feinberg School of Medicine at Northwestern University); Tana Jean Welch (Florida State University College of Medicine); Amanda Caleb (Geisinger Commonwealth School of Medicine); Matthew Noe (Harvard University); Emily Waples (Hiram College); Kamna Balhara (Johns Hopkins University School of Medicine); Siobhan Conaty (LaSalle University); Ashlee Simon and Lorenzo Servitje (Lehigh University); Martha N Gardner, Dien Ho, A. David Lewis, Rebecca Macy, Brenna McKaig, Christian Nelson, Kristen Anne Petersen, and Ken Richman (Massachusetts College of Pharmacy and Health Sciences); Rachel Bracken (Northeast Ohio University of Medicine); Martha Lincoln (San Francisco State University); Sarah Berry (SUNY Oswego); Daniel S. Goldberg (University of Colorado Anschutz Medical Campus); Rosemary Weatherston (University of Detroit Mercy); Suvendu Ghatak (University of Florida); Michael Blackie (University of Illinois Chicago); Kym Weed (University of North Carolina at Chapel Hill); Aparna Nair (University of Oklahoma); Phillip J. Barrish (University of Texas at Austin); Olivia Banner (University of Texas at Dallas); Keisha Ray (University of Texas Health Science Center at Houston); Gretchen Case (University of Utah Health); and Kari Nixon (Whitworth University).

# Conference Schedule at a Glance

## Friday, March 25, 2022

10:15-10:30 a.m. EDT

Welcome Session

10:30-11:45 a.m. EDT

[Concurrent Sessions 1](#)

12:15-1:45 p.m. EDT

Plenary: Lauren A. Taylor, MDiv, MPH, PhD

Assistant Professor at New York University Grossman School of Medicine

"Duty, Distance and (Moral) Development"

2:15-3:30 p.m. EDT

[Concurrent Sessions 2](#)

4:00-5:15 p.m. EDT

[Concurrent Sessions 3](#)

5:45-7:00 p.m. EDT

Plenary: Molly McCully Brown, MFA

Poet and Essayist, Assistant Professor of English and Creative Nonfiction,  
Old Dominion University

"Building a Place for Our Bodies: A Reading + Talk"

## Saturday, March 26, 2022

10:30-11:45 a.m. EDT

[Concurrent Sessions 4](#)

12:15-1:45 p.m. EDT

Plenary: Christina Sharpe, PhD

Writer, Professor, and Tier 1 Canada Research Chair in Black Studies in  
the Humanities, York University

Title TBD

2:15-3:30 p.m. EDT

[Concurrent Sessions 5](#)

4:00-5:15 p.m. EDT

[Concurrent Sessions 6](#)

5:45-7:00 p.m. EDT

Networking Event

7:30 p.m. EDT

Health Humanities Trivia Contest

# Sunday, March 27, 2022

10:30-11:45 a.m. EDT	<b>Business Meeting (Open to all HHC Members)</b>
12:15-1:30 p.m. EDT	<b><u><a href="#">Concurrent Sessions 7</a></u></b>
2:15-3:30 p.m. EDT	<b><u><a href="#">Concurrent Sessions 8</a></u></b>
4:00-5:15 p.m. EDT	<b><u><a href="#">Concurrent Sessions 9</a></u></b>

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*FRIDAY, MARCH 25*

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**All time references are for Eastern Daylight Time (EDT)**

**10:15-10:30 a.m. EDT Welcome Session**

**10:30-11:45 a.m. EDT Concurrent Sessions 1**

**[1A Panel: Preparedness/Processing: Health Humanities on the Frontlines](#)**

Jay Baruch, Alpert Medical School at Brown University  
Elizabeth Mitchell, Boston University School of Medicine  
Seth Collings Hawkins, Wake Forest University School of Medicine  
Rachel Kowalsky, New York-Presbyterian Weill Cornell Medicine

**[1B Panel: Noticing Liminality: How Taking Space for Granted Impacts Healthcare Delivery](#)**

Amanda Berg, Saint Louis University  
Jordan Mason, Saint Louis University  
Jaime Konerman-Sease, University of Minnesota  
Michelle Bach, Saint Louis University

**[1C Workshop: Converting Clinical Transactions to Microcosms of Learning Culture](#)**

Alexa Miller, Brandeis University

**1D Paper Session: Graphic Medicine 1**

**[Madness, Geography and Graphic Medicine](#)**

Arya Suresh, National Institute of Technology, Tiruchirappalli, Tamil Nadu, India

**["The time I kill is killing me": Temporality, COVID-19 and Graphic Medicine](#)**

Sathyaraj Venkatesan and Ishani Anwesha Joshi, National Institute of Technology, Tiruchirappalli

["Healing the Whole Family": A Graphic Novel Helping AAPI Families to Understand Intergenerational Trauma and Mental Health](#)

Nealie Ngo, Columbia University, Mailman School of Public Health; University of Toledo College of Medicine & Life Sciences

**1E Paper Session: Mental Illness, Treatment, and the Limitations of Therapeutic Spaces**

[Stigmatization of Mental Illness in Several Physician-Patient Illness Narratives](#)

Irmak Saklayici, University of North Carolina - Chapel Hill

[STC-1: Disruptions of COVID on Therapeutic Spaces Within the Psychiatry Unit](#)

Thomas Nguyen and Sreeya Cherlo, Texas A&M University College of Medicine

[Towards Patient-Centered Definitions of Substance Use Disorder: Treatment and Recovery Spaces in Javier Giner's 2021 Memoir, \*Yo, adicto: Un relato personal de dependencia y reconciliación\*](#)

Camille Braun, University of Minnesota-Twin Cities

**1F Paper Session: Healing Spaces?**

[Museums as Healing Spaces and Black Feminist Critique](#)

Megan Voeller, Thomas Jefferson University

[Booking an Ambulance: The Temporality and Architecture of Care during COVID-19](#)

Victoria Lupascu, University of Montréal

[Revolution in Access to Nature during the Pandemic](#)

Nina Stoyan-Rosenzweig, University of Florida

**12:15-1:45 p.m. EDT Plenary Sponsored by Center for Health Humanities,  
Massachusetts College of Pharmacy and Health Sciences**

**"Duty, Distance and (Moral) Development"**

**Lauren A. Taylor, MDiv, MPH, PhD**

**Assistant Professor at New York University Grossman School of Medicine**

**2:15-3:30 p.m. EDT Concurrent Sessions 2**

**2A Flash Session 1**

[Purpose to Pain: An analysis of the separation between the African and African American Identities](#)

Jeshurun Adarquah-Yiadom, Case Western Reserve University

[Green Space Ethics](#)

Priya Dave and Perla Cervantes, Harvard Center for Bioethics

[Learning to Collaborate: Interprofessional Communication and Simulation-Based Learning](#)

Melissa Guadrón, The Ohio State University

[Spoken Word Poetry As Transformative Narrative Pedagogy](#)

Sabrina Jamal-Eddine, University of Illinois Chicago – College of Nursing

[Narrating Health in Stories of the Self, or: What Can We Learn from Autobiographies?](#)

Whitney Arnold, UCLA

[Research Colonialism in Global Health Collaborations: Recommendations for Funders and Collaborators to Create More Equitable Spaces](#)



Elizabeth Rose, Vanderbilt University Medical Center – Institute for  
Global Health

[Annual Exams for Preventive Mental Health](#)

Jordan Reif, Case Western Reserve University

**[2B Panel: Public Health Humanities: Building the Field in the Wake of COVID](#)**

Rebecca Garden, SUNY Upstate Medical University

Amanda M. Caleb, Geisinger Commonwealth School of Medicine

Stephanie Larson, Cleveland Clinic

Lise Saffran, University of Missouri

**[2C Workshop: New Pills for World Ills](#)**

Lisa Erdman, Northwest Narrative Medicine Collaborative

**2D Paper Session: The Health Humanities in Medical and Nursing Education**

[Claiming Space: A Humanist's Experience Reviewing Medical School Applications](#)

Stephanie Hilger, University of Illinois at Urbana-Champaign

[The Role of Experts in Teaching Health Humanities in Medical Schools](#)

Craig Klugman, DePaul University

[Aesthetic Knowing: Is There a Space in Nursing Education for Arts and Humanities?](#)

Thomas Long, University of Connecticut, School of Nursing

**2E Paper Session: Architecture and Design**

[Design Thinking for Healing Places](#)

Atsuko Sakai, Judy Genshaft Honors College, University of South Florida

[Interviews with Experts in the Area of Residential Long-Term Care: Built Environment, Quality of Life and Infection Control from a Universal Design Approach](#)

Jennifer O'Donoghue, Trinity College Dublin

[Spaces for Healing in a Historical Perspective: the Portuguese Renaissance Hospital Architecture](#)

Joana Pinho, University of Lisbon

**2F Paper Session: Art and Visuality**

[Breast Disease in Art: A Visual Space to Confront Bias in Health Care](#)

Siobhan Conaty, La Salle University

[The Embodied Books Project: Patient-Made Artists' Books as Primary Health Research Resources](#)

Darian Goldin Stahl, University of Northern British Columbia

["A Doctor Who Has Surpassed the Stage of Selling Cures:" John Berger's A Fortunate Man, Physician Social Identity, and the Crisis of General Practice in Postwar Britain](#)

Michelle Raji, University of Texas at Austin – Dell Medical School

**4:00-5:15 p.m. EDT      Concurrent Sessions 3**

**[3A Panel: Virtual Spaces and Mental Health: Narratives, Ethics, and Social Change](#)**

Julia Knopes, Case Western Reserve University

Rebecca Lester, Washington University in Saint Louis

Allison Schlosser, University of Nebraska Omaha

Cindy Tong, Case Western Reserve University



[3B Panel: Humanities without Borders: Stories of Space and Time](#)

Katherine Kough, Shelley Noland, Karen Gilliland, and Patti Thorn, Mayo Clinic

**3C Paper Session: Developing Health Humanities Programs in Multifarious Spaces**

[Health Humanities Research for Underserved Schools](#)

Lilia Popova, Alana Rodriguez, and Darin Stockdill, University of Michigan

[Speaking Eye-to-Eye in Digital Space: Creating Presence among Limited Resources](#)

Krisann Muskievicz, Schreiner University

[Profiling Medical and Health Humanities in Ireland](#)

Desmond O'Neill, Trinity College Dublin/Irish Humanities Alliance

**3D Paper Session: COVID-19: Perspectives and Practices**

[Phenomenological Perspectives of COVID-19: Narrative and Artistic Renditions of Illness](#)

Tiffany Bystra, University of St. Augustine for Health Sciences

[Screen-Mediated Spiritual Care: Hospital Chaplains' Insights into Practice during the Pandemic](#)

Lindsey Claus, Boston University School of Medicine

[The COVID Portrait: Isolation, Intimacy, and Elegy During the COVID-19 Pandemic](#)

Ariela Freedman, Concordia University

**3E Paper Session: Equity and Intersectionality**

[Clinical Redlining in the New Jane Code: An Intersectional Critique of Algorithmic Violence in Medicine](#)

Caitlin Leach, Harriet Tubman Department of Women, Gender, and Sexuality Studies, University of Maryland

[Challenges of and for Intersectionality: The Case of Digital Health Technologies and Global Health Partnerships](#)

Carina Fourie, University of Washington

[Navigating an Empowered and Collaborative Response Amid a Social Crisis: Lessons from a Physical Therapy Perspective](#)

Sarah Caston, Emory University

**3F Paper Session: Technology, Race, and Diagnosis**

[Chimeras: The Colonized Spaces of Stem Cell Transplantation](#)

Mike Winstead, University of North Carolina Chapel Hill

[Medicine's Intra-face and the Black Body](#)

Alex Hack, University of Southern California

[Uncanny Sleep: Proposing a Study of Sleep Paralysis Through Health Humanities](#)

Amala Poli, Western University

**5:45-7:00 p.m. EDT      Plenary Sponsored by Center for Literature and Medicine,  
Hiram College**

**"Building a Place for Our Bodies: A Reading + Talk"**

**Molly McCully Brown, MFA**

**Poet and Essayist, Assistant Professor of English and Creative Nonfiction, Old Dominion University**

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*SATURDAY, MARCH 26*

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**10:30-11:45 a.m. EDT Concurrent Sessions 4**

**[4A Panel: Creating Space for Social Justice: Challenges of Curricular Reform in Health Humanities](#)**

Bernice Hausman, Kimberly Myers, Rebecca Volpe, Amanda Cooper, and Katherine Dalke,  
Penn State College of Medicine

**[4B Panel: Spaces for Contemporary Research in Medical Humanities](#)**

Anne Hudson Jones, University of Texas Medical Branch at Galveston  
Ryan Hart, University of Texas Medical Branch at Galveston  
Margarita Ortiz, Independent Scholar  
Rebecca Permar, University of Texas Medical Branch at Galveston

**[4C Panel: Sick Rooms: The Gendered Experience of Medicine and Space](#)**

Brooke Kowalke, Matthew L. Reznicek, Julia C. Crawford, and Gretchen Strobbe, Creighton  
University

**[4D Workshop: Female Genital Mutilation/Cutting: Health Humanities Educational Approach to Challenging Topics in the Classroom](#)**

Anna-leila Williams, Frank H. Netter MD School of Medicine at Quinnipiac University  
Zahra Qaiyumi, MSIV, Frank H. Netter MD School of Medicine at Quinnipiac University

**4E Paper Session: Confronting Trauma and Moral Distress in Education and Care**

**[Preparing Pre-Health Students to Face Moral Distress in the Health Professions](#)**

Lenny Grant, Syracuse University

**[Trauma in Undergraduate Nursing Students, and the Vocational Spaces of Narrative Medicine](#)**

Cynthia Richards, Wittenberg University

**[What Informs Trauma-Informed Care? Potentials for Contributions from the Health Humanities](#)**

Molly Lindberg, Columbia University

**4F Paper Session: Migration and Asylum**

**[The Invisible Immigrant: Failings of the Patient Social History in Capturing Migrant Experience](#)**

Isabella Cuan, NYU Grossman School of Medicine

**[The Geopolitics of Asylum Seeking Children](#)**

Julie Aultman, Northeast Ohio Medical University

**[Geographies of Trauma: Migration, Medicine, Film](#)**

Catherine Belling, Northwestern University

**12:15-1:45 p.m. EDT Plenary Sponsored by Health, Medicine, and Society Program, Lehigh University**

**"Black. Still. Life"**

**Christina Sharpe, PhD**

**Writer, Professor, and Tier 1 Canada Research Chair in Black Studies in the Humanities, York University**

**2:15-3:30 p.m.EDT      Concurrent Sessions 5**

**5A Panel: Genetic Privacy in Film and Television**

Jay Clayton, Ethan Gibbons, Ayden Eilmus, and Sarah Hagaman, Vanderbilt University

**5B Panel: Architecture is Embodied Cognition**

Paul Solomon, Western Michigan University and Homer Stryker MD School of Medicine  
David Elkin, UCSF  
Shruti Patil, Independent Researcher

**5C Panel: Claiming Space for Health Humanities in MedEd: The Challenge of Translating Value**

Erin Gentry Lamb, Case Western Reserve University School of Medicine  
Ryan Jenkins, Rainbow Babies and Children's Hospital  
Jennifer Mendez, Wayne State University School of Medicine  
Grace Serra, Wayne State University  
Holly Feen-Calligan, Wayne State University  
Kamna Balhara, Johns Hopkins University School of Medicine  
Jennifer H. Garvin, The Ohio State University

**5D Workshop: Cancer Storytelling & Enhancing Empathy in Artists**

Robin Richardson, Dell Medical School, The University of Texas at Austin  
Megan Hildebrandt, College of Fine Arts, The University of Texas at Austin

**5E Paper Session: Graphic Medicine 2**

**Graphic Medicine Book Club for Pre-Health Students**

Nicole Morgan, University of Florida

**Drawing on the Power of Comics in Disability Studies**

Jillian Pecoriello, NYU Grossman School of Medicine

**7 Minutes: An Arts-Based Exploration of the Patient-Provider Relationship**

Lisa Erdman, Northwest Narrative Medicine Collaborative

**5F Paper Session: Access and Justice**

**Sharing Space: Engaging the Disability Community in the Design and Delivery of Disability-Focused Medical Education**

Rachel Conrad Bracken and Raman Bhabra, Northeast Ohio Medical University

**Disability and Health Justice Memoir-Writing Workshops as Sites of Healing and Resistance in a Time of Pandemic**

Janelle Gagnon, Stony Brook University

**Creating and Maintaining Accessibility in Higher Education for Students and Colleagues**

Amy Harth, DeVry University

**4:00-5:15 p.m. EDT      Concurrent Sessions 6**

**6A Flash Session 2**

**Comics After Cancer**

A. David Lewis, MCPHS University

[The Health Humanities as an Heterotopia](#)

Roxana Delbene, Drew University

[Kindness: Definitions and its Utility in Healthcare](#)

Austin Hake, Renaissance School of Medicine at Stony Brook University

[The Curatorial Conundrum: Mapping Museum Spaces in Preclinical Education](#)

Kain Kim, Emory University School of Medicine

[Two Tellings of the "Case of J. A. H., of Company C.": Walt Whitman's Civil War-Era Call for Hospital Reform](#)

Emily Long, University of North Carolina School of Medicine

[Displaced Responsibility: Interrogating Resilience in Powered Spaces](#)

Martha Renn, Columbia University

[Poetry as a Novel Component of Student Leadership Development](#)

Linh Taylor and Elizabeth Lahti, Oregon Health & Science University

**[6B Panel: Abolitionist Medicine and Algorithmic Health Care](#)**

Hannah Zeavin, UC Berkeley

Lorenzo Servitje, Lehigh University

Olivia Banner, The University of Texas at Dallas

Kirsten Ostherr, Rice University

**[6C Panel: Aesthetic Spaces for Healing and Care: Theories and Approaches](#)**

Merel Visse, Drew University and University of Humanistic Studies

Nisha Gupta, University of West Georgia

Marta Stephanyshyn, University of West Georgia

**[6D Workshop: Accreditation: Viability and Value for Health Humanities Programs](#)**

Sarah Berry, SUNY Oswego

Craig Klugman, De Paul University

Erin Gentry Lamb, Case Western Reserve University School of Medicine

Anna-leila Williams, Frank H. Netter MD School of Medicine at Quinnipiac University

**6E Paper Session: Caregiving, Representation, and Narration**

[The Impact of Music Interventions on the Health and Well-Being of Family Carers of People Living with Dementia: An Integrative Review](#)

Sophie Lee, University of Limerick

[Reader responsibility, representing dementia: Spatial experiments in B. S. Johnson's \*House Mother Normal: A Geriatric Comedy\* \(1971\)](#)

Jade Elizabeth French, University of Stirling

[The Concept of Critical "Distance" in Retrospective Narrativization](#)

Anita Slominska, University of Western Ontario

**6F Paper Session: Patient Care, Patient Voices**

[Birthing Space in the Time of COVID-19: A Qualitative Study on Birth Location Decision-Making](#)

Sarah Holdren, University of North Carolina School of Medicine

[Qualitative Interviewing Patients as a Powerful Mode of Formally Caring](#)

Jason Keune, Saint Louis University

[Through Our Eyes: Women Veterans Experience Exhibit](#)

Susan Nathan, VA Boston Healthcare System, New England Geriatric Research, Education and Clinical Center (GRECC), Harvard Medical School, Boston University School of Medicine

**5:45-7:00 p.m. EDT      Networking Event**

**7:30 p.m. EDT              Health Humanities Trivia Contest**

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*SUNDAY, MARCH 27*

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**10:30-11:45 a.m. EDT    Business Meeting (Open to all HHC Members)**

**12:15-1:30 p.m. EDT    Concurrent Sessions 7**

**7A Flash Session 3**

[A Novel Approach to Connecting LGBTQ-Identifying Medical Students and "Out" Physicians in Philadelphia during the COVID-19 Pandemic](#)

Rohith Bhethanabotla and Michelle Slinger, Drexel University College of Medicine

[Spatial-Direction Perception, Anthropomorphic Engagement, and Theory of Mind in ASD](#)

Lorna Fitzsimmons, California State University Dominguez Hills

[Transitioning in Medical Spaces](#)

Alex Hopkins, Southern Illinois University School of Medicine

[Poetry in Practice: Channeling Patient Narratives and Clinical Experiences through Poetry](#)

Justine Ku, UC Riverside School of Medicine

[Sickle Cell Anemia and Mistreatment](#)

Kameron Raynor, Drew University

[A Novel Health Humanities Space for Medical Students](#)

Michael Rosamilia, Sonali Biswas, and Sneha Mantri, Duke University School of Medicine

[Creating Space for Well-Being in Humanities Classes and Assignments](#)

Allison Kellar, Wingate University

**7B Panel: Making Space: Health Humanities Pedagogy Across the Curriculum**

Kym Weed, UNC Chapel Hill

Lindsey Grubbs, California State University, East Bay

Jess Libow, University of Pennsylvania

**7C Paper Session: The Places of Literature**

[Poetry in Medicine: Surviving the Gap between Theory and Practice](#)

Katherine Kough, Mayo Clinic

[Poetry as Advocacy: Advancing Health Equity Through the Medical Humanities](#)

Sophie Schott, The University of Texas at Austin, Dell Medical School

[That Cozy Place between Your Ears: Literature as a Therapeutic Space](#)

Rocío Riestra-Camacho, Alfonso X The Wise University

**7D Paper Session: Mourning and Mortality**

[Slow Violence, Slow Death](#)

Rebecca Garden, SUNY Upstate Medical University

Michael Blackie, University of Illinois Chicago

[The Mortality out of Space](#)

Richard Gibson, University of Texas Medical Branch at Galveston

[The Place of Mourning](#)

Stephen Latham, Yale Interdisciplinary Center for Bioethics

**7E Paper Session: Health and Medicine across Space and Time**

[Colonial Spaces in Medical Discourses: Colonialism and Medical Discovery in German Public Posters about Cholera in Late Nineteenth Century](#)

Madalina Meirosu, Swarthmore College

[Lessons from a Sick Sapphic Symbolist: Authentic Being and Imaginary Spaces](#)

Melanie Gregg, Wilson College

[Intermedial Authority: Re-Presenting Public Health in Fin-de-Siècle Prophylactic Cinema](#)

Kathleen Pierce, Smith College

**7F Paper Session: Studies in Genre**

[Health Horrors: Pandemic Literature and Contagious Trauma](#)

Laura Kremmel, South Dakota School of Mines & Technology

[Uncanny Spaces in Agatha Christie](#)

Sylvia Pamboukian, Robert Morris University

[Ableism and Screen Space: Diversity without Disability in the Marvel Cinematic Universe](#)

Erik Larsen, University of Rochester

**2:15-3:30 p.m. EDT      Concurrent Sessions 8**

**[8A Panel: Literature and Health Justice](#)**

Ira Halpern, Reilly Center at the University of Notre Dame

Phillip Barrish, University of Texas-Austin

Brie Winnega, University of Texas-Austin

**[8B Panel: Defining Care: Oral Storytelling with Young Adult Women Cancer Survivors](#)**

Robin Richardson, Dell Medical School, The University of Texas at Austin

Amanda E. Gray Rendón, Smithsonian Institution

**[8C Workshop: The Art Museum as a Health Humanities Learning Lab](#)**

Marcia Childress, Center for Health Humanities and Ethics, School of Medicine, University of Virginia

M. Jordan Love, Fralin Museum of Art, University of Virginia,

Louisa C. F. Howard, Department of Family Medicine, University of Michigan

**8D Paper Session: Theorizing Pandemics**

[A Disease of Space: Pandemics as Heterotopia](#)

Amanda Caleb, Geisinger Commonwealth School of Medicine

[Medical Surveillance and Technoaesthetics of Border Space](#)

Sasha Crawford-Holland, University of Chicago

[Invisible Individuals: The Marginalization of Asians and Asian Americans During COVID-19](#)

Archana Bharadwaj, Central Michigan University College of Medicine

**8E Paper Session: Disability, Discourse, and Identity**

[Rural Stories of Disability](#)

Gretchen Case, Spencer Fox Eccles School of Medicine at University of Utah

[Autism and Identity: Standing at the Axis of Oppression](#)

Samantha Chipman, Loyola University Chicago

[Medical Discourse in Spaces of Work](#)

Ariel Cascio, Central Michigan University College of Medicine

- 8F Paper Session: Creative and Autoethnographic Approaches to Health Humanities Projects**  
[Care and Food Security in Insecure Place: The Case of Agricultural Work in Southwest Florida](#)  
Ariana Avila, University of North Carolina - Chapel Hill  
[When My Womb Fights Back: Speaking My Endometriosis Pain](#)  
Maria Rovito, Penn State Harrisburg  
[Sickness in Solitude: A Patient's Reading of John Donne during COVID-19](#)  
Erin Boss, SUNY New Paltz

**4:00-5:15 p.m. EDT      Concurrent Sessions 9**

**9A Panel: Dialectical Spaces in the Health Humanities: Keeping Knowing and Unknowing Health in Productive Tension**

Merel Visse, Drew University and University of Humanistic Studies  
Stephanie Tobia, Drew University  
Nakaweeski Kantongole, Drew University

**9B Panel: New Places and Spaces of Hospital Ethics Consultation: How to Create a Trauma-Informed Teleconsultation Policy**

Jennifer Herbst, Quinnipiac University Schools of Law & Medicine  
Elizabeth Lanphier, Cincinnati Children's Hospital and the University of Cincinnati  
Lori Bruce, Interdisciplinary Center for Bioethics at Yale University  
Uchenna Anani, Center for Biomedical Ethics and Society at Vanderbilt University Medical Center

**9C Workshop: Stitching Hope for Tonal Inclusion: Equity Based Practices Using Art and Narrative Medicine as a Conduit for Teaching Clinical Skills and Reflection**

Michael Zirulnik, The University of Arizona College of Medicine-Phoenix  
Jennifer R. Hartmark-Hill, The University of Arizona College of Medicine-Phoenix  
Hahn Soe-Lin, The University of Arizona College of Medicine-Phoenix and Creighton University School of Medicine - Phoenix Regional Campus

**9D Paper Session: Virtuality and Digital Space**

[Virtual Reality and Cadaver Anatomy: Dissecting the Drawbacks](#)  
Jessica Cammarata, Saint Francis University  
[Forever You: Immortality and Reanimation in the Digital World "Do You Want to Live Forever?"](#)  
Rebecca Permar, University of Texas Medical Branch  
[How Medical Intrusions into Spaces en Plein Air in the Long Nineteenth-century Illuminate Medicine's Co-options of Online Spaces in the Twenty-first century](#)  
Brian Hurwitz, King's College London

**9E Paper Session: Ethics, Suffering, and Spirituality**

["You Hover between Life and Death": Embodied Effects and Ethical Issues of Death-Fast Spatial Tactics](#)  
Lorna Fitzsimmons, California State University Dominguez Hills  
[Suffering in a \(Co\)constructed Space](#)  
Aneesa Sataur, Drew University  
[Ibn Sina and the Space for Spirituality in Medicine](#)  
Maryam Khan, University of Texas at Austin



## 9F Workshop: CIP Code Information and Troubleshooting Session

Sarah Berry, SUNY Oswego

### Abstracts

#### **1A Panel: Preparedness/Processing: Health Humanities on the Frontlines**

Jay Baruch, Alpert Medical School at Brown University

Elizabeth Mitchell, Boston University School of Medicine

Seth Collings Hawkins, Wake Forest University School of Medicine

Rachel Kowalsky, New York-Presbyterian Weill Cornell Medicine

COVID-19 is a new disease that challenged healthcare providers' clinical skills, stressed institutional and individual capacities, and forced health care workers to allocate physical and emotional resources in previously inconceivable ways. It has exposed vulnerabilities in our healthcare system and in ourselves. Emergency medicine clinicians had to adapt to an ever-changing landscape, challenging preconceived notions in how we care for our patients, each other, and ourselves.

COVID-19 has also upended our ideas of 'normal', even in the ED, where concepts of normalcy are often challenged. The pandemic left many frontline health clinicians feeling adrift and alone. In this panel, four practicing emergency physicians on faculty at four major medical centers who are also health humanities educators, creatives, and members of the American College of Emergency Physicians (ACEP) Medical Humanities Section, discuss their humanities work during the pandemic. We will interrogate how the humanities informed our work during these destabilizing times and the importance of the humanities as critical tools for working with uncertainty, uncomfortable emotions, and finding identifiable signposts in spaces-- hospital, pre-hospital, and community-- that now appeared both familiar and foreign.

We'll discuss how these clinical spaces changed since the start of the COVID-19 pandemic, specific and complex challenges, and humanities-informed responses. The panelists will also share educational and creative initiatives that emerged during the pandemic. Finally, after brief individual presentations, we hope to engage with the larger audience about health humanities scholarship and methods and their critical importance in adapting to the evolving demands placed on all health care workers.

#### **1B Panel: Noticing Liminality: How Taking Space for Granted Impacts Healthcare Delivery**

Amanda Berg, Saint Louis University

Jordan Mason, Saint Louis University

Jaime Konerman-Sease, University of Minnesota

Michelle Bach, Saint Louis University

Banal spaces are an omnipresent part of healthcare experiences in the United States. From waiting rooms to hospital rooms, patients routinely find themselves in seemingly unimportant spaces. Culturally, "unimportant" has become synonymous with "unproductive" and "inefficient," which leads either to a dismissal of the importance of liminal space or its elimination altogether. At the heart of this panel is the argument that understanding liminal space is crucial for better healthcare practice. The first paper in this panel argues for a reconsideration of the waiting room. With the rise of telehealth and the supposed efficiencies its promises,

healthcare institutions and providers need to consider the potential losses in efficiency that come without a space for people to take on the role of a patient within the foreign world of healthcare. The second paper offers an examination of telehealth from the perspective of child and adolescent psychiatry. Psychiatric telehealth practitioners need to consider the broader digital ecosystem inhabited by children and teens and the ways in which their identity development is diffused across digital platforms. The third paper examines the role of comfort in liminal spaces, particularly for those with chronic, incurable illnesses. Some sense of comfort is necessary for facilitating a good healing process. This paper draws on narratives of everyday experiences with chronic illness to answer the questions: how much comfort is necessary, and where is comfort important for good medical practice? Lastly, the fourth paper will consider clinical ethics consultation as a liminal moral space. As consultation methodologies standardize and moral procedures become increasingly reified, we must be intentional to hold space for fruitful moral liminality in medicine.

## **1C Workshop: Converting Clinical Transactions to Microcosms of Learning Culture**

Alexa Miller, Brandeis University

This workshop shares my research on what distinguishes exceptional diagnosticians from the norms of standard-fare clinical practices, and a framework for teaching pivotal clinical instincts in visual arts experiences with an adaptation of the Visual Thinking Strategies (VTS) methodology. A short, interactive didactic will define diagnosis, its far-reaching significance in a changing medical landscape, and the key capacities of diagnostic mastery that transcend the transactional and instead create space for learning and co-creation of health between patients and caregiving teams. After establishing these principles and key challenges participants face in teaching, we will identify the qualities of visual arts and the distinct learning environment of VTS that align with diagnostic mastery and the art of holding space for co-creation. The main portion of the workshop will bring these themes together in an arts-based teaching and learning experience with the VTS methodology. All participants will have the opportunity to experience this targeted application of VTS first-hand as students would, as well as practice and deconstruct key moves of teaching at select moments during the workshop. All will leave with tools to nurture precise connections between art and diagnosis in teaching, to advocate for health humanities, and to nurture the creativity and equity of the relationships that co-create health and knowledge. Join us!

## **1D Paper Session: Graphic Medicine 1**

### **Madness, Geography and Graphic Medicine**

Arya Suresh, Department of Humanities and Social Sciences, National Institute of Technology, Tiruchirappalli, Tamil Nadu, India

Graphic Medicine, pathographies in comics form, narrates illness experiences, criticizes the inhuman and exploitative designs of biomedicine, and also partakes in health humanities' attempt to humanize medicine. Psychiatry, as a treatment specialty, has been criticized for its reliance on incarceration, hierarchical institutional structures, and operation of power since time immemorial. These restrictive devices demote the mentally ill to a subhuman category of individuals. On the other hand, institutional psychotherapy is a compassionate model of treating the mentally ill through a human-centered, space-oriented, and communitarian approach. Aurelien Ducoudray and Jeff Pourquie's *The Third Population* (2020) features institutional psychotherapy as practiced in the French psychiatric clinic, La Chesnaie. It graphically recounts the guiding philosophies of this communitarian model of psychiatry. This research article analyses the narrative to investigate how the La Chesnaie model of institutional psychotherapy counters the incarcerating and hierarchical models of treatment systems and presents an improved method of treating psychiatry of its illnesses. This article examines how Michel Foucault's 'Panopticon' and Erving Goffman's 'Total Institutions' control the systemic structures of psychiatry, and the need to redeem the episteme through the tactful reconfiguration of its spatial logic.

### **"The time I kill is killing me": Temporality, COVID-19 and Graphic Medicine**

Sathyaraj Venkatesan and Ishani Anwasha Joshi, National Institute of Technology, Tiruchirappalli

This paper aims to theorize the human experiences of time during lockdown and the COVID-19 pandemic. The event of the pandemic has not only bifurcated our perception of time in terms of a 'before' and an 'after' but also complicated our awareness and experience of time. Put differently, an epochal transformation caused by pandemics has shifted our experience of time from the calendar/clock time to a queer time that is situated outside of formal time-related constructions. This implies a dismantling of the fundamental structures of time within which the human beings interacted with the world. Such a discontinuity in the linear trajectory of chronological time engenders an epistemic and ontological reconfiguration of (non)sense of time. If, for a medical practitioner, time accelerates because of their significant role in contagion control then, for an ordinary individual, time is experienced as flattened event. Categorically speaking, pandemic narratives on time differently highlight stagnation, repetition, sameness and slowing down of time. Through a phenomenological close reading of various sequential comics, single panelled images and graphic medical narratives, this article investigates how visual narratives in the form of comics communicate the passage of time. In particular, the essay focuses on the depiction of temporality in the works of three comic artists, namely, Jesse Lambert, Claudia Matosa, and Gemma Correll. The research also documents a disentangling of the previous temporal patterns by drawing on theoretical insights from Henri Bergson and graphic theorists, such as Elisabeth El Refaie and Hillary Chute. A shift in the perception of time, the article argues, precipitates an altered spatio-temporal awareness that informs post-pandemic discourses and power structures

### **"Healing the Whole Family": A Graphic Novel Helping AAPI Families to Understand Intergenerational Trauma and Mental Health**

Nealie Ngo, Columbia University, Mailman School of Public Health; University of Toledo College of Medicine & Life Sciences

Intergenerational (also trans- or multigenerational) trauma refers to trauma experienced by one generation (i.e. parents) which gets passed down to subsequent generations (i.e. children). There are few studies studying intergenerational trauma in Asian American and Pacific Islander (AAPI) populations, and even fewer resources for AAPI families struggling with the physical, emotional, and psychological ramifications. Furthermore, mental health and illness may already be a stigmatized and even foreign topic in many AAPI families.

"Healing the Whole Family" is a graphic novel based off of Grace Chiang's New York Times biographical article about intergenerational trauma in her Taiwanese-American family. The graphic novel describes Grace's struggle with her mental health in the context of her family which, in the beginning, does not acknowledge mental illness. The story follows Grace as she struggles to understand her family's dynamics and her revelations as she discovers how intergenerational trauma within her family plays a large role. The graphic novel also includes "Teaching Points" about concepts shown in the story (i.e. ACEs), which educate and encourage reflection. It is set to be published (via social media and website) within the next month and comments will be monitored for reactions and impact.

The graphic novel aims to: 1) create a visually appealing and relatable story for AAPI families that depicts realistic struggles with mental health and illness; 2) provide education to AAPI families about mental health, intergenerational trauma, and adverse childhood experiences (ACEs); 3) encourage future conversations about mental health within AAPI families.

### **1E Paper Session: Mental Illness, Treatment, and the Limitations of Therapeutic Spaces**

#### **Stigmatization of Mental Illness in Several Physician-Patient Illness Narratives**

Irmak Saklayici, University of North Carolina - Chapel Hill

This paper will explore the niche space in health care that is occupied by physician-patients, whose unique positionality in medicine can reveal the gaps between theory and practice, particularly in mental health care. Narratives from "Doctors As Patients" by Petre Jones, "When Doctors Become Patients" by Robert Klitzman,

and "Just Like Someone Without Mental Illness Only More So" by Mark Vonnegut, are used to study the shift that is experienced when individuals occupy a space that shares both the physician role and the patient role, roles that typically exist as a dichotomy. This shift occurs in multiple ways: from patient to physician, from physician to patient, and from neither patient nor physician to physician-patient. Special attention is paid to the stigmatization of mental illness and its treatment in particular. By exploring these narratives I hope to show that the stigmatization of mental illness can act as an obstacle for individuals who are transitioning from one clinical space (ie patient or physician) to the other, and how this stigmatization contributes to a widening gap between theory and practice.

### **STC-1: Disruptions of COVID on Therapeutic Spaces Within the Psychiatry Unit**

Thomas Nguyen and Sreeya Cherlo, Texas A&M University College of Medicine

"STC-1 was a place where psychiatric patients could find refuge. To the naked eye, it was like any other unit, but behind a gray door was a mirage of patient artwork and quotes that helped patients heal. Some colors were angry; others were solemn, and some were hopeful. Behind yet another gray door was a dimly lit therapy room with a few chairs. Countless hours were spent here for group therapy and one-on-one therapy. For a lot of patients, this would be the only therapy they would ever get to be a part of.

The field of psychiatry embraces the health humanities; from art therapy to music therapy, creativity is vital to the field and its patients. A few months into the COVID-19 pandemic, Baylor Scott and White Hospital in Temple, TX, made the decision to shut down its psychiatry unit to make space for a COVID unit. A separate inpatient facility, Canyon Creek Behavioral Health, was built down the street in order to house patients. In a way, the pandemic sped up the inevitable. Psychiatry, and all the creative spaces it occupies, has always been seen as the "black sheep" in medicine. The therapeutic effects of art and music are objectively harder to measure-and thus convert into RVU's (Relative Value Units)-than say a surgical procedure, or a diagnostic lab or imaging modality. What does this say about the space for the humanities in medicine? What are some ways that we can resist-and even flourish within this current model?

### **Towards Patient-Centered Definitions of Substance Use Disorder: Treatment and Recovery Spaces in Javier Giner's 2021 Memoir, *Yo, adicto: Un relato personal de dependencia y reconciliación***

Camille Braun, University of Minnesota-Twin Cities

This paper investigates substance use disorder (SUD) treatment and recovery spaces in Javier Giner's memoir, *Yo, adicto: Un relato personal de dependencia y reconciliación* [I, Addict: A Personal Account of Dependence and Reconciliation]. I propose that *Yo, adicto* decenters clinical biopolitics as the primary SUD treatment approach, effectively challenging the medical gaze's authority to define recovery and care. This memoir details Giner's experience at a Barcelona inpatient treatment center in 2009. I argue that he subverts the clinic's logic through a deliberate, thoughtful writing process that asserts his individuality, rejects notions of patient passivity, and questions hegemonic clinical definitions. Thus, I show how Giner nuances Foucault's characterization of the clinic as a rigid space that inevitably dehumanizes and objectifies individuals in its care. Rather, the clinic encompasses many recovery spaces. Some include: formal and informal conversations among peers, telephone calls and letters from family and friends, excursions outside of the clinic, and the memoir itself. I explore how the presence of these spaces destabilizes clinical biopolitics and challenges the idea that SUD is best understood through empirical knowledge and clinical definitions. I am particularly interested in

how memoir acts as a link to connect these spaces. In this way, I consider the role of memoir to advocate for the importance of patient-centered definitions and understandings of SUD. I read Yo, adicto through the lens of a growing movement of scholars who assert that the focus of SUD care should not be eradicating symptoms but helping people to create meaningful lives.

## **1F Paper Session: Healing Spaces?**

### **Museums as Healing Spaces and Black Feminist Critique**

Megan Voeller, Thomas Jefferson University

Recently, museum professionals have advanced the concept of museums as spaces of care and healing. A basic rationale is that museum engagement affects quality of life by improving self-esteem and social connectedness, increasingly recognized as important contributors to individual health and wellbeing. Related museum programs have ranged from broadly therapeutic offerings, such as 'mindfulness at the museum,' to more complex interventions for participants experiencing dementia, PTSD and other mental health and chronic illnesses. Through experiences of art or health-promoting activities conducted in its spaces, the museum aims to serve as a locus of health and social care for visitors as an extension of its mandate to care for art objects and cultural heritage. There are reasons to be both affirming and skeptical of such self-positioning on the part of museums. In my presentation, I argue for the importance of attending to Black feminist perspectives that critique both museums and medicine as institutions grappling with complex legacies of harm and exclusion. These perspectives-expressed in the form of artists' projects sited in museums and other art spaces-trouble easy assumptions about the nature of care provided by such institutions. By discussing such projects in relationship to recent discourse on museums and health, I hope to invite consideration of how a health 'turn' in museums is in tension with current and historic power struggles around race, gender, inclusion and self-determination. In this respect, museums and medicine function as peculiar mirrors, as institutions negotiating authority and access with public constituencies as well as claims of delivering a 'public good.'

### **Booking an Ambulance: The Temporality and Architecture of Care during COVID-19**

Victoria Lupascu, University of Montréal

During the fourth wave of the COVID-19 pandemic in Eastern Europe hospitals quickly reached capacity and ambulances could not respond fast or efficiently enough to calls from patients in need of urgent care. In fact, ambulances needed to be booked three days in advance and could become the only space for COVID-19 patients to receive minimal care.

This paper engages with the in-between space of the ambulance and theorize it as essential locations for health, care and health humanities. I argue that the pandemic profoundly changed the literal purview and the temporality of the ambulance-the car and the service and emphasized its meaning for health humanities. From a space of transition and quick, life-saving care as seen in its embodiment of the hospital's and the health system's metaphorical extensions, this location became a permanent and unreachable intersection of thin hope. Using photographs published in the Romanian magazine DoR and images exhibited at the Romanian Pandemic Museum, I analyze the interior architecture of ambulances during the COVID-19 pandemic as a symptom and condition of care or lack thereof in a crisis precipitated but not induced by the global crisis. I contend that the essential negotiations over time, life and medical care happening in these transitional spaces define to a great extent the praxis and scholarship in health humanities."

### **Revolution in Access to Nature during the Pandemic**

Nina Stoyan-Rosenzweig, University of Florida

There is a revolution underway among birders- Black birders in particular to end stereotypes and lack of access to make healing nature contact available for all. Contact with nature- understood broadly to include a range of



contacts from wilderness to a potted plant or nature webcam- is increasingly shown by research to promote wellbeing ranging from immune system boost to enhanced overall psychological health. This research led to programs including creation of national healing forests and incorporation of forest bathing prescriptions into Japan's national health system, and the creation of nature prescription calendars used by physicians in the United Kingdom. In addition, over 30 US states report nature prescription programs. Websites enable people to find nearby parks, while college campuses develop programs and join the national network of Campus Nature Rx participants. There are concerns with application of nature prescriptions more broadly- because safe and equitable access to nature is not something that everyone in America can easily find. After the Central Park birder incident in May 2020, Black birders, ecologists, zoologists, nature guides, graduate students, and other BIPOC who work in nature worked together to create Black Birders Week, and a host of other activities that called attention to interest in nature, and why nature may not always be accessible. This ongoing movement, using social media to bring people together, is transforming how Americans relate to and move safely in nature. This presentation will explore the revolution and how art, humanities, and social media work to foster the transformation.

## 2A Flash Session 1

### **Purpose to Pain: An analysis of the separation between the African and African American Identities**

Jeshurun Adarquah-Yiadom, Case Western Reserve University

There is an identity gap between Africans and African Americans. As an African woman who attended the top-ranked HBCU Spelman College and learned academically and experientially about African American history and culture, I had an opportunity to reconcile this gap within my own identity. The initial fractures were caused by an African upbringing, but an African American social identity that was ascribed to me. This social identity conflicted with a common belief, often heard in my African community- that African Americans have no cultural identity. In the face of American racism and prejudice, many adults in my African community attempted to manage the pain of their own traumas by delineating the differences between "them" and "us" with the veracity of culture as one point of distinction.

This paper uses pain as an imaginative tool to explore the causes of this identity gap between Africans and African Americans. I will frame my argument with Scheper-Hughes and Lock's three-body theory which can help us analyze the "African body" and the "African American body" from the tripartite perspective of an individual experiencing body, a relational, social body, and a body that is a byproduct of political and social regulation. Scheper-Hughes and Lock propose emotion as medium of interaction between these bodies, reinforcing this idea with Elaine Scarry's concept of pain as a catalyst for de-structuring and creative reconstruction. This theory allows me to study broadly how specific painful historical events (e.g., colonialism, Jim Crow Laws) have helped shape the separate cultural identities of these two bodies. Identifying the persisting effects of historical pain may assist in expediting identity reconciliation for other Africans who are American.

## **Green Space Ethics**

Priya Dave, Harvard Center for Bioethics

Urban green spaces include parks and gardens that provide access points to nature to those living in urban areas. Given the projected increase in the U.S. and global population inhabiting cities, green spaces will be the only access points to nature for many. Green spaces have numerous mental health benefits, ranging from increased social cohesion within communities and serving as a means to escape the stress of city living. Studies have further shown that green spaces can break down social barriers within cities. The physical health benefits of green spaces center primarily in that they provide a space for physical activity.

Despite the numerous benefits, there are ethical issues that arise with green spaces that are important to consider. The primary ethical issue that arises is that of environmental justice, regarding questions surrounding who has access to the green space. Socioeconomically disadvantaged populations may not have as ready access. For instance, parks in the Los Angeles area have been shown to be disproportionately distributed in ways that primarily affect people of color. A study in Atlanta found that vulnerable populations lacked access to urban green spaces. Factors contributing to these disparities include higher retail prices near parks and varying safety levels of the green spaces. Gentrification is also more likely to occur near green spaces.

## **Learning to Collaborate: Interprofessional Communication and Simulation-Based Learning**

Melissa Guadrón, The Ohio State University

For healthcare students, simulation-based learning activities provide spaces for safely honing skills and knowledge. While simulations most often gauge the acquisition of multiple skills and knowledges, at the Ohio State University, the Education for Clinical Interprofessional Simulation Excellence (ECLIPSE) program exists to train students in a single skill: interprofessional communication. Students and faculty from various healthcare specialties gather to participate in simulations where, to provide dignified care to patients (played by standardized patient actors), they are required to communicate and collaborate. Pulling from research collected for my dissertation, "Arguing For: How Social Workers Navigate Uncertainty, Interprofessional Contexts, and Dignified Care," this flash presentation will investigate ways the ECLIPSE program accomplishes its goals of building mutual knowledge and respect amongst participating healthcare specialties. In particular, I will focus on how the patient scenario of Jill Shuman, a 53-year-old amputee from Appalachia, presents students from occupational therapy, physical therapy, and social work with discharge challenges that can only be resolved through collaboration with each other and Ms. Shuman. I will conclude by presenting data from simulation debriefs, which demonstrate how the activity not only helped students to realize the importance of communication and collaboration, but the pivotal role each specialty plays within the larger interprofessional team. After simulations, students are better prepared for practice in real-world contexts where our current healthcare crisis, COVID-19, makes collaboration and communication all the more important. Additionally, I will consider methodologies that other humanist researchers can use to study these simulated healthcare spaces and their impacts.

## **Spoken Word Poetry As Transformative Narrative Pedagogy**

Sabrina Jamal-Eddine, University of Illinois Chicago – College of Nursing

Aim: To conduct a concept analysis of 'spoken word poetry' using Walker and Avant's (2019) methodology to standardize the communication of this concept within the context of nursing. Background: Because education informs practice and progress within professions, the growing identity-based health inequity gap and the livelihood of marginalized patients require the development of innovative pedagogies within nursing education. Spoken word poetry, a narrative-based performance poetry characterized by the lived experiences of



marginalized people, has yet to be explored as an innovative form of transformative critical narrative pedagogy within nursing.

Data Sources: CINAHL, PubMed, PsycINFO, and ERIC, websites, and spoken word poets.

Results: The literature search generated 74 articles, of which 17 articles published between 2003-2021 remained eligible in addition to the inclusion of content from 6 websites and 2 established spoken word poets. Definitions and uses were outlined and defining attributes, a model case, borderline cases, related cases, a contrary case, antecedents, and consequences of spoken word were identified and explained. Spoken word poetry is a form of embodied performance poetry rooted in Black culture and characterized by the unique elements of storytelling, spoken voice, active audience participation, critical education, liberation, and cultural identity.

Discussion: This concept analysis solidified the concept of 'spoken word poetry' for research on its use as an engaging form of transformative critical narrative pedagogy in nursing education, particularly as it relates to the promotion of social justice and social change while honing active listening, empathy, critical thinking, community, and consciousness raising in nursing students. Further research on spoken word poetry in nursing is needed.

### **Narrating Health in Stories of the Self, or: What Can We Learn from Autobiographies?**

Whitney Arnold, UCLA

What is the role of health in the space of autobiography? Health humanities and narrative medicine frameworks have often highlighted the importance of autobiographical accounts of health, whether spoken or written, and whether inside or outside of clinical spaces. This paper looks to hundreds of years of historical (non-copyrighted) autobiographical texts to see if we might discern tendencies in narrating health in published and public-facing self-narratives. Autobiographies often purport to portray a life as a whole, with stories of health interwoven with other personal stories that combine to form a written portrait, or representation, of a person. This paper underscores the ubiquity of matters of health in autobiographical texts, while pointing to prevalent narrative structures and strategies in written and public-facing accounts of health.

### **Research Colonialism in Global Health Collaborations: Recommendations for Funders and Collaborators to Create More Equitable Spaces**

Elizabeth Rose, Vanderbilt University Medical Center – Institute for Global Health

Research colonialism is the phenomenon that marginalized groups feel exploited by researchers from dominant groups in the name of data collection and scientific investigation. In global health research, often funding originates in high-income countries, research is conducted in low- and middle-income countries (LMICs), and analyses and manuscripts are completed in the funding countries. Within this model, research priorities are decided by researchers from the funding country who assume to know the greatest needs of the researched community. This process, which omits the target community's voice, is referred to as research colonialism. Local researchers feel pressured to accept funders' priorities and disempowered to advocate for local research priorities. To develop a greater understanding about researchers' experiences in grant development and leadership within an environment of research colonialism, eleven biomedical researchers local to LMICs submitted journals about their experiences. Analyses of their writings revealed that international research collaborations can provide resources and recognition, but these collaborations perpetuate power imbalances. Foreign collaborators and funders should prioritize creating more equitable collaborations. Collaborators should develop a greater awareness of power they hold, increase their understanding of local research constraints, share leadership and training roles with local researchers, and support mentorship and training opportunities for local researchers. Continued use and encouragement of bidirectional training and mentoring opportunities could reduce colonialist behaviors. Funders should strive to better understand local research needs and prioritize local leadership and perspective in research grants. Academic journals should assess barriers for authors from LMICs, including biases and high publication fees.

## **Annual Exams for Preventive Mental Health**

Jordan Reif, Case Western Reserve University

Over one in four Americans over the age of 18 experience a mental health disorder each year. (1) As the mental health crisis surges onward, heightened by the COVID-19 pandemic, we need to not only consider the treatment and maintenance of a mental health illness, but also how to actively promote prevention—an area given little priority in the United States. Insurance coverage and out-of-pocket costs affect ability to access all forms of healthcare, and mental health coverage often receives even worse reimbursements. (2) Private and public-based insurance plans all include a yearly physical examination which is instrumental in early detection of disease and abuse. The idea of an annual mental health check-up could provide a necessary stimulus to address stigma and improve individual and population mental well-being—which can then correspond to positive physical effects. Questions about substance use, sleeping habits, relationship status, and depression/anxiety are common in annual physicals; however, primary care physicians (PCP) are overwhelmed with the physical examination without added screenings. Providing coverage for an annual mental health appointment relieves pressure of PCPs to investigate all factors contributing to health; it would also provide a space to teach people socio-emotional learning, healthy coping mechanisms, and address mental health symptoms as they arise rather than when they reach an acute level. An integrated care model can advance communication between professionals, given the impression of mental and physical health on one another. Robust mental health prevention will also require addressing shortages and improving salaries of mental health professionals.

## **2B Panel: Public Health Humanities: Building the Field in the Wake of COVID**

Rebecca Garden, SUNY Upstate Medical University

Amanda M. Caleb, Geisinger Commonwealth School of Medicine

Stephanie Larson, Cleveland Clinic

Lise Saffran, University of Missouri

COVID-19 has opened up new spaces for situating our work in the context of public health. As scholars, educators, and people who identify as disabled/ill challenge the field of health humanities to expand its scope beyond the narrow focus of the interpersonal encounter in the clinic, how can theorizing and building a "public health humanities" move that agenda forward? How can the methods and archives of humanities disciplines such as literature studies and creative writing merge with approaches such as "structural competency" to create the work of public health humanities and center the experiences and expressions of "populations" and "patients" and thus more rigorously address structures of power in public health and health/care?

This roundtable will feature flash presentations by scholars who will discuss their public health humanities research and pedagogy. They will also reflect on the major ways that the pandemic has changed the space in which they do their work and on the ways that public health humanities are particularly responsive to a society in the midst of navigating the effects of COVID-19. The majority of the time will be spent in conversation with the audience, who are invited to share in their work in this emerging field and to begin to build a sense of its archives, methods, objectives, and opportunities.

## **2C Workshop: New Pills for World Ills**

Lisa Erdman, Northwest Narrative Medicine Collaborative

This workshop entitled, *New Pills for World Ills*, explores satire as a creative and critical response to the pharmaceutical industry. To offer contextual background, the workshop begins with a brief overview of *Finnexia-Æ*, an advertisement campaign for a fictitious medication that helps people learn the Finnish language. *Finnexia* was presented as a live performance in the Helsinki Railway station, with the aim of generating a 'safe space' for public dialogue about the experience of immigrants in Finland. The project also served as satirical commentary on overmedicalization in society. *Finnexia* served as the primary art production of Lisa Erdman's doctoral research at Aalto University.

In the conference workshop, Lisa Erdman guides participants through a writing prompt to create their own concepts for medical advertisement parodies. Following this exercise, Lisa Erdman facilitates a discussion about how parody can be used to raise ethical questions about the pharmaceutical industry and contemporary ways of thinking about health.

## **2D Paper Session: The Health Humanities in Medical and Nursing Education**

### **Claiming Space: A Humanist's Experience Reviewing Medical School Applications**

Stephanie Hilger, University of Illinois at Urbana-Champaign

In 2015, the "World's first Engineering-Based College of Medicine" was founded at the University of Illinois; the first class of students was welcomed in Fall 2018. In the wake of the creation of Carle Illinois College of Medicine, faculty in the humanities investigated spaces for intervention, both pedagogical and scholarly. The author of the present paper is at the helm of a university-wide Health Humanities initiative that seeks to bridge the gap between medicine, especially in its engineering-based incarnation, and the humanities.

In addition to the Health Humanities Initiative, the author has become involved in the College's admissions process. Carle Illinois considers applicants on a holistic basis. In addition to AMCAS documents, applicants submit a portfolio and a video essay. Primary reviewers judge the file based on the MCAT score, letters of recommendation, and academic background. Upon review of the first round of applications, select applicants are invited to submit a second-round application. Admissions offers are given from the pool of submissions of successful second-round applications. The author reflects on her experience being a second-round reviewer in charge of evaluating the three "C"s : compassion, curiosity, creativity. What does it mean for a humanist to claim a space in an engineering-based College of Medicine? What are the opportunities and the potential pitfalls of trying to carve out a space for the humanities in this context? What does it mean for the humanities to become visible in this setting?

### **The Role of Experts in Teaching Health Humanities in Medical Schools**

Craig Klugman, DePaul University

Ever since the term "medical humanities" arose in 1948 and medical schools started adding humanities into the curriculum, educators have debated who should teach this content: The physician who has knowledge of the clinic and role of the doctor, or the humanities scholar who knows the depth of the material, the creators, and can connect works to larger trends? This question raises differences in medical and humanities expertise that echoes Snows' notion of the two cultures. Are the humanities of instrumental or inherent value in medicine and health care? How to reconcile medical notions of education (see one, do one, teach one) that works for learning skills and identifying disease with humanities notions (see one, seen one, study more) that requires years of study to begin to understand? With new efforts to instill more humanities curricula in both medical and pre-medical education, and ideas for certifying practitioners (medical approach) and accrediting programs (humanities approach), what teacher training best serves clinicians and ultimately patients? In this talk, the author will discuss this debate and how it is influencing planned certification and accreditation programs for teachers of health and medical humanities. The author will examine the past, present, and future of humanities in medicine and the question of who should be teaching this material.

### **Aesthetic Knowing: Is There a Space in Nursing Education for Arts and Humanities?**

Thomas Long, University of Connecticut, School of Nursing

Barbara Carper's 1978 taxonomy of nurses' ways of knowing (subsequently amplified by Peggy Chinn and Maeona Kramer and others) emerged from a critique of the medicalization of nursing. The holistic ethos of nursing practice, education and research provided a receptive foundation for this analysis (i.e., empirical, personal, ethical, and aesthetic ways of knowing). However, the pressures of health care funding, nursing

licensure, and research funding have shifted emphasis in nursing education to empirical and ethical knowing at the expense of the personal and aesthetic. Thus, a restoration of a more complex epistemology underlying the nursing school curriculum, including the humanities, is in order.

## **2E Paper Session: Architecture and Design**

### **Design Thinking for Healing Places**

Atsuko Sakai, Judy Genshaft Honors College, University of South Florida

This presentation shares a way of thinking from the eye of an architect and her visual work. Understanding our experience of space is complex-it requires keen observations of both human factors and environmental factors which reveal not only various contexts of a specific site but also how people interact with their surroundings. The recent pandemic suddenly forced all of us to deal with our familiar and unfamiliar environments in ways which we had never imagined such as finding a space to fully isolate, adjusting a home for work or study, and socializing virtually. While transforming their living spaces, some may have even wondered-how would an architect design these spaces? Architecture is a collection of physical objects which we can see and touch, but we tend to describe it through a holistic experience. We recognized sensory stimulations lost in a virtual environment, and questioned-can we actually develop a sense of place or attachment with limited tactile experiences? Design is an intentional act and good design can contribute to our mood and healing in a positive way because the ultimate goal of spatial design is the embodiment of human experience. Focusing on healing places, a series of graphics and stories will guide you through some of the useful architectural design concepts and strategies including: 1) space, place, and time; 2) nature, sustainability, and biophilic design; 3) design elements, perception, and architectural experience; 4) accessibility, wayfinding, and spatial boundaries; and 5) aesthetics, cultural reflections, and diversity.

### **Interviews with Experts in the Area of Residential Long-Term Care: Built Environment, Quality of Life and Infection Control from a Universal Design Approach**

Jennifer O'Donoghue, Trinity College Dublin

Background: Architecture and design are relatively under-researched aspects of humanities and health. The COVID-19 pandemic has made it clear that the design or retrofit of long-term care settings for older people must balance infection control while supporting a good quality of life for residents. Quality of life issues relate to all areas of the built environment within long-term care settings, from as macro issues such as the site's location and interaction with the community, to as micro issues such as the fixtures/fittings onsite. This research consists of interviews with experts in the area of residential long-term care, specifically for older people, as well as other relevant experts, to identify key considerations and challenges for residential long-term care setting design and retrofit. Specifically, design and retrofit of the built environment to better support resident quality of life, while balancing quality of life considerations with infection control measures.

Methodology: Due to prevailing COVID-19 concerns, interviews were conducted online through video conferencing platform, Zoom. A semi-structured interview template was created to guide interviews and shared with participants in advance of the meetings. Interviews were transcribed and compiled into themes. 109 themes were taken from interview transcripts and mapped onto the spatial framework.

Results: Examining residential care settings across a range of spatial scales, reveals key concerns across all scales, from the macro: nursing home location and proximity to the community, to the micro, the importance of WIFI/assistive and communication technology in nursing homes.

### **Spaces for Healing in a Historical Perspective: the Portuguese Renaissance Hospital Architecture**

Joana Pinho, University of Lisbon

Hospitals, historically fundamental institutions for healthcare, are embodied in buildings where a set of practices and actions required to the treatment of the disease and the patients are developed.

From the Middle Ages to the Contemporary, there is an institutional evolution of the hospital, related to different social, political, scientific and cultural factors, which also had an impact on the evolution of hospital buildings and their characteristics.

Hospital buildings delimit a space, configure a place and present a complex architectural design, influenced by the need to fulfill a concrete function, epochal aesthetics and symbolic issues.

This paper, focusing on the disciplinary area of Art History and, using a case study - Hospital of All Saints in Lisbon, intends to investigate how, based on a historical perspective, the largest and most important hospital in Portugal in the Early Modern Age perceived itself space, from the point of view of the institution, and was perceived and experienced by its users, workers and visitors. Documental records, administrative, legal and literary, concerning the hospital activity leave important clues about these issues. Likewise, the way the building itself was conceived, his functional and aesthetic characteristics, shows the influence of space and architectural design on the way health care was provided. These are the topics we intend to discuss in this paper and thus contribute from the point of view of history of art to the disciplinary area of medical and health humanities.

## **2F Paper Session: Art and Visuality**

### **Breast Disease in Art: A Visual Space to Confront Bias in Health Care**

Siobhan Conaty, La Salle University

In this study, I analyze images of breast disease in art history in relation to the history of medicine, health politics, and women's agency of the time in which they were created. Inspired by Donna Haraway's idea that bodies are like "time-slices" that reveal stories of an era and Rosemary Betterton's assertion that cultural production is a form of knowledge that can offer a deeper understanding of the body, I will discuss artists who use the visual space of art to illuminate and challenge the social, political, and social implications of this disease.

My larger research project encompasses the dramatic shift that occurs in the late 20th and early 21st centuries, when women made art grounded in personal experiences with breast cancer in contrast to prior examples in art history where the male perspective prevails (i.e. Thomas Eakins's Agnew Clinic, 1889). In this paper, I will share my most recent research on work by artists from cultures and communities that have been traditionally excluded from art history spaces (galleries, museums, textbooks, etc.) and look comparatively at how their representations of breast cancer in art might reflect or respond to a history bias in medical history and health care.

### **The Embodied Books Project: Patient-Made Artists' Books as Primary Health Research Resources**

Darian Goldin Stahl, University of Northern British Columbia

This presentation will outline the very first research outcomes from my Banting Postdoctoral Fellowship at the UNBC Northern Medical Program: Embodied Books. This project enables and equips a diversity of participant-patients with the know-how to create artists' books based on their own lived experiences of illness, disability, and caretaking. This research asks, "What can we learn about the experiences of illness through the combination of text, image, temporality, and the gesture of turning pages that would be difficult or impossible to comprehend through linguistic means alone?" This provides philosophical and pragmatic rationales for the inclusion of visual arts within Health Humanities research and curricula.

This project fits within the conference themes by engaging the phenomenology of space and the gap between theory and practice. I argue that the space between a bookmaker and reader, facilitated by the book-object, is an inherently phenomenological space. Unlike nearly all other art forms, artists' books engage the reader's body through their invitation to touch and be held. The reader may then learn about the maker's body through this multi-sensory engagement. I posit this is a material phenomenological practice that closes the gap between



abstract theory and the brass tacks of creating objects. From these artists' books, an intimate engagement between bodies from any distance becomes possible, and previously-ephemeral intercorporeality becomes tangible and archival. I aim for these creations to form valuable resources of first-person perspectives on illness for future health and medical researchers.

### **"A Doctor Who Has Surpassed the Stage of Selling Cures:" John Berger's A Fortunate Man, Physician Social Identity, and the Crisis of General Practice in Postwar Britain**

Michelle Raji, University of Texas at Austin – Dell Medical School

In the 1960s, general practice in Britain was in crisis - a crisis partially of its own making. After successfully resisting becoming salaried employees in the NHS, general practitioners were subsequently paid on a contract basis, a concession which came at the cost of their status, working conditions, and perhaps patient care. My project focuses on a book written by art critic John Berger and photojournalist Jean Mohr called *A Fortunate Man: The Story of A Country Doctor* (1967). Weaving together image, case studies, and philosophical reflection, the book documents the life work of a real general practitioner, John Eskell, in Southwest England. So far, I am interested in Berger's representation of a key paradox of social medicine: the position of a general practitioner as one of class privilege in a poor, rural community. The many figures who have celebrated the book for its representation of a devoted and all-encompassing practitioner occlude an uncomfortable truth. He is only able to practice this kind of "total" medicine because patients are disconnected from the social determinants of their health and the deep methods to address them. Using archival materials from the Wellcome Collection and the British National Library, I argue that this book is a microscopic exploration of physician hegemony related to a larger intellectual and political economic crisis of general practice in Britain.

### **3A Panel: Virtual Spaces and Mental Health: Narratives, Ethics, and Social Change**

Julia Knopes, Case Western Reserve University

Rebecca Lester, Washington University in Saint Louis

Allison Schlosser, University of Nebraska Omaha

Cindy Tong, Case Western Reserve University

The COVID-19 pandemic has brought about an increased reliance on remote modes of communication to limit person-to-person transmissibility of the disease, taking such forms as online learning and telehealth. These virtual spaces have widespread implications for mental health, as they can cause and/or ameliorate psychological distress, especially for individuals who were diagnosed with mental illnesses prior to the pandemic. This panel will consider the relationships between the virtual environment and mental health, spanning four individual presentations on three thematic areas: (1) professional ethics and relationships through telehealth for mental illness and substance use disorders (2) ethics and interdependence in online peer support for serious mental illness and (3) the consequences of online learning for the mental health of undergraduate students from diverse backgrounds. The panelists will draw on empirical data and firsthand experiences to explore the complex relationships between virtual spaces and mental health, paying close attention to the narratives of individuals whose mental health was harmed (and helped) by their engagement with/in virtual environments. The panelists will grapple with the concept of spatiality, in particular when mental health workers and instructors "cross" into the private physical spaces of patients, clients, and students through remote communication technologies. The panel will also consider the benefits and drawbacks of virtual environments related to mental health, from worsening feelings of isolation and deepening disparities, to rendering care more convenient and enabling new forms of confidentiality, among others. After the presentations, the panelists will engage in a question-and-answer session with the audience about the consequences of virtual spaces for people experiencing a range of mental health challenges.

### **3B Panel 2011: Humanities without Borders: Stories of Space and Time**

Katherine Kough, Shelley Noland, Karen Gilliland, and Patti Thorn, Mayo Clinic

The Center for Humanities in Medicine at Mayo Clinic is everywhere, and nowhere. Our work is omnipresent in the organization's DNA - a founding principle to foster hope and nurture healing - we have no single dedicated location. Instead, spaces of retreat, solace, creativity, dialogue, reflection, and renewal manifest in lobbies, hospital wards, conference rooms, and learning labs. While spaces, themselves, cannot advance this important work, they can be imagined and brought to life with the powerful use of storytelling - and particular attention paid to what happens within, by and for whom.

Storytelling, a practice rooted in humanities, is key to human connection and executive messaging. Historically, stories are crucial to the passage of knowledge and understanding among cultures. In our modern world, art galleries, classrooms, and virtual platforms have the potential to generate shared understanding and invention. During these unprecedented times, we have been exploring how storytelling can uniquely advance Health Humanities.

We propose a panel presentation comprised of interconnected stories told in three acts. Mses. Presenter 1 and Presenter 2 will tell the story of the Center's changing role during the pandemic: altering programming needs to reflect new stressors and safety protocols, while developing interdepartmental partnerships and future-forward virtual curriculum models. Drs. Presenter 3 and Presenter 4 will discuss a novel research project supported by the AMA quantitatively questioning the effectiveness of faculty development through storytelling.

We will conclude by imagining a potential advanced Health Humanities space through an innovative story of our future - with education, equity, compassion, critical thinking, and sustainability at its core.

### **3C Paper Session: Developing Health Humanities Programs in Multifarious Spaces**

#### **Health Humanities Research for Underserved Schools**

Lilia Popova, Alana Rodriguez, and Darin Stockdill, University of Michigan

We often reserve the health humanities for academia, but they should also be accessible to the community. As part of the 2021 University of Michigan (UM)-University of Puerto Rico (UPR) Outreach Collaboration, we used health humanities research to design lesson plans for underserved schools in Puerto Rico. This yearly program is part of a long-standing partnership between the UM Center for Latin American and Caribbean Studies, a Title VI Resource Center, and the UPR. The 2021 theme was Global Health. The program recruits graduate students to adapt their research into didactic talks and lesson plans, under the guidance of the School of Education. These lesson plans are then adapted into educational toolkits, which are provided to partner schools and made publicly available on the UM-UPR website.

In one example, we developed a lesson plan on how pandemics like COVID-19 can exacerbate health inequities and racism. The lesson plan was based on a history of medicine research project on a mid-19th century cholera outbreak in Panama. Our primary objective was for students to recognize bias, stereotypes, and discrimination in primary sources. Additionally, we wanted students to learn how history can help contextualize events surrounding the COVID pandemic.

Sharing health humanities research with local schools engages students and empowers their teachers. Strong inter-institutional and community relationships, like those between UM, UPR, and Puerto Rico schools, help make this possible. The UM-UPR Outreach Collaboration is one way to reach underserved communities and expand the impact of the health humanities beyond academia.

#### **Speaking Eye-to-Eye in Digital Space: Creating Presence among Limited Resources**

Krisann Muskievicz, Schreiner University



As contractions have challenged higher education during the past eighteen months, one way to keep an interdisciplinary minor going has been to minimize barriers of time and space. As higher education has faced uncertainty due to COVID-19, an institution that is small, private, rural, regional, and tuition-dependent must be especially agile. The Minor in Medical Humanities is among several interdisciplinary minors at Schreiner University and the program has had to adjust in order to continue. Conversations that may have been thought possible only through in-person, eye-to-eye conversation are now happening asynchronously as participants are in dorms, apartments, childhood bedrooms, cars, cafes, and other spaces. The Minor in Medical Humanities is being offered in varied delivery formats to address current demands and future needs of students who now see connection where they may have previously perceived a barrier.

How do we investigate tough topics when pauses, inflections, and interpretations have been the some of the keys to conversations in medical humanities? This question depends on responses to other questions, including: Who gets to do the talking? Who participates? Which social structures bring in some participants, while leaving others out? Must we all be in the same room at the same time?

If courses in the minor do not compete with labs, does the audience expand? If a newcomer has a bit more time to review the concept because a space was created to take an elective, do we hear new voices?

This presentation will outline adaptations that have been made regarding hybrid/hyflex/online offerings in the Minor in Medical Humanities at Schreiner. The logistics of creating space will be discussed.

### **Profiling Medical and Health Humanities in Ireland**

Desmond O'Neill, Trinity College Dublin/Irish Humanities Alliance

Much can be learnt on pathways to developing medical and health humanities through profiling and exploring patterns of development and strengths in national contexts as a basis for comparison and contrast. In September 2013 the Irish Humanities Alliance (IHA) was established as a joint initiative of humanities researchers within 11 higher education and research institutions including all the universities across the island of Ireland and the Royal Irish Academy (RIA) which hosts and supports the IHA. The topic of medical and health humanities has been chosen as one of the areas for more focused coordination and development through the institution of a specific working group.

One of the first initiatives of the working group was to survey academics across the ten universities in 2017, repeated in 2021, to profile activity in medical humanities. Cognisant of the relatively arbitrary nature of disciplinary attachments, the results indicated medical and health humanities in each of the ten universities. The range of disciplinary affiliations included in descending order: history, medicine, literature, geography, philosophy, nursing, law, art, drama, law, arts and health, film studies, anthropology, communication, health informatics, political sciences and Irish studies.

The results indicate significant activity and opportunities for networking in both national and international terms. They also provide the basis for strategic development of the medical health humanities in terms of national strategies and engagement with research councils and funding bodies.

### **3D Paper Session: COVID-19: Perspectives and Practices**

#### **Phenomenological Perspectives of COVID-19: Narrative and Artistic Renditions of Illness**

Tiffany Bystra, University of St. Augustine for Health Sciences

The aim of my project titled "Phenomenological Perspectives of COVID-19: Narrative and Artistic Renditions of Illness" is to explore and better understand the lived experience of those who have been diagnosed with varying severities of COVID-19. Awaiting imminent institutional review board (IRB) approval, my project would consist of a semi-structured qualitative phenomenological interview that examines themes of space (both intrinsic and extrinsic to the patient's body) during the time they felt most ill. Consenting participants will be

asked to describe the space different aspects of their body/mind/spirit was in, leaving intentional ambiguity to allow for creative interpretation and thus person-centered exploration of their illness narrative. Consenting participants will also engage in an artistic rendition that explores their "illness space" from the position of their bed (hospital or home) when they felt most ill, leaving room for discussion as to which elements of their space contributed most to their comfort or discomfort while ill. Upon IRB approval, interviews would take place in November - December 2021 and a phenomenological creative presentation would subsequently be formed illustrating the participant's artistic renditions as well as reflective insights regarding themes of space and comfort during participant's journey with COVID-19. This creative project would serve to initiate discussion regarding the lived experience of COVID-19 patients, their perceptions of space and comfort when most ill, and allow for further research inquiry that could inform how healthcare providers engage in the art of meeting those in vulnerable spaces.

### **Screen-Mediated Spiritual Care: Hospital Chaplains' Insights into Practice during the Pandemic**

Lindsey Claus, Boston University School of Medicine

Hospital chaplains play a critical-- yet at times incompletely understood-- role within the healthcare team. During the COVID-19 pandemic, as hospitals throughout the nation rapidly restructured organizational protocols and, often, even the basic layout of ward floor plans to meet unprecedented new levels of need, chaplains faced significant challenges in carrying out their daily work of providing presence and spiritual comfort for the patients and families under their care. From virtual visits with patients to the donning of PPE obscuring clerical garb to the new role as a stand-in for family members kept outside due to isolation requirements, the changing conditions for chaplain's work compounded the existing complexities inherent in attempting to provide for patients' spiritual and existential needs, which can not often be neatly encompassed by a biomedical paradigm of care. In this talk, I will explore US hospital chaplains' narratives of work under the COVID-19 pandemic to consider more broadly the relationships between medical treatment, spiritual care, and the modern technologized clinical milieu

### **The COVID Portrait: Isolation, Intimacy, and Elegy During the COVID-19 Pandemic**

Ariela Freedman, Concordia University

The COVID-19 pandemic ushered in a resurgence and transformation of the form of the portrait, as artists sought to navigate new constraints on their professions and social distancing requirements, to connect to subjects through windows and across screens, and to record the face of a transitional and isolated era. Zoom lenses and portraits taken from across lawns and through windows navigated the space between the photographer's exteriority and the domestic containment of the subject, while Facetime and Zoom enclosed the face in a ready-made frame. The use of masks in public and the implementation of lockdown in private spaces turned the naked face into a vulnerable, liminal entity, both risk and danger. Durational portraits used live virtual posing sessions to establish connections between the artist and subject. Elegiac portraits returned in force, in both newspaper coverage like The New York Times "Those We've Lost" series, which collected photographs and obituaries in memorials meant to more fully communicate the toll of loss from the pandemic, and in artist's projects, notably Rafael Lozano Hemmer's *A Crack in the Hourglass*, which used a robot to create portraits sourced from photographs of loved ones lost from COVID-19 out of variegated grains of sand, and then erased the images. Emmanuel Levinas writes, "the face speaks to me and thereby invites me to a relation" (*Totality and Infinity* 198). What new forms of relation are intimated in the virtual spaces of the COVID portrait?

### **3E Paper Session: Equity and Intersectionality**

#### **Clinical Redlining in the New Jane Code: An Intersectional Critique of Algorithmic Violence in Medicine**

Caitlin Leach, Harriet Tubman Department of Women, Gender, and Sexuality Studies, University of Maryland

Algorithms are used in clinical practice to predict patients' health outcomes. The accuracy of the outputs of these algorithms and their predictive capacity depends upon the reliability of their inputs which exclude mixed-race and gender non-binary patient populations. Encoding inequality into algorithms which allocate services and resources to populations based on binary conceptions of racialized risk echoes the Jim Crow policy of redlining. As this legacy becomes encoded into our medical technologies and systems, we risk automating this inequality via "The New Jim Code" (Benjamin 2019) which manifests in healthcare as clinical redlining. Concerningly, clinical algorithms ensure care remains racially stratified regardless of spatial integration. Clinicians and legislators have recently called for audits of race-adjusted clinical algorithms to address racial bias in healthcare. However, these reforms rely on single-axis approaches that ignore how racism converges with other social structures, such as sexism and sex binarism, to disadvantage the health trajectories and life chances of those multiply marginalized by racial stratification. Moreover, these approaches fail to account for the health needs of non-binary patient populations for whom the inputs of "African American" or "white," and "male" or "female" do not compute. Pauli Murray, a civil rights activist and lawyer, accounts for this multiple marginalization under Jim Crow as Jane Crow discrimination (Murray and Eastwood 1966). Incorporating Murray's articulation of Jane Crow discrimination into Benjamin's conception of "the New Jim Code," offers an intersectional framework for analyzing the racialized gender discrimination enacted by clinical redlining in digital health space.

### **Challenges of and for Intersectionality: The Case of Digital Health Technologies and Global Health Partnerships**

Carina Fourie, University of Washington

Numerous recent publications have called for using an "intersectional approach" in various domains relevant to health, e.g. in population health research, in the academic discipline of Global Health, applied to digital health technologies, and within clinical medicine. While they may differ in their precise conceptions of intersectionality, they emphasize the importance of focusing, not (only) on single or even on multiple axes of oppression, such as those associated with gender or with race, or both, but with intersecting oppressions. These have unique features that cannot be reduced to the sum of relevant axes, e.g. the oppressions imposed on black women in the US. We endorse these calls for intersectional approaches to health; however, in assessing their application to the development of digital health technologies in global health partnerships, we offer a critique. We argue that the practical advice given to implementing intersectional approaches is itself made difficult by the implications of oppression and its intersections. The epistemic and power demands of intersectional approaches are challenging to attain, and the vast inequalities associated with digital technologies and with global health partnerships, as well as the narratives of equity and empowerment that accompany them, exacerbate the attainment of these demands. While we recognize that structural solutions are key to improving the intersectional application of health research and practice, we develop preliminary advice for individual researchers and technologists in the Global North, in terms of the attitudes, affect and assumptions they should adopt in light of the need for intersectional approaches.

### **Navigating an Empowered and Collaborative Response Amid a Social Crisis: Lessons from a Physical Therapy Perspective**

Sarah Caston, Emory University

When crisis ensues in our communities, how should an academic health science program respond? This proposal tells the story of how a physical therapy program sought to answer this question using a collaborative model steeped in the humanities.

Embracing the juxtaposition of being a primarily white institution located in the historical epicenter for civil rights activism, Emory University Doctor of Physical Therapy (DPT) program is cultivating strategies to facilitate the hard reckoning of a long history of white privilege and racism in healthcare and our country. Anchored in the question of how physical therapy as a profession should respond to these societal needs, faculty, staff, and students collectively crafted opportunities for shared meaning making. The existing curricular

thread of narrative reflective writing was used to facilitate discussion and awareness of the students lived experience of racial injustice in the classroom and clinic. Student-led activism was encouraged and supported by the program in response to local community needs, including faculty/student #BLM protests and voter registration efforts. Art-based workshops offered unique spaces to enter into difficult conversations around white privilege and student-led book clubs fostered rich discussions on racial inequities. Each bold action worked to strengthen student voices and uplift the communities they represent, while guiding an empowered and sustainable response to the current social justice crisis. Ultimately, these actions serve as a framework for how health humanities can be used to integrate social justice concepts into DPT curricula, and pave a path for a more diverse, equitable, and inclusive future.

### **3F Paper Session: Technology, Race, and Diagnosis**

#### **Chimeras: The Colonized Spaces of Stem Cell Transplantation**

Mike Winstead, University of North Carolina Chapel Hill

Stem cell transplantation embeds the recipient, their body, and the medicalized physical spaces they inhabit within a fraught and medical-social space inflected by race. After transplantation, the recipient's marrow cavity is occupied by the donor's stem cells, and their blood vessels contain the donor's DNA. Adopting the language of mythology (by way of botany), medicine describes the mixture of donor and recipient DNA as chimerism. Chimerism develops inside HEPA-filtered hospital rooms and, outside the hospital, in socially constrained (and, with COVID-19, unsettlingly familiar) spaces of masking and protective isolation. Entering the physical spaces of transplantation, however, requires a genetically matched donor. Medicine maps the genetics of transplant matching onto the social construct of race, creating a fraught conceptual space where the concept of genetic ancestry coexists with the societal effects of slavery and colonialism, and the risks of transplantation are tangibly linked to social marginality. Within this chimerical medical-social space, medicine's ambiguous assumptions about race are thrown into relief, even as the development of post-transplant chimerism complicates our culturally coded belief in bodies defending their "borders" against "invasion" by disease.

#### **Medicine's Intra-face and the Black Body**

Alex Hack, University of Southern California

In her eye opening book, *Medical Apartheid*, Harriet A. Washington identifies the slave owner as the true patient in the Antebellum South's medicinal treatment of slaves. Tracing the historical development of medical knowledge in the U.S. and its violent dependence on Blackness, I draw connections between the "care" of slaves and the supposedly curative attention Black Americans receive today. My presentation claims that contemporary attempts to collect large scale medical data, rather than emphasizing the environmental and structural vulnerabilities of the Black population, often are instead deployed to evidence Blackness as faulty, inherently broken, and, therefore, less worthy of healing, perpetuating 19th-century scientific racism. Reinscribing the logic of the plantation, medical data and the algorithms that utilize it then determine the expense necessary to treat Black Americans a bad investment. Focusing on racialism in the field of lung health and the various ways Black lungs have been thought less efficient via spirometers (the instruments that measure lung capacity) or lung cancer screening guidelines, I ask what part computers play in this equation-what remains the same and what changes in both data collection and patient care. Further, comparing the intense proximity between the Antebellum doctor and his Black patient to the growing distance of the doctor-patient interface today, I take up questions of closeness, contagion, and absence, and problematize thick and thin descriptions of medical engagement. Overall, I explore the way these systems overwrite the truth of Black experience and lead to a depredation of the Black body.

#### **Uncanny Sleep: Proposing a Study of Sleep Paralysis Through Health Humanities**

Amala Poli, Western University

"My paper examines how sleep paralysis has slipped through what Michel Foucault has characterized as the gaze of modern medicine's nosological impulse, by existing both independently as a sleep disorder and as a

feature of the broader category of narcolepsy. Yet, sleep paralysis remains somewhat of an enigma in the contemporary turn to medicalization and curative approaches to sleep. It exists in a limbo, where the classificatory mechanisms of medical science and neuroscience have named and proposed an etiology and consistent features while the scientific language teeters on uncertainty and ambivalence, especially when dealing with those aspects of the experience that carry supernatural overtones. My paper uses the classificatory ambivalence around sleep paralysis to propose that a health humanities approach, where the human sciences: namely literature, philosophy, sociology and anthropology can offer key insights that can both add to the contemporary understanding of sleep paralysis and filling in gaps through an experience-centered approach, while adding new questions and troubling the boundaries of this disorder. By centralizing the health humanities, I use the field as a methodology and a critique. My presentation will explore how the health humanities can offer a way to examine why certain aspects of sleep paralysis remain undisciplined. In summary, I aim to explore how the health humanities poses good problems for the study of sleep paralysis by virtue of its proximity to the wellness discourse.

#### **4A Panel: Creating Space for Social Justice: Challenges of Curricular Reform in Health Humanities**

Bernice Hausman, Kimberly Myers, Rebecca Volpe, Amanda Cooper, Katherine Dalke, Nancy Adams, and Justen Aprile, Penn State College of Medicine

In summer 2020, Penn State College of Medicine (PSCOM) Humanities faculty began revising the Health Humanities Thread in undergraduate medical education, a move which had been under consideration for some time. The immediate catalysts were the murder of George Floyd and the new attention to health disparities made more salient by COVID. PSCOM students called for curricular reform and antiracism education, and some pointed directly at the Humanities as where changes should occur.

Throughout 2020-2021 and continuing to the present, we have met weekly to reconceptualize curricular goals, develop new course frameworks, and support the work of design teams creating the new courses. Including more social justice content, particularly around race, has been a primary goal. This goal put creative pressure on course content, learning materials, and outcomes. Throughout our meetings and the design of new courses, we consciously tried to emphasize diverse voices and perspectives. At the same time, we struggled when it felt as if we needed to leave aside existing topics considered to be critical for UME outcomes (and which had been well-received by students) to make room for new content.

This panel outlines our new curriculum, demonstrating how we integrate diversity and social justice goals with other objectives and topics, focusing particularly on the responsibility of health humanities to addressing social injustices and discrimination in medicine and society. We will provide both a broad overview, specific examples of sessions and activities, and student evaluation data where possible, leaving time for robust discussion at the end of the session.

#### **4B Panel: Spaces for Contemporary Research in Medical Humanities**

Anne Hundson Jones, University of Texas Medical Branch at Galveston

Ryan Hart, University of Texas Medical Branch at Galveston

Margarita Ortiz, independent scholar

Rebecca Permar, University of Texas Medical Branch at Galveston

At the center of the humanities in medicine is a tension that exists within practices of care in a technological age. This tension is that between the assurances of scientific objectivity and the irreducibility of existence. The philosopher Gabriel Marcel fittingly conveyed this tension through his distinctions between problem and mystery, along with the respective attitudes they invoke. In his recent article "Reflecting on the Pathography," Tod Chambers compares Marcel's distinction to that between medical humanities and bioethics. On this panel, we will present three different research projects demonstrating how the medical humanities provides a space within which to address the questions raised by living in the uncertainty at the core of human existence. Presenter 1, our first panelist, highlights some philosophical implications of the contrast between technical



problem solving and attending to mystery through his dissertation project on an existential phenomenological approach to psycho-oncology. He draws on phenomenological insights from Merleau-Ponty and Heidegger to illustrate the feeling of enviroing atmospheres as a fundamental structure of meaningfully apprehending the world and one's personal place in it. Our second panelist, Presenter 2, discusses virtue in medical practice in terms of narratives of illness, showing particularly how COVID-19 has rekindled a relational practice. Supported by principles in the philosophy of medicine and reflections of practicing healthcare professionals, this discussion reaffirms that medicine is a humanistic profession, requiring a more humanistic approach suitable to address the patient as person. Last, Presenter 3's project on the ethical, legal, and social implications of emerging technologies directly addresses the challenges of material and virtual environments, as well as embodied and disembodied spaces. She explores how the threat of uncertainty influences our relationship with technology and how the medical humanities can offer unique frameworks for the discussion of robots, cyborgs, and the question of what it means to be human. With these three graduate research projects-ranging in focus from classical philosophical theories and phenomenology, through the effects of COVID-19 on clinicians and clinical ethics, to future challenges of emerging technologies for human values in medicine and beyond-we hope to spark an exciting and important conversation about the need to seek and maintain spaces for such research.

#### **4C Panel: Sick Rooms: The Gendered Experience of Medicine and Space**

Brooke Kowalke, Matthew L. Reznicek, Julia C. Crawford, and Gretchen Strobbe, Creighton University

Michel Foucault famously talks about the turn in the eighteenth century when medicine becomes located more in the anaesthetized space of the clinic than in the world at large. With this separation of spaces, medicine takes on not only a more professional but also a more male-dominated relationship to knowledge, authority, and power. This panel seeks to investigate the experience of gendered bodies that disrupt and frustrate the spaces of medicine in the long process of its clinical development. Presenter 1 will examine the relationship between urban infrastructure and public health in *Sense and Sensibility* (1811) by Austen and *The Heart of Midlothian* (1818) by Walter Scott. Presenter 2 will look at the varying gendered embodiments of illness within the urban and provincial spaces of Austen's *Mansfield Park* (1814). Presenter 3 will explore how bearing witness to illness, suffering, and death occurs in gendered spaces where expressions of parental grief are valorized differently in Maggie O'Farrell's 2020 novel *\_Hamnet: A Novel of the Plague\_*. Presenter 4 will investigate how contagion limits the reach of clinical medicine, forcing sickness, death, and grief into gendered confines in *\_Hamnet: A Novel of the Plague\_*. By exploring the representation of gendered spaces and forms of urban development, familial illness, grief, and contagion, these papers, all of which emerge from undergraduate teaching and research, provide a way of understanding women's experience of and opposition to the clinical spaces of medicine, reminding us of the need for more "reparative" approaches to the encounter between medicine and the gendered body.

Additionally, as these papers come from research that both informs and was conducted as a part of undergraduate medical humanities courses, they uniquely demonstrate that the classroom is an essential space for medical humanities to challenge conceived notions of interpretation, literary analysis, and, especially, conceptions of medicine and care. This panel has grown out of the teaching of two undergraduate medical humanities courses, and the panelists embody the synergy of that pedagogical space for faculty, humanities students, and pre-health students alike. The panelists will engage with the role the undergraduate medical humanities classroom plays in their individual research and professional trajectories.

#### **4D Workshop: Female Genital Mutilation/Cutting: Health Humanities Educational Approach to Challenging Topics in the Classroom**

Anna-leila Williams, Frank H. Netter MD School of Medicine at Quinnipiac University  
Zahra Qaiyumi,MSIV, Frank H. Netter MD School of Medicine at Quinnipiac University

Introduction

The World Health Organization (WHO) estimates 500,000 people in the USA have undergone female genital mutilation/cutting (FGM/C) or are at risk for the procedure. WHO describes FGM/C as a human rights violation and extreme form of gender-based violence. The American Medical Association and American College of Obstetrics and Gynecologists condemn FGM/C and work toward its elimination. Condemning FGM/C is necessary yet insufficient to meet the needs of people who survive FGM/C. Effective healthcare for survivors must be respectful, competent, and not presume the patient's attitude toward FGM/C. Since FGM/C occurs within a cultural paradigm, some survivors may not consider the practice aberrant and may be startled, insulted, disrespected, and more by health professionals' condemnation.

Encouraging health professional students to reflect on complex clinical issues such as FGM/C has the potential to positively influence patient care for minoritized populations. Health Humanities educational approaches allow for reflection and dialogue among students and faculty, especially when participants bring the full spectrum of their humanity to the group. We created a successful health humanities session for second year medical students about FGM/C which forms the basis for this workshop.

### Learning Objectives

1. Recognize the influence of culture and traditions on attitudes and beliefs of patients and health professionals.
2. Reflect on how our personal experiences may help or hinder our ability to understand and appreciate a patient's story.
3. Personally experience the act of explaining a tradition, practice, or ritual to someone who is outside one's culture group.

### Workshop Schedule

Facilitating Challenging Topics in the Classroom (10 minutes) - interactive presentation that briefly explores the value of exploring challenging topics with students and some key facilitation skills.

Female Genital Mutilation/Cutting (10 minutes) - describes the epidemiology and cultural paradigm of FGM/C, as well as the clinical consequences. This will be an opportunity for those not familiar with FGM/C to ask questions.

Videos and Discussion (25 minutes) - view three Voices to End FGM/C videos with discussion after each. The videos, created by the community-based organizations, Sahiyo (<https://sahiyo.com/voices-to-end-fgm-c/>) and StoryCenter (<https://www.storycenter.org/stories>), contain first person narratives from survivors representing different culture groups, thereby illustrating the spectrum of people affected by FGM/C.

Writing exercise (5 minutes) - participants write about a time they had to explain an aspect of their culture, religion, and/or traditions to someone else. The aim of the writing exercise is for respondents to personally experience being an outsider and appreciate how strange the rituals and traditions they take for granted can appear to those beyond their culture group. Ultimately, the writing exercise aims to promote empathy and reduce tendencies participants may have toward "othering" those exposed to FGM/C.

Share Writing (15 minutes) - an opportunity to unify as a group, promote self-awareness and compassion, and transcend our biases.

Summary, Concluding Remarks, Evaluation and Feedback (10 minutes)

## **4E Paper Session: Confronting Trauma and Moral Distress in Education and Care**

### **Preparing Pre-Health Students to Face Moral Distress in the Health Professions**

Lenny Grant, Syracuse University



"Health humanities (HH) teachers continue to develop curricula that addresses the issues raised by COVID-19. The pandemic has revealed the prevalence of moral injury in medicine, thus underscoring the need for pre-health educators to prepare future professionals to work in extreme circumstances. Interdisciplinary literature on moral injury indicates strong community ties are a resilience resource, making the undergraduate HH curriculum a suitable venue to begin building interprofessional community. This presentation describes and theorizes a pedagogical innovation called, "An Intergenerational Dialogue on Moral Injury in Medicine." The structured dialogue's purpose was to create community among undergraduate HH students and current practitioners around moral injury, with the goal of passing on learned wisdom about professional dilemmas and resilience.

In April 2021, students in my Introduction to Health Humanities course and I hosted a two-day virtual forum with fourteen professionals at different career stages in their diverse specializations. After a group discussion on moral injury before and during the pandemic, students conducted semi-structured qualitative interviews with participants in breakout rooms. The interviews elicited narratives, perceptions of moral distress in their specializations, and strategies for remaining resilient in their professions. A summative group discussion followed.

This presentation will share findings from the qualitative studies and reflect on the reciprocal value of providing health care workers a supportive venue to discuss moral injury. It will also discuss how this intervention and the Scholarship of Teaching and Learning more broadly can help prepare future health care workers for the challenges of practicing in an uncertain world.

### **Trauma in Undergraduate Nursing Students, and the Vocational Spaces of Narrative Medicine**

Cynthia Richards, Wittenberg University

"Fresh new nursing majors can seem insulated from the traumas of medicine. Fresh new nursing majors at a small liberal arts college in Southwest, Ohio might seem even more so. At liberal arts colleges-particularly at one where a large percentage come from small, rural communities-we tend to think of young undergraduates as largely unformed, as still in the process of determining who they are and what they want to be. But in teaching a narrative medicine class at Wittenberg University in Springfield, Ohio, I found quite the opposite. Nearly every nursing student in that class had decided to pursue a nursing degree because of past medical trauma in their lives. In a final reflection paper, in which students combined personal narrative, research, and a close reading of a literary text, they revealed trauma as at the core of this decision. These papers also revealed that until this class this trauma had been largely unidentified, or unprocessed. Some had lost a childhood friend to terminal illness; some had parents who had died or who suffered from a debilitating chronic illness. For all these students, the choice to pursue nursing was a compensatory act, a way of overcoming a loss-and a loss that until this course they did not realize was at the heart of this vocational choice.

This presentation will explore this question of what it means to the medical profession, and the stories we tell about it, if a high percentage of nursing students and nurses work within this compensatory framework. What does it mean if we see their very choice of profession as acting out a trauma narrative? It also asks, then, what are the spaces where we can best practice narrative medicine? Is it at these beginning stages of an individual's career path when trauma can be identified early on? And what, then, by association is the appropriate space of trauma studies within health humanities, and particularly within narrative medicine? Narrative medicine, although drawing upon trauma studies for some of its key constructs, is framed as restorative; trauma studies acknowledges how frequently narrative itself can be read as a manifestation of a psychological injury.

A close reading of these final student projects along with a survey of how many of our nursing students have had traumatic medical experiences can provide insight into these questions. With the permission and, when possible, the active involvement of the students, I will read these student papers as a way of making space for their voices and narratives within health humanities. As a scholar of early modern trauma-an historical venue in which suffering has traditionally been normalized to debilitating modern effect-I am particularly interested in

investigating how we make transparent the complex reasons, even traumatic ones, that inspire restorative care or a nursing career path, and how we can address these concerns at the start of an individual's career, and in a space where we have traditionally viewed our students as insulated from these concerns. It is important that in preparing nursing students to minister to pain and suffering that we not ignore the pain that might have led them to this vocational choice.

### **What Informs Trauma-Informed Care? Potentials for Contributions from the Health Humanities**

Molly Lindberg, Columbia University

"Trauma-informed care approaches are proliferating, especially in relation to Adverse Childhood Events (ACEs), but they often lack clear ties to trauma research, broadly defined. In this paper I argue that there is great potential for cooperation between practitioners and theorists to incorporate multiple types of research into trauma-informed approaches to care. Often this information is siloed into disciplines, but the health humanities, as a space which values care, connection, and coordination, is a promising site of applying theories about trauma to improve care. This presentation will evaluate a few trauma-informed approaches to care from this perspective, including those from the Center for Health Care Strategies and the ACEs Aware Initiative, with an eye for understanding their basis, their possible points of application, and their blind spots.

Reconceiving of trauma care through the lens of Bessel van der Kolk, Cathy Caruth, and others, I will propose a few elements of trauma theory which could inform this kind of work and improve its application. In the case of trauma-informed care, it is imperative to consider who is making decisions of what can be classified as "trauma-informed" and think about the many sources/causes of trauma. With more work emerging on epigenetics, intergenerational trauma, and trauma inflicted by racist encounters and white supremacy, we need to ensure that this important work also goes into care deemed "trauma-informed." Health humanities approaches of critical reasoning and reckoning with uncertainty offer nuanced points of departure for these approaches to care. There is real need for trauma-informed care in all aspects of medicine, but it is important to ensure these approaches are held accountable and do not inflict further trauma.

### **4F Paper Session: Migration and Asylum**

#### **The Invisible Immigrant: Failings of the Patient Social History in Capturing Migrant Experience**

Isabella Cuan, NYU Grossman School of Medicine

Born out of a recent national awakening regarding the pervasiveness of racial and gender discrimination in medicine, *The Invisible Immigrant: Failings of the Patient Social History in Capturing Migrant Experience* sets out to build on this re-examination of medical education curricula by bringing otherwise neglected conversations about immigration and migration to center stage. Through qualitative interviews with physicians working with immigrants at New York City's Bellevue Hospital, this study explores how the traditional model of the patient social history falls short of acquiring and integrating meaningful information about patients' migration experiences. Most frameworks follow a familiar structure synonymous with substance use, smoking history, and sexual behaviors; this not only overlooks many of the social determinants of health integral to providing patient-centered care, especially for underserved populations, but also raises important questions about what kind of space the social history is allowed and encouraged to occupy in pedagogical, conceptual, and physical clinical spheres. Preliminary thematic analyses of interviews (n=8) indicate several key concepts driving physician practice: history-making as interprofessional collaboration, the intimate relationship between comprehensive social narratives and high-quality medical care, and reimagining the social history as a complex space for cultural negotiation of communication barriers, belief systems, and the collection of stigmatized information, such as documentation status. This paper will ultimately deconstruct significant themes embedded in effective immigrant histories and propose areas of improvement and co-creation with the goal of establishing a more sustainable, culturally sensitive, and clinically effective history that mitigates harm and strengthens patient advocacy.

#### **The Geopolitics of Asylum Seeking Children**

Julie Aultman, Northeast Ohio Medical University

This paper explores the geopolitical landscape of refugee resettlement and how children are detained, deported, fostered, resettled, lost or forgotten based on where they originated from, the type of suffering they experienced or could experience, and what global, national or local laws are being passed, enforced, violated or revised. As new identities are defined and shaped (refugee, citizen, guest), and an allocated space is occupied and shared between child and guardian - often without the freedom to choose where and for how long - I examine how geopolitical instability and its impact on migration and refugee resettlement can diminish the integrity of human rights law and ethics, and challenge the capabilities of refugee and asylee children to flourish as future adults in the liminal space between citizen and alien. While this paper does not delve deep into the factors that lead to geopolitical instability, it does call for a reimagined vision of human rights through a capabilities lens and a dimensional definition of refugee that takes into account their transient identities inseparable from the spaces they inhabit, their pursuit to survive, and their desire to flourish.

### **Geographies of Trauma: Migration, Medicine, Film**

Catherine Belling, Northwestern University

An exhausted ER doctor sets off from Gibraltar, the geographical link between Europe and Africa, on a solo sea voyage to find Ascension Island, where Darwin thought he could terraform a paradise. Instead she encounters refugees from Senegal in a sinking boat. Wolfgang Fischer's 2018 German film *\_Styx\_* moves the space of the clinic out into the Atlantic Ocean, staging political and social questions surrounding migrant health as one doctor's ethical dilemma in a setting at once bleakly realist and profoundly symbolic. Mati Diop's 2019 Senegalese film *\_Atlantique\_* tells a genre-bending fable of the people left behind in Dakar after the departure of a similar group of migrants. I consider how these films--as well, briefly, as the documentary *\_Fire at Sea\_* (Rosi, 2016) and the horror film *\_His House\_* (Weekes, 2020)--represent home, escape, migration, and perilous navigation as sites for thinking through some of the ethical challenges and opportunities offered by the health care needs of displaced persons, migrants, or refugees, and of those whose work intersects with their journeys. Darwin's effort to reform the biome of Ascension offers, I'll suggest, a resonant cautionary tale for the work of global health.

### **5A Panel: Genetic Privacy in Film and Television**

Jay Clayton, Ethan Gibbons, Ayden Eilmus, and Sarah Hagaman, Vanderbilt University

This panel examines how literature and film influence public attitudes toward genetic privacy. An interdisciplinary team drawn from English, Cinema and Media Arts, Medical Anthropology, and Sociology has collected a sample of over 850 films, and television episodes from 1912-2021 that concern genetics, highlighting the shaping role of genre conventions in the 400+ works of science fiction, 200+ thrillers, 200+ melodramas, and 50+ horror narratives. The first panelist discusses the transdisciplinary space in which researchers bring together quantitative and qualitative methods with close reading to test the results of distant reading against more focused interpretations of individual texts, and vice versa. The next speaker describes the sample's collection and charts trends across genres. Genetics was seen as "risky" in 70.6% of films, vs. "mixed" (24.4%), and "beneficial" (5%). TV balances the benefits of genetics against the risks more evenly for reasons that stem from considerations involving both genre and medium. The third speaker investigates the prominence of bioethical concepts in the responses of viewers to *Orphan Black* in the space of social media, including fan fiction, blogs, and Reddit. The final panelist focuses on two TV shows featuring the space of the confessional as a site of psychological surveillance; episodes in *Fleabag* (2016-2019) and *The Crown* (2016-2020) elicit reluctant confessions of mental disorders, potentially influenced by genetic factors. Genetic privacy looms as a persistent concern, traceable in the quantitative coding of the dataset, the qualitative analysis of social media posts, and close readings of episodes of *Fleabag* and *The Crown*.

## **5B Panel: Architecture is Embodied Cognition**

Paul Solomon, Western Michigan University and Homer Stryker MD School of Medicine

David Elkin, UCSF

Shruti Patil, Independent Researcher

Architecture modifies cognitive processing. One might say that architecture IS embodied cognition. Our ability to comprehend the world around us is dependent on the specifics of our embodiment. Examination rooms, hospital rooms, clinics, and improvised settings such as tents and requisitioned buildings are experienced as a result of our sensory perception of space, and are complicated by personal and cultural habits.

Architecture unfolds in time. A single structure can embody our past, present and future. It becomes therefore, an embodied form of memory. The same is true of our human existence. The lives of our patients and our own lives unfold over time. Examining a patient, we see their past, present and intimations of their future - as surely as we see our own in the mirror.

The omnipresent spaces we work and live within are the result of the ways that art and science intersect in architecture. Just as the healthcare humanities turn to literature and visual art to enlighten and inform healthcare, architecture is embedded with uniquely helpful cues for healthcare providers and patients. This presentation seeks to bring these cues to light using visual and verbal illustrations.

We will also address proxemics in health care settings, an issue that proved volatile during the Covid-19 pandemic. Erving Goffman, Edward Hall and other sociologists and anthropologists have described the study of how human beings navigate spatial dimensions in work and social situations. Psychologists such as Robin Dunbar have added psychological dimensions to these descriptors: how many close friends do people tend to have? More distant ones?

In addition, we will discuss a brief history of Western healthcare architecture including Michel Foucault's panopticon model - involving a prison-like structure that allows direct visual surveillance of patients.

Alongside historical examples, we will discuss contemporary hospital architecture that features well-lit, well-ventilated spaces that bristle with technology that allow for constant monitoring and surveillance of patients and healthcare providers alike.

Using visual art, poetry, and one or more brief film clips, we will explore the above-mentioned concepts about space and relationships with workshop attendees, asking them to consider how the spaces of clinics and hospitals shape, clarify and warp our perceptions of patients, and each other.

## **5C Panel: Claiming Space for Health Humanities in MedEd: The Challenge of Translating Value**

Erin Gentry Lamb, Case Western Reserve University School of Medicine

Ryan Jenkins, Rainbow Babies and Children's Hospital

Jennifer Mendez, Wayne State University School of Medicine

Grace Serra, Wayne State University

Holly Feen-Calligan, Wayne State University

Kamna Balhara, Johns Hopkins University School of Medicine

Jennifer H. Garvin, The Ohio State University

In 2019 the Association of American Medical Colleges (AAMC) launched an initiative exploring the Fundamental Role of Arts and Humanities in Medical Education (FRAHME), formally acknowledging that the benefits of arts and humanities to medical education (MedEd) "go far beyond joys and pleasures" and promising resources to educators seeking to develop or improve the use of arts and humanities in their teaching.

FRAHME's first two competitive financial opportunities—a scoping review and a small grants program—are both focused on compiling evidence and on developing evaluation measures for the value of arts and humanities in MedEd. It seems that humanities and arts must produce data and measurable outcomes that are valuable to academic medicine—an effort which raises several key questions: Are we considering outcomes of value to all stakeholders in MedEd (ourselves, our patients, our learners and their interprofessional colleagues)? Are we doing ourselves, and our field, a disservice by measuring the impact of arts and humanities using traditional academic medicine metrics? Are we measuring what we set out to measure? What of the humanities' intrinsic value, and how do we best articulate that to skeptical audiences? What kind of robust and longitudinal evaluation (of individual providers and patient outcomes) is possible so long as most arts and humanities content remains elective?

We present four different FRAHME-funded grant projects charged with evaluating "the impact of existing integrative arts and humanities programs or curricula across the continuum of medical education." Each panel presenter will address questions of translating value by providing an overview of their project, the evaluation approach, and a critical analysis of what measures can show, what they may obscure, and how effective they are at evaluating their intended outcomes and translating their value to academic medicine.

One institution will describe their implementation of a humanities-based death and dying elective curriculum for medical students. They will speak critically of their measurement of students' anxiety, confidence, self-efficacy, and clinical performance via survey measures and an Objective Structured Clinical Examination.

Students at another institution have developed acute visual and critical thinking skills, awareness of implicit bias, and gained partnership and interpretational skill through practice of visual thinking strategies (VTS), medical, art therapy and art administration. Assessments include pre and post questionnaire data, pre and post anti-bias self-report assessments, and a focus group.

Another institution used simulated patient encounters to evaluate how a longitudinal health humanities track focusing on health equity may translate to impacts on residents' and fellows' cultural humility, interprofessional practice, and ability to navigate sources of bias in clinical care. Outcome measures include validated scales coupled with multiple sources of feedback (faculty, standardized patients, and participants' self-evaluations) and triangulated with participants' narrative reflections for a comprehensive and critical assessment of the track's impact.

Finally, another institution will describe an opera-based project that illustrates the roots of systemic racism and White Privilege. Outcome measures include survey items measuring racial attitudes and empathy and the development of action plans and artistic portfolios.

## **5D Workshop: Cancer Storytelling & Enhancing Empathy in Artists**

Robin Richardson, Dell Medical School, The University of Texas at Austin  
Megan Hildebrandt, College of Fine Arts, The University of Texas at Austin

**BACKGROUND:** A year into a global pandemic, art students spent a semester with those impacted by cancer and created public works about health and activism. What impact could this opportunity have on students, their art, and their capacity for empathy?

**METHODS:** The Aesthetics of Health (AOH) undergraduate art course at the University of Texas at Austin aimed to create art with and for those impacted by cancer. During the Spring 2021 semester, the instructors employed assorted methodologies including: (1) art, illness narrative, and clinical pedagogies led by the professor, community practice artists, and cancer experts; (2) peer-to-peer interactive discussion for theme exploration and critiques; and (3) community engagement, utilizing expertise of those with lived experience including oral storytelling by cancer patients, survivors and loved ones.



Diverse participants included:

- All but two participants had lived experience with a cancer diagnosis/treatment as a young adult (18-40), an age group historically not well served in traditional cancer care (for medical, psychosocial, medication management and practical needs).
- More than half of participants identified as non-white (primarily Latinx and Asian) including two participants who identified as immigrants.
- Participants also represented diversity in diagnoses/care experiences.
- Throughout, AOH also engaged LGBTQIA+, disability and Jewish communities.

**RESULTS:** Assignments resulted in high-quality interactive student works in public spaces based on reexamination of art, healing, and the viewer, resulting in measurable increases in student empathy (+2.92 average increase across students using the Toronto Empathy Questionnaire, comparing average scores from the beginning to end of semester). The students had a positive experience, unanimously providing high marks for the course through anonymous feedback collected by the University.

Lessons also included:

- Inter-community storytelling, particularly around a distressful event like cancer, can increase capacity for empathy and resilience.
- Healing requires more than traditional healthcare generally offers.
- Technology can help to build empathy across communities.
- Access to care is a privilege.

**CONCLUSIONS:** Aesthetics of Health's social practice approach encouraged artists to actualize new ideas, projects, and relationships and increased participants' capacity for empathy and appreciation of the viewer. The Aesthetics of Health framework demonstrates promise for other educational, clinical and artistic institutions. Further research is needed to explore other potential participant outcomes like reducing burnout and improving resilience as well as measuring impacts on audiences of social practice pieces.

For this workshop, we propose briefly sharing our pedagogy "Aesthetics of Health" framework and initial findings, and spending the bulk of the workshop engaging consortium participants and course alumni to evolve the curriculum, consider additional research aims, and encourage other institutions to adopt a similar framework of engaging with varying settings, art modalities and community stakeholders.

After this panel discussion, attendees will be able to:

- Understand a novel intervention to make art with/for those impacted by cancer, resulting in increased empathy & processing lived illness experience.
- Explore how to meaningfully & appropriately engage diverse communities to leverage lived experiences with healthcare.
- Walk away with an art educational framework that results in high quality creative work that deeply considers the audience.

## **5E Paper Session: Graphic Medicine 2**

### **Graphic Medicine Book Club for Pre-Health Students**

Nicole Morgan, University of Florida

Graphic medicine is a burgeoning subfield of comics studies. Central to the graphic medicine subfield are graphic memoirs of illness and disability, long-form texts sometimes referred to as graphic pathographies. While graphic medicine interventions have been employed in graduate learning environments in the health professions with demonstrated success, there is little research on their impact when used as an intervention for pre-health undergraduate students. This research project aims to assess the outcomes of a virtual graphic



medicine book club for pre-health students, and to determine the extent to which graphic pathographies can support the education of future clinicians by cultivating an awareness of the patient experience and clinical empathy during their baccalaureate years. In conjunction with book club activities, participants will be invited to complete surveys assessing their self-reported knowledge and perceptions about comics, graphic medicine, healthcare, and patient experiences. Changes in empathy will also be assessed using a modified Kiersma-Chen Empathy Scale, an instrument designed to assess empathy in health professions students.

### **Drawing on the Power of Comics in Disability Studies**

Jillian Pecoriello, NYU Grossman School of Medicine

Graphic medicine has become an emerging and respected field within the world of healthcare, both for those in medical training and those on the receiving end treatment.

Graphic pathographies - illness stories presented in comic form - are increasingly used in the context of medical education and training. Studies have shown that such comics have positive impacts for learners across the medical education continuum.

Medical trainees are constantly exposed to disability and chronic illness. Though a growing body of literature indicates that reading and discussing graphic pathographies helps learners broaden the narrow biomedical focus on these conditions, less has been studied about students and providers cultivating a graphic medicine practice of their own. How does comic-making shape medical trainees' perspectives on disability and chronic illness? Are normative ideas of health and ability challenged or reproduced through this work? What personal aims or public impact might such a practice achieve for physicians-in-training?

To explore the questions above, medical trainees across the healthcare hierarchy held a semi-structured focus group during which each participant created a comic about an experience they had while working with a patient with a disability or chronic illness. Participants were led through a series of discussion prompts about the role of graphic medicine in processing their experiences with disabled and chronically ill patients and were invited to share their comics and reflect on the process. The session transcript was used to generate a collaborative manuscript characterizing how a diverse group of medical trainees make comics to process, critique, or revise their experiences with disability and chronic illness.

Disability and chronic illness are not easily remedied by medicine's usual toolkits. Comics offer one unique avenue for medical trainees to grapple with these limitations, express themselves, and make meaning. In taking an approach to graphic medicine that centers on disability, we believe we can leverage comics as an inclusive and often subversive language, accessible art form, and expressive outlet, in order to expand the role of graphic medicine in training humanistic physicians.

### **7 Minutes: An Arts-Based Exploration of the Patient-Provider Relationship**

Lisa Erdman, Northwest Narrative Medicine Collaborative

This presentation explores a project entitled 7 Minutes: An arts-based exploration of the patient-provider relationship. Seven minutes represents the average time of a clinical visit within the U.S. and U.K. healthcare systems. The project raises the following questions: What can be addressed in the clinical visit, within the timeframe of seven minutes? In this context, what are the best strategies for building a provider-patient relationship that encourages listening, reflection, and attention to patient narratives? The 7 Minutes project is extremely timely, as it examines the needs of patient-provider communication during a global pandemic, when empathetic connection is essential to patient care.

Currently, 7 Minutes exists as a storyboard of seven illustrated panels. Each panel depicts one minute of interaction within a typical medical office visit. The characters in each panel are faceless, with the accompanying emotional expressions to be imagined / discussed among those people interacting with the

images. The intent of research is to create a physical card game for use within a medical or nursing education context. The cards encourage a space for improvisation in training for clinical communication. Furthermore, the project offers a creative and reflective practice to aid in shared decision making. The concept of 7 Minutes is based on my own observations and experiences as a patient in different countries (Finland, USA, Canada, Dominican Republic). The graphic format of this project was inspired by children's card games such as Old Maid, Crazy Eights, and Go Fish.

## **5F Paper Session: Access and Justice**

### **Sharing Space: Engaging the Disability Community in the Design and Delivery of Disability-Focused Medical Education**

Rachel Conrad Bracken and Raman Bhambra, Northeast Ohio Medical University

Work in disability theory and activism has long illuminated the points of friction between disabled folks and healthcare institutions: the medical model of disability elevates efforts to fix "broken" bodyminds over ameliorating ableism or building more accessible spaces; research reveals that physicians more negatively perceive the quality of life with a disabling condition than the general population; and medical students receive little, if any, formal disability education in medical school.<sup>1</sup> For many folks with disabilities, healthcare spaces are uninviting, if not downright hostile. As an established element of many undergraduate medical curricula, health humanities education can provide the space to ease tensions and address knowledge gaps, and thus to forge more accessible and equitable spaces for the provision of healthcare.

This project explores the potential for engaging members of the disability community in the design and delivery of disability-focused medical education. The presentation begins with an overview of where, when, and how disability is taught to medical students before sharing the preliminary results of our work to decenter a medical model of disability and, instead, amplify disabled voices and perspectives in the construction of standardized patient encounters for first-year medical students at our institution. Through focus group participation and on-going consultation with standardized patients, members of the disability community will share space with healthcare providers and medical educators to collaboratively establish learning goals and evaluate medical performance, thereby subverting conventional power imbalances and reshaping the contours of disability in medical spaces.

1. See Jonathan D. Santoro, Manisha Yedla, Daniel V. Lazzareschi, and Emily E. Whitgob, "Disability in US Medical Education: Disparities, Programmes and Future Directions," *Health Education Journal* 76.6 (2017): 753–59 and Joel Michael Reynolds and Christine Wieseler, "Improving Accessibility and Quality of Care for People with Disabilities," *Health Progress* March–April (2019): 48–53.

### **Disability and Health Justice Memoir-Writing Workshops as Sites of Healing and Resistance in a Time of Pandemic**

Janelle Gagnon, Stony Brook University

With the arrival of the COVID-19 pandemic, discussions of access, isolation, and health moved to the forefront of public consciousness. These concerns are especially urgent for those living with disabilities and mental and physical health challenges. This presentation will discuss how writing communities devoted to the creation of disability and mental health memoirs provided a powerful means to enact personal and social change during the pandemic. We will describe the innovative empathy-based pedagogy used in these writing workshops that makes memoir writing accessible to all, and provide examples of how these workshops produced powerful narratives while also providing essential support for some of the most marginalized members of our communities.

Herstory Writers Workshop offers three disability- and health-related workshops: Shaping Spaces (a cross-disability workshop), (Re)imagining Mental Healthcare, and Health Justice. In these memoir-writing

workshops, writers explore their understanding of their bodyminds, and their relationships with the medical system and the communities and institutions of which they are a part.

Herstory's mission is to use memoir to change hearts, minds, and policies, and that change occurs through two paths: through sharing our memoirs, but also through the process of crafting them in community. For some writers, these workshops have become a locus of self-discovery, and their first introduction to a gentler view of themselves than offered by the medical model of disability. In the deliberate crafting of a narrative about past experiences, writers are able to re-interpret and re-imagine their experiences, and carve out new directions for themselves and their communities.

## **Creating and Maintaining Accessibility in Higher Education for Students and Colleagues**

Amy Harth, DeVry University

Disabled people, particularly activists, have long commented on the fraught nature of accessibility and accommodations. Accommodations are often temporary, difficult to obtain and easily revoked. Similarly, an accessible environment can become inaccessible without warning. In the US, the Americans with Disabilities Act (ADA) provides a legal framework setting minimum requirements for schools, workplaces and public accommodations. However, disabled people must push entities to comply and enforcement is primarily through threat of lawsuit, a recourse most disabled people cannot afford. Scholar-practitioners such as ChrisTiana ObeySumner have coined terms such as hostile accommodations to reflect the aggressive gatekeeping disabled people experience. As a result, many disabled people often experience not only marginality, but also a liminal space between accessible inclusion and fully inaccessible exclusion - a constant negotiation of temporary, not-quite-enough participation in society. This liminal space is physical and mental, especially as it demands so much energy from disabled people. This presentation discusses the higher education environment in which both students, faculty and staff experience access and its revocation, especially considering the COVID-19 pandemic. In addition, the presentation reviews what college decision-makers and policymakers can do to make access permanent.

## **6A Flash Session 2**

### **Comics After Cancer**

A. David Lewis, MCPHS University

Denouement is the literary term for the concluding, falling action of a narrative after its climax. In many of the graphic pathographies prior to at least 2009, the denouement would proceed briskly and shortly after a character either overcomes or dies from cancer. There was little story remaining after the cancer ran its course, it would seem. However, since that time cancer narratives in comics have engaged in far lengthier denouement, some even relegating the cancer's result outside of the climax. More recent cancer comics address the aftermath at greater length, either exploring the loss of a loved one or the continued life of a survivor. In either case, the illness shifts from the center and cause of the narrative to only an element of it.

### **The Health Humanities as an Heterotopia**

Roxana Delbene, Drew University

Foucault (1971) argues that heterotopias are intermediate spaces that function in non-hegemonic conditions to assert otherness and difference. Heterotopias may offer a transitional or metaphorical place to escape from authoritarianism and repression. For Foucault, the ship is the heterotopia per excellence. In *Love in the Time of Cholera*, Garcia Marquez places the characters of Florentino and Fermina, now in their seventies, in a ship navigating the Magdalena River, at the time of a cholera epidemic in the nineteenth century. Although nobody is afflicted by cholera in the ship, Florentino, as the captain, raises the yellow flag of cholera to avoid disembarking. This desperate act of subversion is a resource to realize his dream to live with his beloved Fermina and avoid stigmatization and gerontophobia in their community.

I suggest that Florentino shows an example of courage and moral resilience that may be taking as an inspiration for the health humanities in these challenging times of Covid 19. For Florentino and Fermina, the heterotopia of the ship facilitates their loving existence rather than an isolated subsistence. In subverting quarantine norms, Florentino's poetic imagination resists, and reflects, social mechanisms of exclusion.

Drawing on these adventurous characters as models of creative resourcefulness, I suggest that the health humanities must not forget to drink from their own medicines to further the awareness of their own heterotopic role, not only as a space of refuge for the healthcare professionals' battles but also as a necessary space for maintaining health through the arts and humanities.

### **Kindness: Definitions and its Utility in Healthcare**

Austin Hake, Renaissance School of Medicine at Stony Brook University

Empathy and compassion currently receive the most attention in the medical humanities with respect to improving patient-physician relationships and healthcare outcomes. A third, less well acknowledged skill, can have an equal impact: Kindness. Kindness is a concept known to everyone; it is an attitude encouraged from a young age. Empathy and compassion are not as knowable and can be daunting when first explored. Kindness is simple, kindness is approachable. Yet despite its universally recognizable nature, kindness has received little attention about its role in healthcare.

For the purposes of investigating the effects of kindness in healthcare, it is important to be intentional about the way we define skills such as empathy and kindness, and there is still some confusion about the appropriate definition of kindness. Part of a rigorous scientific methodology in the humanities includes being clear with definitions. Otherwise, the tools created based on those definitions do not measure what they say they do, and it creates confusion in the field. I will attempt to remove some of the confusion surrounding kindness and empirically define it in a way that makes both logical sense and agrees with our societal perception. I also describe our pilot study, designed to evaluate the link between kind acts performed by physicians and the patient-physician relationship, knowing that a good patient-physician relationship has already been correlated with better patient health and medication adherence.

### **The Curatorial Conundrum: Mapping Museum Spaces in Preclinical Education**

Kain Kim, Emory University School of Medicine

Visual art pedagogy has been increasingly adopted by medical training programs nationwide to promote clinical excellence. To date, museum-based approaches in this field largely endorse the use of decontextualized, self-contained artworks, disaggregated from their mechanisms of procurement, staging, and exhibition. While this may encourage the search for purely empirical visual evidence to support narrative inferences, curation is a profoundly discriminatory act in which intentional narrative omission can privilege certain perspectives and bias audience interpretation. Museum and hospital settings are both power structures housing objects/subjects of contemplation, and thus manifest heavily curatorial- and inherently exclusionary- spaces. A shift in focus to curatorial forces in arts-based medical education therefore considers art objects as not just proxies for individual patient narratives, but also as contingent on institutional ideology, enabling the learner to critically assess their own positionality within this unbalanced system.

How do stakeholders intentionally shape narratives through acts of preservation, interpretation, and presentation? What agendas are sustained by, or profit from, these skewed representations? What curatorial forces might be at work in medical practice, and how can these revelations be brought to bear on issues of clinical accessibility, bias, and decolonization? This presentation seeks to address such questions through reflective analysis of workshop sessions hosted at the Michael C. Carlos Museum of Art in collaboration with the Emory Medical Humanities Interest Group and the Emory Division of Physical Therapy. The presentation will utilize screensharing of selected artworks to demonstrate the additional utility of digital platforms as an alternative to the museum space.

## **Two Tellings of the "Case of J. A. H., of Company C.": Walt Whitman's Civil War-Era Call for Hospital Reform**

Emily Long, University of North Carolina School of Medicine

During the American Civil War, Walt Whitman traveled to Washington, D.C. and became a self-proclaimed "Soldier's Missionary to hospital, camp & Battle Ground" by making rounds through the city's hospitals to cheer the wounded soldiers. Though Whitman highlighted his individual relationships with the men he treated, referring to them as "[his] own children or younger brothers," he was overwhelmed by the sheer number of soldiers who needed his ministrations. I propose to perform a short close reading of two key passages from a letter that Whitman sent home and a *New York Times* article that he would later compose on the same subject to demonstrate how Whitman transforms a personal story shared only with his sister-in-law into a nationwide call to arms for hospital volunteers. By considering how Whitman's story of a particularly meaningful encounter with a sick soldier morphs from a raw letter written only a day after the event to a carefully crafted (and potentially, embellished) newspaper article published nearly two years later, I demonstrate how Whitman curated his story to highlight the men's unmet needs and teach a case study of what he termed the "art" of "the work of the Army Hospital Visitor." Whitman hoped to reform the impersonal nature of the fledgling hospital system from the bottom up, not by critiquing the physical work of the medical professionals, but by calling on the public to integrate into the existing system and meet the soldiers' mental and emotional needs with support and affection.

## **Displaced Responsibility: Interrogating Resilience in Powered Spaces**

Martha Renn, Columbia University

Resilience has colloquially and professionally been identified as a panacea for myriad issues in healthcare settings, including adverse events in patient care, the mental health crises of health professionals and trainees, and even the ability of national health systems to respond to the COVID-19 pandemic. As resilience theory has gained popularity in healthcare education, its meaning has increasingly become diluted and amorphous. For example, consensus in the literature prioritizes resilience training as a key strategy for preventing burnout among trainees and practitioners alike. However, a singular focus on personal resilience fails to identify the role that powered healthcare education structures play in exposing individuals to harmful and exploitative conditions in differentiated and vectored capacities. This project interrogates the concept of resilience in health education spaces from a critical lens, in conversation with existing social sciences and environmental justice research. In this project, I characterize the state of the current health professions education literature considering resilience as 1) a theoretical concept, 2) a teachable/learnable skill, and 3) a lived experience. Further, I identify the power structures and hierarchies that influence collective understandings of where the responsibility for resiliency lies. Ultimately, the process of building resilience will be vital to the future of our healthcare systems and greater society. However, the field must reevaluate what this resiliency looks like and - perhaps most importantly - how we might work together collectively to construct and inhabit resilient spaces and systems.

## **Poetry as a Novel Component of Student Leadership Development**

Linh Taylor and Elizabeth Lahti, Oregon Health & Science University

Background: Poetry has been incorporated into leadership in the corporate world.<sup>1</sup> In healthcare, there is a growing body of literature on the benefit of arts and humanities in medical education, but little research on using poetry for leadership. The purpose of this study is to learn whether exposure to poetry enhances leadership skills among medical students.

Method: We offered two workshops for pre-clinical medical students to read and reflect on two poems, then work with peers to co-create a team poem. Students completed pre- and post-survey. Quantitative data were reviewed; narrative responses were analyzed.



Result: Pre-survey: 27.27% of respondents thought poetry was an effective tool for leadership; post-survey: 86.67% indicated they would use the learned skills in a leadership role. Pre-survey: only 27.27% recognized poetry as a way to learn about others; post-survey: 100% of students agreed that they learned something about their peers. Pre-survey: 100% of students responded that poetry was a way to learn about themselves; post-survey: 93.33% of students indicated they learned something new about themselves. Qualitative analysis of free text responses from students committing to using poetry in their leadership roles yields three actionable themes: 1) reading/writing more poetry; 2) collaborating/connecting with others; and 3) reflecting.

Discussion: The study showed a significant impact on students' willingness to incorporate poetry into leadership roles. Reading, discussing, and writing poetry in a collaborative space led to awareness of self and others, critical components of leadership.<sup>2</sup> Students showed responsiveness to the proposal of using poetry in their future leadership roles.

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## 6B Panel: Abolitionist Medicine and Algorithmic Health Care

Hannah Zeavin, UC Berkeley

Lorenzo Servitje, Lehigh University

Olivia Banner, The University of Texas at Dallas

Kirsten Ostherr, Rice University

This panel will explore the ways that digital health technologies are being integrated into medicine, and their roles in increasing the surveillance of patients through rhetorics of personalized care. We will interrogate intersections of data, mental health care, network science, personalized microbiotics, and policing, presenting critical frameworks for scholarly analysis and opening up a discussion of how scholars might intervene in these spaces and work to abolish exploitative practices in these settings. Specific focus areas for the panel include how algorithms can triage crisis calls, new platforms can remediate the hotline to make it more appealing to a broader user base, and digital efforts can bolster access to mental health-but digital mental health also turns care into a backdoor for surveillance and state violence in a moment where so many are, and have been, vulnerable (Hannah Zeavin). Another panelist (Lorenzo Servitje) will share work that shows why health humanities needs to make space for critical data culture studies. It elaborates this argument through investigating the origins of network science, an informatics that re-presents spatial relations through the visual and/or the digital, in a Progressive-Era "therapeutic prison" for girls. The third panelist will look at personalized microbiotics as the product of a unique convergence of the quantified self, digital health, and the microbiomial turn (Olivia Banner). Beyond the question of the validity of the science, it is important to contextualize this market within three contexts: the social life of the data that's garnered from users the demographic and social and economic characteristics of population used as a reference benchmark; the hidden parameters of the data sets, variables (such as "immunity"), and assumptions that define the outcomes/objectives consumers select; the potential hazards, health and ethical, which emerge from the hype and cultural capital "Gut Intelligence" acquires in an unregulated and growth market---one where the biomedical science lags behind the expansive promise of optimization in the post-biomedicalization healthscape. The final panelist (Kirsten Ostherr) will discuss the ways that these sites of critique also offer spaces for direct critical intervention, and she will present a set of proposals for how health humanities scholars might actively collaborate in, or disrupt design processes with digital health technologists. Ostherr will serve as a panelist and will also moderate the discussion with the audience after each panelist presents a five-minute overview of their work.



## 6C Panel: Aesthetic Spaces for Healing and Care: Theories and Approaches

Merel Visse, Drew University and University of Humanistic Studies

Nisha Gupta, University of West Georgia

Marta Stephanyshyn, University of West Georgia

This session explores the concept and praxis of aesthetic space in the health humanities with a focus on healing and care. Ontologically, aesthetics in the health humanities relates to our capacity to perceive well, and to experience what it means to be human. This session explores how we can revitalize aesthetic consciousness in the health humanities by creating spaces of healing and care through arts-based work, specifically drawing on the visual arts. The session consists of three presentations, the abstracts of which are below. The first presentation explores creating therapeutic digital spaces using arts-based phenomenological research and South Asian erotic art as a method of decolonial healing. In the second presentation, we present the concept and praxis of Aesthetic Space as a praxis of care. Care is perceived as relational artistry, centering receptivity, resonance, and responsiveness for the 'unsayable' dimensions of health and well-being. The third presentation attends to the use of phenomenological visual drawings in research spaces, and the application of embodied arts-based research methods to the practice of psychology.

### *Phenomenological Art as a Cultural Therapeutic: Cultivating Decolonial Healing in Virtual Spaces through South Asian Erotic Art (Gupta)*

This presentation offers a case study of using phenomenological art as a culturally therapeutic intervention among South Asian communities in virtual spaces. DESI EROS is an arts-based phenomenological research study about South Asian (Desi) women's experiences of reclaiming erotic power, in the contexts of our sociopolitical and ancestral histories. I collected six Desi women's descriptions of reclaiming erotic power, interpreted their descriptions for thematic meanings, and then expressed these meanings as surrealist folk art in the style of Frida Kahlo, with cultural symbols imbedded in each painting. The arts-based research findings are available through public scholarship on [www.desieros.com](http://www.desieros.com), and the research was also disseminated virtually to community members on Zoom meetings in partnership with 6 community organizations throughout the duration of a year. This presentation will recount the psychoeducation, dialogue-building, and sexual empowerment that occurred when presenting phenomenological South Asian erotic art as a springboard for decolonial healing in community virtual spaces. This presentation will also invite conference participants to interact and respond to the DESI EROS artwork, in order to directly experience decolonial healing in a virtual space themselves

### *Aesthetic Space as a Praxis of Care: Proposal for a Health Humanities Vocabulary (Visse)*

In her chapter on Aesthetic values in care, the Dutch empirical ethicist Jeannette Pols (2019) claims that paying attention to aesthetic values holds a promise for understanding everyday situations in care. There is, however, no approach or vocabulary to systematically reflect on them, nor is there a clear understanding of what is meant by 'aesthetics' in the context of practices that aim to foster health and humanization. Some view aesthetics as an evaluative or ethical dimension (beauty or ugliness, or the 'good'), while for others, aesthetics deals with the phenomenological inclusion of bodily-sensory and even apophatic approaches to knowing (Visse, Hansen, Leget, 2019). Many apply aesthetic values to therapeutic contexts (healing arts) and arts-based research. This contribution presents the concept of aesthetic space as a praxis of care (Visse et al., 2019; 2020). Next to fostering receptivity, resonance and responsiveness in the health professions, aesthetic space also includes attention for political dimension of health, understanding how the sensible is distributed in institutions such as hospitals, and what is perceived and negotiated as 'real' when it comes to health and well-being (Rançiere, 2014). Central to aesthetic space are a non-analytical view of aesthetic experience and a view of care as relational artistry. I will propose a vocabulary and approach for working with aesthetic space in the context of the health humanities.

### *The Use of Phenomenological Art-Making in the Research Interview Space (Stephanyshyn)*

As Barone and Eisner write (2012) research with the element of art tends to be evocative and contextual. In the safety of artistic symbolism, the art makers and viewers can explore the expressed psychological landscape

more deeply and perhaps view it for the first time (Baron & Eisner, 2012). In my phenomenological research study, I explore participants' lived experience of embodying signature character strengths in social situations. The exploration starts at the research interview, which is a special time-space between a researcher and each participant. The interview is more than just a means to a data collection, it is also a place of dwelling, where people reside for however temporary or short period of time. Thus, an interview space, either in-person or virtual, needs to be treated with care and with the intention of the well-being atmosphere. In a space of an interview the relational attunement is established, sustained, and brought to a finish. In this same space the participants' narratives are in the process of unfolding and being lived through by everyone who speaks and listens. Bringing the element of making art into the space of an interview, adds yet another layer to the process. In this presentation, I will review how phenomenological art-making contributes to the dwelling in the space of the research interview. As a part of my dissertation study method, I ask participants to draw themselves embodying their signature character strength(s) during the interview, and then share about their art. Using an example of a case study, I will discuss the particularities of this method and how it adds to the interview process.

## **6D Workshop: Accreditation: Viability and Value for Health Humanities Programs**

Sarah Berry, SUNY Oswego

Craig Klugman, De Paul University

Erin Gentry Lamb, Case Western Reserve University School of Medicine

Anna-leila Williams, Frank H. Netter MD School of Medicine at Quinnipiac University

Health humanities (HH) has achieved several milestones as an evolving field including: undergraduate and graduate degree programs, peer-reviewed journals, core texts (introduction, reader, research methods, teaching tools), and a National Center for Education Statistics CIP code in Medical/Health Humanities allowing us to track outcomes for students graduating from HH degree programs. These accomplishments lead us to the question: Is accreditation an appropriate next step for health humanities undergraduate and graduate programs? Although accreditation is not traditionally common in the humanities, it is accepted practice for other fields. Many universities and colleges ensure resources are available to meet accreditation requirements. In pursuing this inquiry, our intention is to gather input about whether an accreditation process could help to support and grow undergraduate and graduate programs.

We conducted preliminary research into the viability and value of accreditation for undergraduate and graduate health humanities programs. Our analysis shows that accreditation in related fields runs the spectrum from an advisory role, to quality improvement, to dictating the curriculum and classes that students must complete. We formulated a series of questions to be considered if accreditation were applied to health humanities undergraduate and graduate degree programs. Based on our research, we developed a draft proposal for health humanities accreditation. We are in the process of collaborating with colleagues on a national survey of HH program leaders to gain a sense of their resource needs and garner their thoughts regarding accreditation. In this workshop session, we are seeking to have our proposal interrogated and revised by constituents who would be affected by accreditation, namely, the HHC membership. Our intention is to solicit feedback about whether accreditation is viable and valuable to the field, and if appropriate, what form accreditation should take.

Workshop Schedule (75 minutes total)

Historical Overview - review the genesis and maturation of medical/health humanities and consider why accreditation may be valuable (5 minutes)

Accreditation Briefing - describe types of accreditation in related fields (10 minutes)

Open Forum - discuss the following questions (30 minutes):

-What is the purpose/value of certification or accreditation?

- If we move forward, what form should accreditation in health humanities take?
- What kind of accrediting body is most appropriate?

Depending on the number of attendees, we will divide into small groups for discussion and reconvene as a large group to share findings.

Present Our Accreditation Proposal - solicit feedback from attendees on our draft proposal for accreditation (20 minutes)

Summary, Next Steps, and Concluding Remarks (10 minutes)

## **6E Paper Session: Caregiving, Representation, and Narration**

### **The Impact of Music Interventions on the Health and Well-Being of Family Carers of People Living with Dementia: An Integrative Review**

Sophie Lee, University of Limerick

The majority of people living with dementia are cared for by their families. Family carers play a vital role in upholding the formal care system. Caring for a family member with dementia can be fulfilling. However, this role can have a considerable negative impact on family carers' mental and physical health, and quality of life. Several empirical research studies have recently been conducted which explore the potential benefits of music interventions for family carers of people living with dementia. These music interventions have taken place in a variety of environments. This paper presents the first review of this literature to date. It investigates the impact of music interventions on the health and well-being of family carers of people living with dementia, and how they experience and perceive these interventions. Whittemore and Knafl's five-stage integrative review framework was utilised: 1) identification of the problem; 2) literature search; 3) data evaluation; 4) data analysis and synthesis; and 5) presentation of the findings. Thirty-three studies met the inclusion criteria. Analysis and synthesis resulted in three overarching themes: impact on family carers, carer perceptions of music interventions, and null quantitative findings in small studies. The review found that music interventions may improve family carers' social and emotional well-being, enhance their ability to cope and care, and ameliorate the caring relationship, contributing to experiences of flourishing. However, it highlighted that this area is under-researched and pointed to the need for larger, more rigorous studies.

### **Reader Responsibility, Representing Dementia: Spatial Experiments in B. S. Johnson's *House Mother Normal: A Geriatric Comedy* (1971)**

Jade Elizabeth French, University of Stirling

In this paper, I will use excerpts from B. S. Johnson's *House Mother Normal* (1971) to explore and generate discussion, asking: how can the spatiality of a novel represent a diagnosis of dementia? Narrative gerontologists Kenyon and Randall (1999) argue that fiction can help us attend to the 'inside of ageing' offering 'a lens through which to view the ageing process, a unique way of seeing what ageing involves' to affectively absorb lessons in care and communication. With this definition in mind, this paper will analyse the ways in which Johnson uses avant-garde experimentation to invoke a sense of readerly responsibility in the novel. As Falcus and Sako (2019) suggest, narrativising dementia is an inherently paradoxical task as the condition is seen to resist language, progress, and chronological order. By arranging the prose with gaps (sometimes whole blank pages) to represent a loss of each character's cognitive capability, Johnson attempts to formalise this resistance through absences and disruptions in the text. However, as the novel's events turn increasingly sadistic, Johnson also confronts the limits of care and positions the reader as culpable in the novel's final pages when the author breaks the 'fourth wall' to present us with a moral quandary. With health humanities, as a field, grappling with questions of spatiality and equitability, I turn to the metaphorical space of the novel to explore how far experimental techniques can help - or hinder - an understanding of care, ageing and dementia.

## **The Concept of Critical "Distance" in Retrospective Narrativization**

Anita Slominska, University of Western Ontario

In engaging with the human aspects of health and medicine, and individual experience of illness, we can encounter deep questions that draw us inward and dwell in a private interior space that is uniquely personal. From here, stories, poetry or other forms of artistic expression arise. Scholarship, or our ability to understand these expressions, is often associated with a critical intellectual stance that requires a degree of distance; this allows us to convert expressive practice (or fundamental experience) into an object of analysis and to examine how it is constructed or shaped by larger forces and structures of meaning. Even in scholarship that intends to examine a phenomena "closely," it is preferable to observe and analyze from a "distant" position.

In my paper I describe how I encountered the issue of "critical distance" in my autobiographical writing for my doctoral dissertation about waitlist death in liver transplantation. My dissertation tells the story of my sister who died "waiting" for a liver transplant 17 years ago. Through this retrospective narrativization, I have been re-thinking what it means to claim "distance" from the phenomena of study, including the assumption that distance always leads to a more disinterested perspective, and that distance enables critical scholarship. I also question why a critical perspective is often spatialized as "distance" and whether doing so makes it a form of gatekeeping that exclude voices that are too intimate and personal to count as scholarship. I will go on to explore how Stuart Hall's notion of an "angle of apprehension" offers more latitude than "critical distance" for understanding the particularities of experience and the conditions of existence.

## **6F Paper Session: Patient Care, Patient Voices**

### **Birthing Space in the Time of COVID-19: A Qualitative Study on Birth Location Decision-Making**

Sarah Holdren, University of North Carolina School of Medicine

#### Introduction:

The COVID-19 Pandemic has drawn attention to bioethical questions around pregnancy, childbirth, and parenthood. Due to risks associated with COVID-19, pregnant individuals may experience anxiety regarding medical decision-making, yet limited research has understood how pregnant individuals conceptualize such risk as it relates to birth spaces. This study aims to explore the lived experiences of pregnancy and birthing during the COVID-19 pandemic in relationship to diverse childbirth settings.

#### Methods:

Individuals who gave birth after March 2020 were recruited through advertisements on social media. Participants completed a 1-hour semi-structured interview and demographic questionnaire. Interviews were transcribed and coded by members of the research team using a thematic narrative analysis.

#### Results:

A total of 18 participants were interviewed. Thematic narrative analysis revealed that pregnant individuals had nuanced approaches to risk mitigation for COVID-19 despite limited guidance from healthcare professionals (OBGYNs, midwives). Interviews highlighted a focus on the home quarantine space and a desire for control over and autonomy within their anticipated birthing space. Those who gave birth at home or in a birthing center desired a relaxed environment with several support persons present, while those who gave birth in the hospital described a less personalized space with more restrictions and an increased focus of COVID safety.

#### Conclusions:

Participants understood the safety and comfort of a birthing space on a spectrum that was dependent on each individual's childbirth values. Healthcare professionals should consider this risk calculation when counseling patients on birthing location choices, especially during times of healthcare crisis such as COVID-19.

## **Qualitative Interviewing Patients as a Powerful Mode of Formally Caring**

Jason Keune, Saint Louis University

In the clinical space, we are taught to make room for the patient's words; for the first question to be open-ended, as well as the second, and then to say, "Tell me more". This is a caring way to approach the sick. When our patients become study subjects, however, things devolve into something radically less caring. They become quantitative data beings that become more anonymous that it is otherwise every possible to become. Scientific validity positioning requires pure, clean, abstracted data, and the Institutional Review Board requires layer upon layer of identity-obliterating confidentiality. With this arrangement, it is impossible to formally know anything but the barest, wispy detail: fumes that are left behind after the hairy, sweaty human all but vanishes into the datascape. This is not only an aesthetically unpleasant way to proceed, but is grossly unjust and what lacks precisely that which Sandra Harding considers the only thing that can strengthen objectivity. Such approaches tend to center upon the centerpoint, the normate, the cis-gendered hetero, the mean, and intentionally neglect the queer, the marginalized, the unusual and the weird. Science's position in contemporary society as an unabashed good does not help this injustice resolve and reifies this thinness. In this paper, I will describe an empirical patient-centered, first-person approach to clinical outcomes that is rooted in experience: a qualitative standpoint methodology. Qualitatively interviewing patients to uncover the rich social embeddedness that is the mainstay of every human life is a formal way of approaching empiricism-as-caring and will allow just as rich a picture of the plurality as it will of the mean.

### **Through Our Eyes: Women Veterans Experience Exhibit**

Susan Nathan, VA Boston Healthcare System, New England Geriatric Research, Education and Clinical Center (GRECC), Harvard Medical School, Boston University School of Medicine

My Life, My Story (MLMS) is a Veterans Affairs (VA) project where veterans are interviewed about their life story. The interview is written into a concise first-person narrative and with the veteran's permission is entered into the electronic medical record (EMR) so the health care team can know more about who the veteran is as a person. The first-person voice allows the veteran to actively inhabit the theoretical space of the EMR, which is otherwise a passive lens through which that veteran is seen through the eyes of the health care professional.

Through Our Eyes: Women Veterans Experience exhibit elevates MLMS and moves the veteran into the physical space of the medical center in the form of a travelling exhibit that combines the story with photographs contributed by the veterans. The story is displayed with a current large format portrait of the veteran. This allows these veterans to inhabit the physical space of the medical center. This travelling exhibit will move through and beyond the medical center into the greater community to further ask and answer the question-What is a veteran? What does a veteran look like?

The varied team and stakeholders that created and facilitated this project show that there is space for health humanities which can be found in perhaps unexpected locations. Contributors to this project spanned multiple professions- physician, social work, psychology, pharmacist-as well as ten veterans spanning fifty years of service.

In this creative presentation we will discuss both the process and the product.

### **7A Flash Session 3**

#### **A Novel Approach to Connecting LGBTQ-Identifying Medical Students and "Out" Physicians in Philadelphia during the COVID-19 Pandemic**

Rohith Bhethanabotla and Michelle Slinger, Drexel University College of Medicine

There is immense research showing the benefits of having physical affirming spaces available for LGBTQ-identifying students. However, during the COVID-19 pandemic, such support has been limited and replaced with virtual settings. For medical students, modifications to education have affected the number of possible interactions with fellow LGBTQ peers and with "out" physicians in the community. In medicine, face-to-face



conversations through clinical engagement or networking events can better inform students about potential specialty options, the culture of the medical profession, and, for LGBTQ individuals, an understanding about whether their specialty and/or residency hospital of choice will allow them safety and freedom of expression. To encourage LGBTQ medical students at Drexel University College of Medicine to learn more about the medical field, we have begun a program where medical students can interview "out" physicians who attended medical school and/or residency in the Philadelphia area. During these recorded interviews, students can ask questions about the physician's background, their coming out experiences, their choice of specialty and how sexual orientation impacted that decision, and finally, what safe spaces or resources they found helpful during their training. These interviews are then submitted to Drexel's Legacy Center for students to learn more about what may be available to them as students and future medical professionals in Philadelphia as well as to leave a lasting historical record of the queer experience in medical training. We report on the creation and early impact of having such videos as a means of interacting with physicians virtually. LGBTQ, physicians, students, interview, networking

### **Spatial-Direction Perception, Anthropomorphic Engagement, and Theory of Mind in ASD**

Lorna Fitzsimmons, California State University Dominguez Hills

Spatial concepts are salient in Autism Spectrum Disorder (ASD) discourse. Container metaphors have been used to characterize ASD as "imprisoning" children, instantiating the deficit paradigm. Experimental and experiential accounts of ASD describe irregularities in the interpersonal space, spatial navigation, and abstract spatial reasoning of autistic people. Of particular interest to this presentation is work on the proprioceptive-seeking behavior and sensitivity to motion associated with ASD traits. I will illustrate the relevance of that work for understanding scenes in Dawn Prince-Hughes' memoir *Songs of the Gorilla Nation* (2004). In addition to documenting moments of her life when interpersonal space and spatial navigation troubled her, Prince-Hughes, an Aspie who earned a PhD in anthropology, also recounts her affinity for hiding, a habit that she believes she shares with gorillas. I will argue that her account of her preoccupation with observing zoo gorillas provides an engaging narrative framework for teaching biological motion processing and its relation to Theory of Mind (ToM). It is also a potentially valuable source for asset-based approaches to ASD.

### **Transitioning in Medical Spaces**

Alex Hopkins, Southern Illinois University School of Medicine

As a transgender professor at a national institution, it has been relatively easy for me to transition at SIU School of Medicine. Academia is a more welcoming sphere than other jobs. Transitioning as FTM has been somewhat difficult. Naming through the institution, email, virtual presences and coming out to colleagues have all been challenging. However, it has led me to discover that there are spaces for coming out that are not so easy when it comes to medical practice. Coming out is not a one time affair, it is a process. Every doctor's office you go to, every front desk staff person you meet, every nurse, every physician--you have to come out even when it's uncomfortable. Spaces within the healthcare atmosphere must be more welcoming, accepting, and affirming of trans identities. For the purposes of this talk, I will walk you through the coming out process in different medical spaces. I intend to show that every aspect of coming out is an occurrence that happens in multiple spaces and I will show what's needed in these spaces. Medical humanities is about identities. Identities cannot exist without open spaces to be who we are. It's my hope that the attendees hear about these spaces and make changes in their atmospheres for such change.

### **Poetry in Practice: Channeling Patient Narratives and Clinical Experiences through Poetry**

Justine Ku, UC Riverside School of Medicine

For healthcare workers, professional identity experiences are often found through the busy hospital, the demanding classroom, or the emotional intensity in patients' rooms. While these spaces are the sites of identity-forming experiences, they are not ideal places to process emotions and reflect on the significance of our encounters with sickness, death, hope, and healing. In the face of challenging moments, many seek safe spaces to release emotions. These spaces can be external environments, but they can also be internal, mental spaces of



reflection. Poetry bridges the external and internal spaces of expression. It allows authors to express their thoughts, stories, and emotions into lines on a page. In the clinic and hospital, we are both audiences and partakers in our patient's stories, briefly intervening in important moments in their lives. Through poetry, the audience can become the author and unravel deeper meaning in our interactions within the healthcare system. This presentation will cover the power of poetry in the process of patient narrative, biases, and clinical experiences. As an example of narrative biases exploration, we will walk through the poem "Tale of Two Livers" by Danielle Wallace, MD, and provide a narrative example of how a medical student processes patient experiences, emotions, and self-reflection through poetry. This presentation aims to share that one does not need to be a professional in poetry to use it as a tool to reflect on patient experiences, biases, and even first-time experiences in an explorative, compassionate, and humanistic light. poetry, narrative medicine, medical education, empathy, professional identity formation.

### **Sickle Cell Anemia and Mistreatment**

Kameron Raynor, Drew University

Sickle cell disease is a disorder caused by a genetic mutation that leads to abnormally shaped hemoglobin. The misshapen hemoglobin gets stuck in blood vessels and can cause painful and life-threatening sickle cell crises like strokes, sepsis, or organ failure.

Due to its nature, this disease is chronic and debilitating. This ailment can be managed using blood transfusions, pain meds, periodic appointments, dietary changes, and adequate hydration. However, there is a social control surrounding the treatment of sickle cell disease.

Sickle cell tends to affect African-Americans more than other races disproportionately. This racial factor is a leading cause of mistreatment among sickle cell patients. A recent study conducted by Maxwell et al. found that after distributing surveys and conducting focus groups that there is a culture of "mistrust, stigma, and control." (Maxwell et al. 1587).

Physicians are obsessed with curing chronic diseases; however, the focus is more on control than a cure for African-Americans. In this paper, I plan to argue that treating two races differently when treating chronic illnesses needs to change.

### **A Novel Health Humanities Space for Medical Students**

Michael Rosamilia, Sonali Biswas, and Sneha Mantri, Duke University School of Medicine

There is immense research showing the benefits of having physical affirming spaces available for LGBTQ-identifying students. However, during the COVID-19 pandemic, such support has been limited and replaced with virtual settings. For medical students, modifications to education have affected the number of possible interactions with fellow LGBTQ peers and with "out" physicians in the community. In medicine, face-to-face conversations through clinical engagement or networking events can better inform students about potential specialty options, the culture of the medical profession, and, for LGBTQ individuals, an understanding about whether their specialty and/or residency hospital of choice will allow them safety and freedom of expression. To encourage LGBTQ medical students at Drexel University College of Medicine to learn more about the medical field, we have begun a program where medical students can interview "out" physicians who attended medical school and/or residency in the Philadelphia area. During these recorded interviews, students can ask questions about the physician's background, their coming out experiences, their choice of specialty and how sexual orientation impacted that decision, and finally, what safe spaces or resources they found helpful during their training. These interviews are then submitted to Drexel's Legacy Center for students to learn more about what may be available to them as students and future medical professionals in Philadelphia as well as to leave a lasting historical record of the queer experience in medical training. We report on the creation and early impact of having such videos as a means of interacting with physicians virtually. LGBTQ, physicians, students, interview, networking.

## Creating Space for Well-Being in Humanities Classes and Assignments

Allison Kellar, Wingate University

Educators frequently acknowledge that teaching and learning during the pandemic has increased students' and our own workload and stress levels. Much more of our worktime has been spent on screen than off, and social distractions and hobbies may revolve even more than pre-pandemic around a phone, tablet, laptop, or television. We may experience gratitude for going back to classroom and lab spaces where we can engage face-to-face with one another, and we may experience pleasure from working in a library, patio, or coffee shop on campus where we can read, study, and write behind books and computer screens. Yet could we also benefit from considering how our students and we may also need to retrain our brains and bodies to engage consistently in activity and creativity? We may assume that during college, students will figure out balancing work and life on their own time. Yet there are ways that humanities classes could emphasize the importance of health, balance, and a sense of play through low-stakes assignments that also encourage students to engage with class material. Incorporating activity and creativity shows care for our students and our own well-being and could also remind students to prioritize healthy activities alongside studies and work. This presentation will discuss how literature classes can integrate campus spaces, activities, and creativity into assignments, while also being mindful of inclusivity and public health concerns.

### 7B Panel: Making Space: Health Humanities Pedagogy Across the Curriculum

Kym Weed, UNC Chapel Hill

Lindsey Grubbs, California State University, East Bay

Jess Libow, University of Pennsylvania

In recent years, health humanities scholars have made the case for integrating health humanities in the baccalaureate curriculum, effectively "inoculating," as Craig Klugman puts it, future clinicians and patients against medicine's dehumanizing effects before they enter the hidden curriculum of medical education or navigate the healthcare system as patients and caregivers.<sup>1</sup> As health humanities curricula proliferate,<sup>2</sup> it becomes all the more necessary to consider how to approach and effectively teach health humanities in differing institutional and curricular spaces.

In this panel, presenters will take up questions of the physical and intellectual spaces of health humanities pedagogy from three different institutional contexts: an undergraduate public health major, an undergraduate and graduate health humanities program housed in an English and comparative literature department, and an undergraduate writing program. They will explore how the disciplinary boundaries of and opportunities for health humanities differ based on their courses' institutional locations, as well as what kind of creative and intellectual spaces they hope to create within each setting for the humanistic study of human health.

Lindsey Grubbs teaches health humanities as part of an undergraduate public health curriculum. Her paper will discuss her move towards a zero-cost, open-access health humanities course. After introducing her reasons for doing so, including making the course more accessible and equitable for a diverse student body, she will speak to the potential value of these changes for other institutional contexts. She will introduce a preliminary online resource with links to available material, and will solicit recommendations for further material from participants.

Kym Weed teaches in an undergraduate and graduate health humanities program within an English department. Her paper will consider the disciplinary overlap and distinction between disability studies and health humanities to argue that health humanities can and should make intellectual and curricular space for disability studies. She will use a course that traditionally focused on illness narratives as a case study to explore the tensions and possibilities of integrating disabilities studies into health humanities curricula.

Jess Libow teaches health humanities courses in an undergraduate writing program. Her paper will reflect on the contributions of health humanities methods to writing instruction - especially to the teaching of logic, reasoning, and rhetoric. By providing examples of in-class activities designed to supplement a writing program curriculum, she will reflect on what critical inquiry into the social, historical, and affective dimensions of health can illuminate about effective communication on and off the page.

1. Klugman, Craig M. How Health Humanities Will Save the Life of the Humanities. *Journal of Medical Humanities* 38, 419–430 (2017). <https://doi-org.libproxy.lib.unc.edu/10.1007/s10912-017-9453-5>

2. Lamb, Erin Gentry, Sarah L. Berry and Therese Jones. *Health Humanities Baccalaureate Programs in the United States and Canada*. Cleveland, OH: Case Western Reserve University School of Medicine. April 2021.

## **7C Paper Session: The Places of Literature**

### **Poetry in Medicine: Surviving the Gap between Theory and Practice**

Katherine Kough, Mayo Clinic

"Poetry is found in the gaps, silences, and ruptures of history."

-Terrance Hayes, poet

One could easily reframe the above quote as "poetry is found in the gaps, silences, and ruptures in medicine." Much of medicine is unknowable and unexplainable, particularly in the current pandemic era. Critical decisions need to be made without evidence-based medicine or theory as patients in need cannot wait. Caregivers and patients alike are grasping for understanding, answers, and meaning. Difficult times like these drive seekers toward poetry, as evidenced by increases in sales of poetry publications during the pandemic. Why is this?

Poetry has the ability to know what is unknowable. Poetry is how one says the unsayable. It brings light and understanding to otherwise inaccessible concepts. It is a method of sharing difficult experiences with others.

At Mayo Clinic, we believe in the power of poetry to educate and heal patients and learners, among others. To reach patients, we offer and support a bedside poetry-making program with patients. Bearing the name Poes~~v~~<sup>a</sup> del Sol (Poetry of the Sun), we invite creative writers to interact with patients, ultimately sharing an original poem about their experience. To reach learners during their early medical education, we have developed a Poetry in Medicine selective exploring and teaching the use of poetry to answer unanswered questions, heal caregivers and patients, and make peace with the unknown and unexpected.

Our presentation will highlight the significance and effectiveness of Poetry in Medicine while also sharing our methods for using poetry to help bridge the gap between theory and practice."

### **Poetry as Advocacy: Advancing Health Equity Through the Medical Humanities**

Sophie Schott, The University of Texas at Austin, Dell Medical School

Poetry, like science, is a method of understanding. While science concerns itself with what can be measured and replicated, poetry probes at the unquantifiable: love, uncertainty, grief, regret. Comfort around feelings such as these is essential in medicine and medical education as it is the basis of empathy. This creative presentation concerns itself with poetry as a means to encourage physicians to explore the vastness of humanity beyond the clinical parameters sometimes used to describe disease and patients. Drawing on the work of activists like the feminist scholar and poet Bettina Judd, the physician and poet Raphael Campo, and other medical humanities writers, this presentation will deconstruct the idea of the "physician-writer" and the "physician-advocate" to encourage a more synergistic understanding of both identities, suggesting ways that clinicians can engage with

poetry to develop more a comprehensive understanding of health equity and advocate for marginalized communities.

## **That Cozy Place between Your Ears: Literature as a Therapeutic Space**

Rocío Riestra-Camacho, Alfonso X The Wise University

To display its effects, literature has to activate the imagination of individuals, making them lose sense of their surroundings. Narrative theorists with an interest in the psychology of reading have coined the term "transportation" to define this "feeling of being lost in a story" as the moment when people get immersed into a narrative world and have their interests "captivated" (Green, 2021: 87). Since the 1990s, the idea of therapeutic spaces has been gaining momentum. It was with the publication of Gesler's "Therapeutic Landscapes: Medical Issues in Light of the New Cultural Geography" paper in 1992 that medical geography was settled as a discipline of inquiry. Gessler proposed that it was crucial to "explore why certain places or situations are perceived to be therapeutic" (735). More recently, Gavin J. Andrews has insisted on the fact that "therapeutic associations and effects may be experienced somewhere other than in physical locations and, specifically, in spaces and places created by the mind" (2009: 304).

I suggest that medical geography could open the research field to include not only physical or even self-imagined spaces as proposed in Andrews' model, but also therapeutic spaces elicited by reading literature. In this paper, I explore early theorizations of medical geography to argue for the need of a renewed line of inquiry in the field which accommodates literary reading. I will be discussing examples from war and children's literature to examine the role that transportation into narrative spaces plays in human psychological wellbeing.

## **7D Paper Session: Mourning and Mortality**

### **Slow Violence, Slow Death**

Rebecca Garden, SUNY Upstate Medical University  
Michael Blackie, University of Illinois Chicago

The space of health humanities is expanding through its biopolitical turns, extending its scope beyond the narrow confines of the clinical encounter or individual behaviors to address systems of oppression and structures of inequality. This expansion of scope and space requires theoretical models that can deconstruct medicine and public health's complicity in neoliberalism and the medical-industrial complex, as well as the historic neglect of structural analyses of illness, injury, and disability by medicine and by health professions education. We wish to contribute two conceptual models—slow violence and slow death—to supplement approaches such as structural competence and structural violence to aid in the analysis of the conditions that impact patients, populations, and communities, and also healthcare and public health practitioners themselves.

Rob Nixon's conception of slow violence addresses the environmental violence that results from pollution and climate change, "a violence occur[ing] gradually and out of sight, a violence of delayed destruction, dispersed across time and space, an attritional violence that is typically not viewed as violence." The temporal element identified here applies to destructive systems and structures in medicine and healthcare education. Lauren Berlant's notion of slow death describes the material harm caused by structures of inequality. It is the "physical wearing out of a population and the deterioration of people in that population, under global/national regimes of capitalist structural subordination and governmentality."

This paper situates slow violence and slow death in relation to comparable theories in health humanities, offering examples of the stakes and modes of engagement in healthcare practice and education." Slow violence, slow death, structural inequality, education, medicine

### **The Mortality out of Space**

Richard Gibson, University of Texas Medical Branch at Galveston

Life and death are typically considered dichotomous, with each denied entry into the other's realm - one is alive or dead, but never both. However, this common conceptualization of the pair's division oversimplifies their not uncommon contemporaneous existence. Such an oversimplification permeates ethical, social, and legal systems the world over. But, with medical technology's increasing capacity to reposition and even partially dissolve the perceived boundary between life and death comes an increase in the complications such an ability affords. This paper highlights this issue, arguing that a reevaluation of how societies delineate life from death is coming due. That is, how a new conceptual space, one sitting between the boundaries of life and death, is increasingly necessary.

By way of illustration, this paper draws upon the increasingly popular practice of cryopreservation. This intervention, which seeks to prevent posthumous decay via sub-zero storage in the hope of capitalizing on technological advances that may make future revival possible, is an increasingly popular option for those contemplating the end of life. Yet, while most legal, ethical, and social systems consider the preserved to be deceased (indeed, they lack the medical or legal features that traditionally constitute life), this title seems ill-fitting as 'cryons' can, theoretically, be revived at a later date. Thus, as this paper will argue, it appears that the cryopreserved are neither alive nor dead but inhabit a space outside this traditional pairing - a space whose existence would have seismic practical and theoretical ramifications, both within medicine and beyond.

### **The Place of Mourning**

Stephen Latham, Yale Interdisciplinary Center for Bioethics

For some reason, we humans like to locate the values we associate with mourning (respect, memory, fidelity, piety) in particular locations. We create grave-sites where we can go to mourn. We create war-memorials for specific kinds of shared public mourning, even as we wear mourning locket (containing, perhaps, a bit of the deceased's hair) to physically locate our more private mourning. In the neonatal intensive care unit, we create "Memory boxes"--also containing a bit of the deceased's hair--to take home with us, to supply our homes with a location upon which to focus mourning. We retain urns of ashes and put them in particular places--in the garden, above the fireplace--to which we want to relegate our mourning. These actions serve both to facilitate a proper ritual mourning, and to prevent mourning's taking over all of the physical spaces in our lives. This paper will explore the phenomenon, across many cultures, of human beings' consistent creation of locations for both the public and the private activities of mourning, and will address the need for defined, limited spaces of mourning as a kind of counter to the threat that mourning will occupy all of our shared spaces.

## **7E Paper Session: Health and Medicine across Space and Time**

### **Colonial Spaces in Medical Discourses: Colonialism and Medical Discovery in German Public Posters about Cholera in Late Nineteenth Century**

Madalina Meirosu, Swarthmore College

When cholera swept across the globe during the nineteenth century, it left death and destruction in its wake. The first wave of the pandemic to reach Europe arrived at the beginning of the 1830s, where it met with a distraught public that had been watching it approach, as if in slow motion, long before its actual arrival. Cholera spread throughout Europe during a period of political unrest and economic crises. As such, when the medical establishment was unable to provide a cure, and when it struggled to present a coherent message about the mechanisms of disease transmission, the situation was ripe for people to fall prey to scapegoating and xenophobia. More than half a century would pass before Robert Koch discovered the *Vibrio cholerae* (1884), which made him a national hero in the German territories

Using affect theory (in particular the work of Sara Ahmed and Benno Gammerl), I argue that the official discourses connected to Koch's discovery reflect various ways in which the cholera outbreaks were metaphorized, interpreted in a political and social context, and used to mobilize political alliances with the help



of shared emotions. Through analyses of contemporary reporting, I show how these texts reveal two different strategies for dealing with difficult emotions. On the one hand, the experience of powerlessness before the disease led to the projection of negative emotions onto marginalized social and/or ethnic groups. On the other hand, the tensions of the time found an outlet in positive emotions such as national pride connected to the scientific discovery of the cause of cholera. Indeed, this discovery served as a catalyst in the solidification of national identity in German-speaking territories. In sum, the cholera outbreaks can be seen as a revealing force that laid bare power relationships and emotional undercurrents simmering beneath the surface of European culture and redefined power structures and special relationships in German territories.

### **Lessons from a Sick Sapphic Symbolist: Authentic Being and Imaginary Spaces**

Melanie Gregg, Wilson College

For René Vivien (1877-1909), an upper-class Francophone Anglo-American poet living and dying in Paris at the turn of the 20th century, space is not an expanse in which one simply exists; it is a dimension of one's own making. Critics and historians have long been fascinated with Vivien's eccentric dwelling places, particularly the bizarre, decadent interior of her 23 Avenue du Bois apartment. However, it is Vivien's imaginary spaces—the otherworldly realms she inhabits in her writing—that are relevant to the interdisciplinary ways we are thinking about and defining space in the Health Humanities today. As a lesbian, addict, alcoholic, and anorexic in Paris 1900, Vivien has no claim to spaces of the public sphere: hers is a body unwelcome. Repeatedly in her writings, Vivien describes the "real" world as a prison and exile, depictions that still, a full century later, capture the experience of marginalized populations. Drawing on a theoretical framework grounded in phenomenological and feminist thought, as well as Bachelard's theory of poetic space and Foucault's concept of heterotopia, my analysis of Vivien's journals, correspondence, and literary *œuvres* will explore the transcendent "outside-inside" she constructs called "the Ideal"—a psychic space of uninhibited self-configuration and flourishing. Although Vivien's thriving within her imaginary space paradoxically comes at the expense of her physical body, her "Ideal" provides insight worthy of investigation. Vivien teaches us that one path to empathic understanding and healing of marginalized persons in clinical spaces may be to explore and validate imaginary ones.

### **Intermedial Authority: Re-Presenting Public Health in Fin-de-Siècle Prophylactic Cinema**

Kathleen Pierce, Smith College

In the 1920s, film emerged as a significant tool for disseminating anti-syphilis public health information for French physicians and hygienists. The inherently multi-media qualities of cinema enabled public health officials to move between still image, text, and moving image; craft more explicitly directed narratives; and to exploit film's relationship to temporality. Despite such shifts, however, close looking at these films reveals the continued privileging—through an emphatic scopic focus—of the prophylactic posters, postcards, and models previously created and circulated by public health officials throughout the late nineteenth- and early twentieth-century.

In this paper, I center key films produced between 1918 and 1927 to illuminate anti-syphilis prophylactic cinema's multivalent relationship with the visual culture of public health. This relationship was often one of intermediality, that is, the re-presentation of diverse media in a second medium, here film. Through close looking at individual intermedial frames, I elucidate these films' most prominent subjects—that is to say, who or

what takes up the most space within these educational materials-to locate these scenes as efforts to bolster the authority of state-sponsored public health materials in the face of proliferating charlatan advertisements. Furthermore, two films were produced for specific audiences: metropolitan women and North African colonial subjects. I position these intermedial scenes as demonstrative of twentieth-century eugenicist anxieties about maternal and non-Western medical and bodily knowledge-that is, concerns about whose ways of knowing occupy space in the public consciousness.

## **7F Paper Session: Studies in Genre**

### **Health Horrors: Pandemic Literature and Contagious Trauma**

Laura Kremmel, South Dakota School of Mines & Technology

This presentation makes two claims: (1) that Gothic and Horror Studies includes a space for Health Humanities, which must acknowledge the unique access that the Gothic and horror give to the human health experience and, more specifically, (2) that the pandemic horror literature of the last ten years anticipates the new spaces of COVID-19 and the mental disarray they cause, a premonition that makes those spaces seem survivable.

Depictions of disease and contagion in Gothic narratives of the twenty-first century seem to have anticipated the current pandemic, which has compounded the dual fear of and need for human connection prompted by disease, quarantine, and virtual media. These narratives pit people against each other, while undeniably highlighting their interdependence and social inequalities. They also equate the mental damage and strain of human connection (or lack of it) to diseases that can be spread: the health concerns of loneliness, abuse, workplace contingency, burnout. Whereas the twentieth-century may have used zombies to convey these same concerns, the twenty-first century no longer puts up that shield, putting its socio and biopolitical statements about viral inequalities and social norms directly in the context of human disease. This move away from the supernatural closes the distance between the narrative and the audience in ways that reinterpret what cure and healing might mean. I will draw from texts like *It Comes at Night* (film 2017), *Mayhem* (film 2017), *Survivor Song* (novel 2020), *The Plague Letters* (novel 2021), and *Last One at the Party* (novel 2021).

### **Uncanny Spaces in Agatha Christie**

Sylvia Pamboukian, Robert Morris University

Although Agatha Christie is known for exotic settings, as in *Death on the Nile* and *Murder on the Orient Express*, her works often probe the dangers lurking in familiar places, creating a sense of the familiar as uncanny and strange. A former VAD nurse and dispensary assistant, Christie was keenly aware of medical spaces' uncanny potential as places both local and familiar but also isolated and unknown. This paper probes Christie's assertion that the boundaries between healthy and unhealthy, safe and dangerous, are porous and her exploration of the resulting uncanny effect, an effect familiar to modern readers because of the Covid-19 pandemic.

For example, the Miss Marple tale "A Christmas Tragedy" is set in a hydro or spa. A presumably health-giving space, the spa challenges normal social boundaries because of the mix of strangers, the intimacy of treatment, and the isolation from daily routines. Isolated yet intimate, strange yet comforting, the clinic's uncanny potential is denied by everyone except Miss Marple, who foresees, but is powerless to stop, a murder that will shortly occur. Like Miss Marple, Christie's modern readers are confronted with the perception of danger in spaces formerly considered safe. Like Miss Marple, those who perceive the uncanny potential of coffee shops, restaurants, and clinics may be dismissed by those who do not accept this perception as real. In reading Christie, we explore both the uncanny potential of familiar spaces and the desire to deny or to resist this potential.

### **Ableism and Screen Space: Diversity without Disability in the Marvel Cinematic Universe**

Erik Larsen, University of Rochester

Marvel Studios' many films increasingly command and colonize our screen space. Crowning itself as nothing less than a "Cinematic Universe," this Disney-owned entertainment empire has transformed the world of moving-image fantasy. The term "universe" denotes a space of total inclusion, and Marvel films increasingly imagine a collective space of diverse bodies, cultures, and selves--a shift that would seem to ally the studio with contemporary movements for diversity awareness. But a conspicuous absence haunts the expanding Marvel Universe: virtually none of its multifarious characters are represented as physically disabled. Although Marvel films often imagine weird and alien bodies, none present viewers with images or narratives that trouble an ableist paradigm. When physical dysfunction or loss threatens heroic action, mechanical or magical prostheses transform wounded characters into hyper-able individuals. As viewers of Marvel films, we gaze on screen spaces that relieve ableist fears of physical vulnerability and ill health. Drawing on the work of disability theory scholars such as David Mitchell and Sharon Snyder, my presentation explores how Marvel's cinema of inclusion mimics a practice of neo-liberal biopolitics—one in which greater "inclusion" is premised on exclusion of certain "disruptive" bodies. I will consider if the Marvel Universe should thus be analyzed as a fantasy space defined by divisive fears about health, or what I term a "healthscape." The presentation will reflect on the critical health humanities' role in challenging and supporting imagined spaces of bodily diversity.

## **8A Panel: Literature and Health Justice**

Ira Halpern, Reilly Center at the University of Notre Dame

Phillip Barrish, University of Texas-Austin

Brie Winnega, University of Texas-Austin

Our proposed panel, "Literature and Health Justice," takes up questions of health, medicine, and equity through the prism of literature, with a particular focus on US literature. How do literary texts from a range of genres and historical moments portray, and negotiate, questions of health justice? What kinds of disciplinary, theoretical, and political space need to be made for literary and cultural studies to navigate these questions? How can literary texts help us extend or reframe what we mean by health justice in the first place?

"Bureaucratic Space, Social Justice, and the Health Humanities"

Phillip Barrish

Barrish's paper focuses on the liminal space—usually a counter or plexiglass window—where patients and family members navigate payment for in-office care. A border zone between patient and provider, it is typically staffed by a low-paid receptionist. Barrish explores the social justice implications of this border space in two novels: Helen María Viramontes's *Under the Feet of Jesus* (1997) and Barbara Kingsolver's *Unsheltered* (2018).

"The Role of Cure in Medical Caretaking"

Brie Winnega

Recent disability scholarship and advocacy direct us to consider how interpretations of "cure" sometimes run counter to ethics of "care." Winnega's paper interrogates this tension by analyzing two memoirs: *Peaceful Passages: A Hospice Nurse's Stories of Dying Well* by Janet Wehr and *Taking Turns: Stories from HIV/AIDS Care Unit 371* by MK Czerwiec. Winnega explores how each text complicates notions of cure as the fundamental goal of caretaking. Arguing that care is a key dimension of social justice, Winnega interprets the implications of cure in each memoir and dissects how their narrators understand curative intervention (or a lack thereof) in relation to their ethics of care.

"Letting Die"

Ira Halpern

Halpern's paper takes up literary representations of physician-assisted death in Edith Wharton's *The Fruit of the Tree* (1907) and Stephen Crane's "The Monster" (1898). The cultural logic of euthanasia, as Rosemarie

Garland-Thomson shows, has contributed to perceptions that disabled lives are not worth living. Wharton and Crane's novels critique this cultural logic. They reveal how stigmatizing views about physician-assisted death can become associatively linked with other (social, political, and figurative) forms of letting die that unfold within the contexts of industrial capitalism and racialization.

## **8B Panel: Modernizing the Definition of "Care"**

Robin Richardson, Dell Medical School, The University of Texas at Austin

Amanda Gray, Smithsonian Institution

Oral Storytelling with Those Impacted by Cancer

**BACKGROUND:** The study purpose is to examine oral storytelling of young adult cancer experiences to identify themes, compare to themes in literature, and highlight the uniqueness of an adult cancer experience of those under 40 years old.

**METHODS:** This mixed methods research included focus groups and one-on-one interviews with those impacted by young adult cancer treatment (including post-treatment survivors, loved one caregivers, and members of an oncology care team) who identify as women. Participants were asked to define care and provide examples of how they receive or provide care. Participants also reviewed themes from Audre Lorde's "Cancer Journals" published in 1980 including: (1) women's roles as caregivers, (2) women's lack of "psychic time or space" to process emotions during cancer treatment, and (3) women's transformation of silence into language and action during cancer treatment.

Diverse course participants included:

- All participants had lived experience with a cancer diagnosis/treatment as a young adult (18-40), an age group historically not well served in traditional cancer care (for medical, psychosocial, medication management and practical needs).
- More than half of participants identified as non-white (primarily Latinx and Asian).
- Participants also represented diversity in diagnoses/care experiences.
- Participants also included members LGBTQIA+ communities, those with experience not having health insurance during a cancer diagnosis, and those who have experienced health disparities.

**RESULTS:** Data is currently being analyzed and will be ready to be shared before the consortium. Some initial themes included:

- There is no single cancer experience.
- Some define care in terms of clinical care while others consider care in terms of addressing practical needs.
- Many young adult women who are in post-treatment cancer survivorship experienced solely women caregivers.
- There seems to be consensus that the medical system does not allow psychic time and space to process a diagnosis—but some young adult women do not allow themselves this time and space to sit with their disease or effects from their disease, even years later.
- Many young adult women who were raised to not challenge authority learned to find their voice and advocate for themselves during their cancer treatment.

**CONCLUSIONS:** The novel engagement framework developed for this project builds trust across participants and the research team, leading those impacted by cancer to often consider their care experiences in ways that they previously had not. Further research is needed on how this framework can be adopted to other populations and in other settings, as well as measuring potential for therapeutic benefit for participants.

For this panel, we propose the two authors and at least two research participants examining this framework with consortium attendees.

After this panel discussion, attendees will be able to:

- Understand a novel intervention to utilize literature as a framework for those impacted by cancer to examine their care experience.
- Explore how to meaningfully & appropriately engage diverse communities to leverage lived experiences with healthcare.
- Walk away with a research framework that deeply considers the audience.

## **8C Workshop: The Art Museum as a Health Humanities Learning Lab**

Marcia Childress, Center for Health Humanities and Ethics, School of Medicine, University of Virginia  
M. Jordan Love, Fralin Museum of Art, University of Virginia,  
Louisa C. F. Howard, Department of Family Medicine, University of Michigan

Why and how might health humanities educators consider an art museum a valuable learning site, even a laboratory, for health professional students and practitioners?

According to a multidisciplinary team (art educator, health humanities scholar, and physician with art history background), an art museum's hosting robust health professional and, especially, interprofessional learning organized around engagement with art can serve three key purposes. First, such education occurs in what is neutral territory that shifts both place and pace of learning. The museum is physically apart from "territorial" professional schools/cultures and away from busy hospitals and hierarchies of identity, authority, and work. Second, health humanities learning methods, modes, and materials-including visual art-are demonstrably effective ways to (a) introduce the human and sociocultural dimensions of illness, suffering, health, well-being, and healthcare, and (b) instruct health professionals in core clinical skills/competencies and crucial topics that traditional lectures and clinical modeling may not teach especially well. Third, the museum has value and promise as a place structured and purposed for more creative, contemplative, and reflective engagement than most healthcare settings. Through organized museum-based learning and as an offshoot of such, learners may discover in this space and its exhibits some sanctuary, refuge for reflection, and opportunities for restoration, creative refreshment, and self-care.

These points are made through highly interactive exercises adapted from two novel and ongoing University of Virginia (UVA) initiatives-Clinician's Eye, a visual observation and clinical skills workshop that is part of UVA's required medical curriculum, and HeArt of Medicine, a student-sponsored elective workshop that uses art to reflect on dying, death, loss, and grief.

Specifically, the workshop consists of an introduction providing a rationale and brief overviews of Clinician's Eye and HeArt of Medicine (15 min); a sequence of two highly interactive exercises adapted from Clinician's Eye and HeArt of Medicine and organized around particular artworks (45 min); and, to finish, reflective debriefing with participants plus questions/answers and resource referrals (15 min).

## **8D Paper Session: Theorizing Pandemics**

### **A Disease of Space: Pandemics as Heterotopia**

Amanda Caleb, Geisinger Commonwealth School of Medicine

Pathogens are both literal and metaphoric in how they are described and the spaces they occupy. Pandemics expand the spatiality of pathogens by breaking down corporeal and national bodies at a massive scale, threatening the stability of both. The deadly nature of pandemics is juxtaposed with the potential for change and even social improvement: historically, there is a correlation between epidemics and pandemics and social unrest and change (Censolo & Morelli, 2020). In other words, as a pandemic kills individual bodies, it presents the opportunity for reshaping collective bodies. This proposed presentation seeks to understand this relationship of pandemics to different bodies through a consideration of pandemics as heterotopia, a seemingly incompatible space of destruction and creation. Using the COVID-19 pandemic as a primary case study, I will consider



pandemics through corporeal, institutional, and discursive spaces. As pandemics require space—that of bodies and of regions or nations—they can be understood as heterotopic: in our world and yet not of our world; a world within a world that reflects and disrupts. Pandemics exist in the representation and conceptualization within the body/bodies (symptoms), in society (public health response, art, etc.), and in our language (Crimp, 1987), yet they are considered foreign and temporal. Viewed as heterotopia, pandemics are both the medical and humanistic embodiment of othering: the othering of the pathogen within the body (as invader) and the othering of biopolitics (via protest and social unrest).

### **Medical Surveillance and Technoaesthetics of Border Space**

Sasha Crawford-Holland, University of Chicago

During the COVID-19 pandemic, thermal imaging systems have been implemented at transportation hubs and workplaces for contactless fever screening, prompting a surge in demand that has massively expanded the global thermal imaging market. However, thermographic screening is of limited value from a public health perspective because core body temperature is difficult to measure accurately with such devices and serves as a poor proxy for having COVID-19. How, then, do we account for the prevalence and appeal of this practice? This presentation draws on media studies and critical theory to propose several interconnected answers. First, as numerous officials and agencies attest, thermographic screening performs a security spectacle that inspires confidence and compliance by activating imaginaries of penetrative technological sight whose genealogy can be traced to the beginnings of radiography. Secondly, thermographic devices function as Trojan horses smuggling biometric surveillance into previously protected spaces under a pandemic state of exception. These uses are both indebted to thermography's third, overriding function: its promise to visualize the invisible menace, to render disease perceptible and therefore available to rational bureaucratic intervention. During an era when the transnational mobility of disease, people, and heat pose fundamental challenges to state sovereignty, thermography offers a compensatory sense of control over borders. In this sense, thermal images can be approached critically as distilling a broader range of spatial logics—of bordering, differentiation, and enclosure—through which the pandemic has been managed by expanding surveillance infrastructures that distribute (in)security unevenly.

### **Invisible Individuals: The Marginalization of Asians and Asian Americans During COVID-19**

Archana Bharadwaj, Central Michigan University College of Medicine

Asian and Asian Americans have faced disproportionate health effects of COVID-19 and a startling rise in discrimination, raising the need for clinicians and researchers to cultivate inclusive spaces for Asians that address these health disparities. In this presentation, I will highlight the ways in which Asian Americans have been marginalized in data collection and analysis during the pandemic, with an emphasis on missed opportunities for medical humanities scholarship. Through broadening medical humanities scholarship, this marginalization can be brought to light through leveraging media analysis and addressed by mobilizing narratives to shed light on this community's experiences. I will also discuss the unique risk factors that make Asians/Asian Americans vulnerable to COVID-19 infection and effects of xenophobia on Asian Americans focusing on opportunities for clinicians to collaborate with this community to promote their wellbeing during the pandemic.

Through this presentation, clinicians and researchers will be empowered to curate medical humanities practice and scholarship in collaboration with and for the purpose of advancing the health and wellbeing Asian/Asian Americans, which is informed by an enhanced understanding of this community's particular needs. Opportunities for advancement in representation include storytelling initiatives that capture the lived experiences of Asians/Asian Americans with COVID and health comics that enable new platforms for delivering health information and education. In doing so, the humanities community can help raise the voices of Asian/Asian Americans and support them in breaking free of the veil of invisibility.

## **8E Paper Session: Disability, Discourse, and Identity**

### **Rural Stories of Disability**

Gretchen Case, Spencer Fox Eccles School of Medicine at University of Utah

Healthcare in the Mountain West/Southwest regions of the US can be difficult to access, with long drives, uncertain weather, and limited resources the norm. People with developmental disabilities who live in rural and remote areas face significant barriers to reaching appropriate care and services.

With funding from a state agency, medical students, a videographer, and I travel to all corners of our state to record conversations with people with developmental disabilities and their families. In these interviews, we ask participants to tell us about the challenges they face in accessing healthcare and services as well as the ways in which they have found support and resources in their communities. From these recorded conversations, we are creating a video with two aims: 1) to amplify the voices of people with developmental disabilities in rural and remote areas of our state; 2) to educate healthcare students and providers on the lives of people they may see only briefly in a clinical setting.

This project recognizes rural and remote communities as a geographical space that is less often addressed by health humanities. This project intentionally draws from oral history and ethnography techniques and philosophies, rather than from history-taking protocols prevalent in medicine. These students and I are looking for stories, not diagnoses.

In this conference presentation, we offer a 3-5 minute preview of the final video and spend the remaining 10-12 minutes explaining the goals of the project and our lessons learned. Medical students participating in the project will lead this discussion.

### **Autism and Identity: Standing at the Axis of Oppression**

Samantha Chipman, Loyola University Chicago

The ratio of males to females diagnosed with autism is three to one. Medically defined as a neurodevelopmental disorder, common traits of individuals with autism include difficulty in social functioning, reciprocity, flexibility, communication, and sensory processing. Autism has been conceptualized and depicted as a diagnosis that only impacts men and boys, which upholds gendered assumptions of autism. Since girls and women with autism are more likely than men and boys to be diagnosed late and less likely to receive a diagnosis, there is an ongoing discussion about the female autism phenotype. There is also a dialogue about people in positions of marginalization possessing an epistemic advantage in knowledge of their oppression. I argue that Feminist Standpoint Theory (FST), a feminist approach to science that argues for a situated knowledge thesis, is an epistemic resource for better understanding girls and women with autism. While it is important to situate women and girls with autism in social and medical dialogue, it is crucial to consider the experience of individuals in their social framework. As such, Miranda Fricker's account of testimonial and hermeneutical injustice provides a means to examine how individual women and girls with autism are excluded from autism research or as sources of knowledge. FST and epistemic injustice provide lenses to analyze the inequalities and social oppression associated with women and girls with autism. Literature pertaining to epistemic injustice and FST uncovers distortions in peoples' knowledge of autism, which contributes to its construction as a social form of identity.

### **Medical Discourse in Spaces of Work**

Ariel Cascio, Central Michigan University College of Medicine

Drawing on anthropology, disability studies, and the participatory visual analysis methodology of photo-elicitation, this presentation will consider how autistic people make meaning in spaces of work. Health humanities scholars, particularly following Foucault, have long studied the role of medical discourse in crafting

medicalized subjects. Autism is certainly medicalized, as well as contested. Researchers, clinicians, and people with lived experience of autism have offered, and debated, many explanations of what autism "is" - disease? disorder? diversity? - and what the "core" explanation might be for an autistic way of being - an extreme male brain? difficulties with executive functioning? the pressures of an intense sensory world? This study considers how autistic people describe their experiences of similarity to and difference from others in work spaces. These spaces may be autism-oriented (like companies that specifically recruit autistic employees, #actuallyautistic self-employed creators, or autism-focused work training programs), disability-oriented (like vocational rehabilitation services and job placements), or neither (i.e., competitive employment). I will present preliminary analysis of semi-structured and photo-elicitation interviews with autistic adults about their jobs and/or job searches in different such spaces. I will discuss how these participants describe themselves as similar to or different from other people at work, and how those similarities and differences impact how autistic and non-autistic people create and navigate shared spaces of work. I will consider whether these different descriptions reflect medicalized or non-medicalized discourses about autism, and comment on what medicalization processes (including resistance to medicalization) are doing in work spaces.

## **8F Paper Session: Creative and Autoethnographic Approaches to Health Humanities Projects**

### **Care and Food Security in Insecure Place: The Case of Agricultural Work in Southwest Florida** Ariana Avila, University of North Carolina - Chapel Hill

There is no denying the historical connections between present-day U.S. agricultural labor with those of the exploitative labor of the colonial plantation. Southwest Florida's agri-businesses are no exception. Racial capitalism and food insecurity among the people who harvest the nation's food are continuations of the colonial agricultural industry. Structural systems including U.S. immigration policies shape the type of jobs available/accessible to people with precarious immigration statuses and their eligibility for food assistance programs. The built environment where farmworkers live must be included in the conversation of food (in)accessibility. However, within these spaces of insecurity, farmworkers and their families create networks of care and food security despite (or because of) structural systems developed to maintain a vulnerable workforce. Within these networks of care and food security, flow multiple streams of fresh produce, meals, and kinship-making. In this project, I use a collection of self-authored poems to enhance the theorization of care and food security among farmworker communities in Southwest Florida and highlight the structural systems that perpetuate food insecurity. The poetry is inspired by my dissertation project and my lived experience of being from a Mexican migrant farmworker family and remembering the abundance of fresh produce flowing through my childhood household.

### **When My Womb Fights Back: Speaking My Endometriosis Pain**

Maria Rovito, Penn State Harrisburg

This creative and autocritical presentation reflects on my years-long experience of being diagnosed with endometriosis. Endometriosis, often a misunderstood condition in gynecology, wreaks havoc on women's and menstruating people's lives, causing both extreme physical, psychological, and emotional pain. Beginning with my doctor's misdiagnosis of my endo pain with digestive issues, and continuing with opinions from different medical professionals as to what the pain in my abdomen might be, I demonstrate through this poem that finally being diagnosed with endometriosis is a long and hard battle against sexist and misogynistic medical norms. Particularly, this poem has many instances of my endo pain being ignored and dismissed by medical authorities, such as going to the emergency room and not even seeing a doctor because menstrual pain is not taken seriously. This poem ends with my experience of my laparoscopy, a surgery that is used to remove the endometriosis; however, I demonstrate that this surgery is not the final treatment for endo pain, as endo always grows back, haunting and destroying my body. This poetic presentation will also make use of visual technology to show the actual endometriosis within my body. While one in ten women and menstruating peoples live with endometriosis, this condition is far too often undiagnosed and dismissed because menstrual pain is feminized

pain. When we "write our wombs," we cannot forget the narrative experiences of women's and menstruating people's daily struggle of validation by those around them, including doctors, their families, and western society.

### **Sickness in Solitude: A Patient's Reading of John Donne during COVID-19**

Erin Boss, SUNY New Paltz

John Donne's prose work *Devotions Upon Emergent Occasions* offers a patient's view of the isolating effects of illness even in a world Donne describes as decisively interconnected. Composed during and shortly after falling mysteriously ill, Donne denounces solitude as "the greatest misery of sickness" while also meditating on the social and spiritual connection he imagines even in isolation. In a time when COVID-19 has resulted in social distancing measures precisely because the actions of one person have profound implications for many, Donne's account holds critical implications for the patient situated in the era of COVID-19. In this paper, I will combine a textual analysis of John Donne's solitude in sickness with my personal account of the isolation in my own cancer treatment during COVID-19: the oncology clinic, hospital, and infusion center with no-visitor policies, the sickbed with its social distancing measures. The frequent and pervasive loneliness of medical treatment within a global pandemic underscores Donne's insistence that "solitude is a torment which is not threatened in hell itself." Reckoning with illness's spaces of isolation, elucidated in patients' written accounts and intensified by COVID-19, can allow us to imagine alternative spaces of connection. The absence of personal caregivers and familial advocates should compel the health humanities to reconceptualize the patient's connection to others and the palliative emotional role of providers since, as Donne asserts, "no man is an island. Keywords: Donne, Devotions, social distancing, isolation, hermeneutics of care

### **9A Panel: Dialectical Spaces in the Health Humanities: keeping knowing and unknowing health in productive tension**

Merel Visse, Drew University and University of Humanistic Studies

Stephanie Tobia, Drew University

Nakaweeki Kantongole, Drew University

This panel proposes a dialectic approach to the Health Humanities to foster accessible and equitable spaces in health care and beyond. Our point of departure is perceiving the health humanities as an interdisciplinary field of study that aims to build bridges between everyday practices and theoretical insights. In our work as health humanists, on the one hand we need approaches to affectively know the experiences of people, their factual dependencies, relationalities, emotions and materialities while being part of community and institutional settings. We also need theory, as a phenomenological approach may not be enough to critique systems or to destabilize political categories. How do we, as health and medical humanists, find a productive dialectic between theory and practice, if that distinction exists at all? And how do we decide Who thinks, speaks, acts? For instance, social activist and critical thinker bell hooks (Gloria Jean Watkins) has questioned the academic's engagement with the Other, and argued that, to truly engage, the academic would have to remove him or herself as 'the expert' at the 'clear theoretical classification and gradual generalizations based on careful empirical research'. During this panel we will discuss these questions by reflecting on the two doctoral projects presented by the other panelists.

Presentation 1: A Language for the Hues of Blue: on Consciousness (Kantongole)

Presentation 2: Why We Should Read Poetry to Our Grandparents (Tobia)

Presentation 3: Dialectical Spaces in the Health Humanities: keeping knowing and unknowing health in productive tension (Visse)

## **9B Panel: New Places and Spaces of Hospital Ethics Consultation: How to Create a Trauma-Informed Teleconsultation Policy**

Jennifer Herbst, Quinnipiac University Schools of Law & Medicine

Elizabeth Lanphier, Cincinnati Children's Hospital and the University of Cincinnati

Lori Bruce, Interdisciplinary Center for Bioethics at Yale University

Uchenna Anani, Center for Biomedical Ethics and Society at Vanderbilt University Medical Center

The Covid-19 pandemic has expanded the places and spaces from which individuals can and do participate in healthcare conversations and decision-making. With many hospitals imposing visitor and staffing restrictions, and medical providers becoming increasingly comfortable with virtual telehealth medical visits, patients, surrogate decision-makers, and clinical providers or other healthcare team members are interacting more and more within the virtual healthcare space. On the one hand this creates new opportunities for accessibility: for patients and loved ones who cannot or do not want to come to a clinic or hospital for any number of reasons, and for providers who can participate in meetings from locations more convenient to their other professional and personal duties. However, on the other hand, reliance on telehealth may perpetuate or create new structural barriers, including but not limited to access to technology, lack of privacy, fear and discomfort, miscommunication and lack of understanding using this medium for healthcare.

With these opportunities and constraints of online space and place in mind, this panel considers the opportunities and constraints of utilizing teleconsultation for clinical ethics, through the lens of trauma informed care and the ethics of care. Panelists include ethics consultants practicing in a variety of clinical and geographic settings (adult and pediatric, urban and rural, the US Northeast, Midwest, and South) and from a variety of disciplinary backgrounds (medical, legal, policy, rape crisis counseling, and humanities). Each is involved in work on integrating trauma informed care into ethics consultation, from their various backgrounds and perspectives, attentive to a broad definition of trauma that includes: physical and sexual violence; psychological and emotional trauma; adverse childhood experiences; and social, historical, and communal traumas caused by experiencing racism, misogyny, ableism, and other forms of exclusion and oppression, or natural or human-made traumatic events.

One challenge for trauma informed care in clinical settings in general, and ethics consultation in specific, is how to create safe and supportive spaces for all stakeholders involved in the consultation process. Teleconsultation is upending the "usual" spaces from which participants can engage in a consultation and brings a new way to create relationships over distance. Done well, it can provide a welcoming invitation to enter into the consultation. Done poorly, it can reinforce existing power imbalances, build new barriers, and lead to unexpected intrusion. For teleconsultation to be trauma-informed, it needs to be done in ways that intentionally adopt and implement trauma informed principles and practices.

The panel will: describe trauma informed care, its principles and practices, and how it applies to trauma informed ethics consultation; elaborate on the role of space and place in trauma informed ethics consultation with particular attention to feminist bioethics scholarship; discuss a logical process for trauma-informed policy-making; and show how each of these elements apply to the development of a trauma-informed ethics teleconsultation policy that is responsive to diversity of setting, practice, and population.

## **9C Workshop: Stitching Hope for Tonal Inclusion-Equity based practices using art and narrative medicine as a conduit for teaching clinical skills and reflection**

Michael Zirulnik, The University of Arizona College of Medicine-Phoenix

Jennifer R. Hartmark-Hill, The University of Arizona College of Medicine-Phoenix

Hahn Soe-Lin, The University of Arizona College of Medicine-Phoenix and Creighton University School of Medicine - Phoenix Regional Campus



From mannequins to standardized patients, and from textbook images to simulation skins, we are awash in whiteness. Black, indigenous and people of color are underrepresented in the medical school curriculum. Visual representation of skin tone and identifying features of diseases on various skin tones is significantly lacking in traditional curricula. In this workshop, we intend to illuminate actionable steps that can be implemented with immediacy to help rectify racial inequities, particularly in simulation labs. With common household goods acquired at nominal cost, we will demonstrate how medical education professionals can produce their own simulation skins in-house in a variety of skin tones and pigmentation. Participants will then learn how to use the skins in a suturing activity that combines art and narrative medicine. Patients receiving stitches have pain, soreness, and are often left with scarring. We propose to capture patient stories and transform them into words on the simulated skin using various suturing techniques as a way for students to learn suturing skills while building empathy for patients. At the end of this session, participants walk away with a sample product they have produced, a recipe card for producing simulation skin in various quantities, and a facilitation guide for clinical and non-clinical instructors. The session is facilitated by an artist, a family medicine physician and a surgeon--each affiliated with a medical school.

## **9D Paper Session: Virtuality and Digital Space**

### **Virtual Reality and Cadaver Anatomy: Dissecting the Drawbacks**

Jessica Cammarata, Saint Francis University

The use of virtual reality to replace cadaver dissection in human anatomy courses has become increasingly common in medical and healthcare education. Research has suggested that students perform equally well on anatomy exams when learning through either real or virtual cadavers. But what is lost by creating space between students and the human bodies which they are studying? It is conceivable that a higher occurrence of emotional disengagement may result from virtual reality. How does the distance from a real cadaver impact student perceptions of death? How might empathy, respect for the individuality of the person, and interpersonal skills be affected? This paper will explore the causes for a shift to virtual cadaver dissection, potential drawbacks of learning about the human body through the distance created by technology, and use of humanities to mitigate the difference.

### **Forever You: Immortality and Reanimation in the Digital World "Do You Want to Live Forever?"**

Rebecca Permar, University of Texas Medical Branch

In the age of the internet, social media services offer a unique opportunity for digital immortality in that someone's internet presence can be maintained even after physical death. Facebook offers memorializations of their user profiles, websites allow users to build websites with video messages to loved ones, and AI is used to mimic a user's behavior and uphold internet presence even after someone has passed away. New technologies, such as deep fakes, allow for a reanimation of someone lost : for example, the MyHeritage.com has a new feature called "Deep Nostalgia" which animates images of ancestors and others and allows them to blink or smile at the user. This creates ethical dilemmas in terms of privacy and security, but, on a deeper level, about our definitions and understanding of life and death and how we preserve the memory of loved ones. Interdisciplinary humanities approaches are particularly effective in exploring the hybrid spaces of physical and virtual existences and their implications on our identities and relationships.

### **How Medical Intrusions into Spaces en Plein Air in the Long Nineteenth-century Illuminate Medicine's Co-options of Online Spaces in the Twenty-first century**

Brian Hurwitz, King's College London

It is often assumed that clinical observations undertaken during encounters in nonmedical settings - now referred to as 'passer-by' or 'bystander' diagnosis - are recent practices which problematically intrude on social and personal space (and sometimes on the subject's consent). Yet during the nineteenth-century, urban medical observations en Plein Air took place at some distance from the subject, who thereby contributed constitutively

(yet unwittingly) to published case reports and new disease concepts. Did such practices take advantage of, manipulate and medicalize civic, public spaces, in which large numbers of people of different ages and classes mixed together; or did these practices partake of a wider culture of surveillance on the part of journalists and visual and literary artists, who a century earlier had become well-versed in noticing and interpreting the life and rhythms of cities and their street level human corporealities?

This paper scrutinizes notions of digital, virtual and personal space for clinical practice and pedagogy, and the extent to which they converge with, diverge from, and are illuminated by, nineteenth-century outdoor medical observatories. It will pose questions about the control and design of such spaces and whether they are driven by ethical, participatory, economic and/or political forces outside of the ken and inputs of vulnerable parties. It will also consider whether these spaces mirror, or can lessen, the effects of social distancing on the bonds and ties that inter-link healthcare staff and patients.

## **9E Paper Session: Ethics, Suffering, and Spirituality**

### **"You Hover between Life and Death": Embodied Effects and Ethical Issues of Death-Fast Spatial Tactics**

Lorna Fitzsimmons, California State University Dominguez Hills

Carceral hunger strikes (refusal of food as a form of protest) are a spatial tactic increasingly used by inmates around the world to express opposition. Imprisonment depends on spatial tactics (using space as a means of control) (Martin & Mitchelson); hunger strikers deploy the tactic of limiting access to the inner space of their bodies with the intent of controlling others. Typically, media reportage focuses on whether the demands of the strikers have been met. Although less frequently addressed, the physical and mental toll of these ordeals, especially their extreme form, known as "death fasts," on participants who survive them is often serious and long-lasting, demanding more scholarly attention. Self-inflicted starvation is also an important topic of debate because of the ethical questions it raises for physicians. This presentation engages physician and inmate perspectives on hunger strikes, centering on representations of the experiences of Kurdish political prisoners in Turkey, particularly Sakine Cansiz's *Sara: Prison Memoir of a Kurdish Revolutionary* (2019), which contains a detailed firsthand account of the mental and physical effects of death fasts from a female prisoner's point of view.

### **Suffering in a (Co)nstructed Space**

Aneesa Sataur, Drew University

Is there a purpose to suffering? A physician's goal is to fix the problem, or at least guide a patient through a treatment plan. So, the idea of a patient suffering and enduring pain may be interpreted as falling short of the objective, from a healthcare perspective. But suffering is the lived experience of pain, and this creates an opportunity for discourse between patient and physician. So, suffering could be seen as a facet, not a flaw of illness. This may seem like a radical shift of perspective in Western medicine, but narrative competence theory can provide tools for physicians to better understand the illness process and ultimately connect more with patients. If suffering demands attention and awareness for it to be understood, then recognizing suffering requires responsibility from both patient and physician. Where do these roles for patient and physician exist, and how do they function? I suggest that the experiential nature of suffering creates an opportunity for both patient and physician to transform the clinic visit into a democratized space of listening, witnessing, and participation. This suffering space, constructed by patient and physician together, is a place to develop professional intimacy and ultimately create a co-authored narrative of illness.

### **Ibn Sina and the Space for Spirituality in Medicine**

Maryam Khan, University of Texas at Austin

Ibn Sina was born in 980 AD at a time of political decentralization and religious heterogeneity in the Arab world. This Arabian Golden Age was fertile to new intellectual and religious trends, and Ibn Sina rode waves of both to synthesize a unique philosophical and medical curriculum that resulted in *The Canon of Medicine*. Incorporating the works of prominent Greek philosophers and physicians, Aristotle, Hippocrates, and Galen, along with Quranic references in his Canon, Ibn Sina demonstrated the interwoven relationship between medicine, religion, and philosophy in patient care. His incorporation and adaptation of work from the Greek medical community, despite the fact that this community could be considered pagan by monotheistic academic peers, suggests that in the pursuit of improving patient care, the contrasting religious backgrounds of medical scholars held minimal importance. When considering the deep roots of classical antiquity in Western medicine, it is surprising to see the trend drift from relative indifference regarding inclusion of religious ideologies, to our modern-day secularization of medicine. Taking into account the numerous studies demonstrating the benefits of spirituality on prognosis and the mind-body connection, I suggest we support patient spirituality as another component working towards a more holistic healing experience in the hospital.

## **9F Workshop: CIP Code Information and Troubleshooting Session**

Sarah Berry, SUNY Oswego

This session, subtitled "Everything You Wanted to Know but Were Afraid to Ask," will provide a simple overview of the new Medical/Health Humanities CIP code, maximizing time for Q&A. We'll begin with a brief intro to IPEDS and CIP codes; how to determine if your program is eligible for the new code; and steps you can take at your campus to begin the adoption process. Next, we'll review the list of programs that are already using the code and see how their data appear to the public. Last, I'll discuss benefits for programs of adopting the new code in their local and national contexts with commentary on the code's utility for program funding, staffing and resource requests, recruitment, and retention. Data sets/reports that are available by conference time will be shown. Please bring your questions and institutional challenges (successful adopters are most welcome also); half the session will consist of Q&A and troubleshooting, and hearing from many people about your experiences with securing the new code is vital to advising more programs in the future and ultimately to collecting optimal data on our growing field.