Health Humanities Consortium 2024 Annual Conference

“Social, Emotional, and Community Health—Humanities Interventions”

April 10-13, 2024
Hosted by Creighton University, Phoenix Health Sciences Campus
3100 N. Central Ave., Phoenix, AZ and virtually
hhc2024.vfairs.com

Health Humanities
CONSORTIUM
#HHC2024

Creighton
UNIVERSITY

KINGFISHER INSTITUTE
for the Liberal Arts and Professions

Thank you to our sponsors:

LEADER

Arizona

FOUNDATION FOR COMMUNITY & HEALTH ADVANCEMENT

An Independent Licensee of the Blue Cross Blue Shield Association

---

ADVOCATE

MCPHS

Center for Health Humanities

SUPPORTERS

ASU The College of Liberal Arts and Sciences
Arizona State University

College of Medicine Phoenix
Bioethics & Medical Humanism

Northeast Ohio
Medical University

ASU Humanities Institute
Arizona State University

Rice University
Medical Humanities Research Institute

utmb Health

ALLIES

ASU Center for Advancing
Interprofessional Practice,
Education and Research
Arizona State University

Center for Bioethics and Humanities
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

SCHOOL OF LIBERAL ARTS
MEDICAL HUMANITIES AND
HEALTH STUDIES
Indianapolis

MAYO
CLINIC

UTHealth Houston
McGovern Center for
Humanities and Ethics

SCHOOL OF MEDICINE
CASE WESTERN RESERVE
UNIVERSITY
Department of Bioethics

HIRAM
COLLEGE
THE CENTER FOR
LITERATURE
AND MEDICINE

UIC UNIVERSITY OF ILLINOIS
COLLEGE OF MEDICINE
Medical Education

HIVE
HEALTH AND HUMANITIES
an interdisciplinary venue for exploration
at UNC-Chapel Hill

Thomas Jefferson
University
HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

HEALTH
UNIVERSITY OF UTAH

CENTER FOR HEALTH ETHICS,
ARTS, AND HUMANITIES

Agenda at a Glance

All times Arizona/MST and subject to change
Sessions are fully hybrid (accessible in-person or remotely) unless otherwise noted.
**In-person only*

Wednesday, April 10

Creighton University, Virginia G. Piper Charitable Trust Health Sciences Building

1:00 to 6:00 pm: Registration*
2:00 to 3:15 pm: Workshops: Special Concurrent Session 1*
3:30 to 4:45 pm: Workshops: Special Concurrent Session 2*
5:00 to 6:30 pm: Reception*
6:30 to 8 pm: Plenary Speaker: Ricardo Nuila
    6:30-7:30 lecture
    7:45-8:15 book signing*

Thursday, April 11

Creighton University, Virginia G. Piper Charitable Trust Health Sciences Building
Goldwater Conference Center, Park Central Mall

8:00 am to 5:00 pm: Registration*
8:30 to 9:45 am: Block 1 (3 hybrid +1 virtual session)
10:15 to 11:30 am: Block 2 (3+1)
Noon to 1:00 pm: Lunch | Noon: Plenary Speaker: Eric Avery
1:00 to 2:15 pm: Block 3 (3+1)
2:45 to 4:00 pm: Block 4 (3+1)
4:30 to 5:45 pm: Block 5 (3+1)

Friday, April 12

Creighton University, Virginia G. Piper Charitable Trust Health Sciences Building
Goldwater Conference Center, Park Central Mall

8:00 am to 5:00 pm: Registration*
8:30 to 9:45 am: Block 6 (3 hybrid +1 virtual session^)
10:15 to 11:30 am: Block 7 (2 hybrid + 1 in-person only + 1 virtual^)
Noon to 1:00 pm: Lunch | Noon: HHC Mentoring Lunch
1:00 to 2:15 pm: Block 8 (3+1^)
2:45 to 4:00 pm: Block 9 (3+1^)
4:30 to 5:45 pm: Block 10 (3+1^)
6:15 to 7:15 pm: HHC Committees Mixer*
6-8 p.m. pm: Local and Student/Early Career socials

Saturday, April 13

Creighton University, Virginia G. Piper Charitable Trust Health Sciences Building
Goldwater Conference Center, Park Central Mall

8:00 am to 12 noon: Registration*
8:30 to 9:45 am: Block 11 (1 in-person only + 3 hybrid sessions)
10:15 to 11:30 am: Block 12 (1*+3)

11:45 am to 12:45 pm: Lunch | Noon: HHC Business Meeting
1:00 to 2:15 pm: Block 13 (1*+3)
3:00 to 4:30 pm: William Carlos Williams Poetry Competition Award Ceremony with guest reader Natalie Diaz

Full Schedule

All times Arizona (UTC-7)
**In-person only*
^Virtual presenter
↔In-person presenter
Abstracts listed in chronological order

Wednesday

1:00 to 6:00 pm: Registration* *(Pre-function area; first floor Virginia G. Piper Charitable Trust Health Sciences Building [PHSC])*

2:00 to 4:45 pm: Workshops (4) – *in-person only*

2:00-3:15: Special concurrent session 1 (workshops)*
WW1: Resilience Writing Project: Introduction to Expressive Writing for Health Care Workers *(PHSC 104A)*
Leonard Grant, Syracuse University and Onondaga Community Trauma Task Force
WW2: Medi-Zen: The Mindful Art of Structured Pattern Drawing *(PHSC 106A)*
Cynthia Standley, The University of Arizona College of Medicine-Phoenix

3:30-4:45: Special concurrent session 2 (workshops)*
WW7: Designing Public Art for Public Health *(Doris S. Norton Ballroom A)*
Michael Zirulnik, Creighton University
WW9: Narrative Medicine as a Tool to Improve Comfort of Medical Students Working with Patients with Disabilities *(PHSC 106A)*
Abigail Weisse and Jennifer Caputo-Seidler, University of South Florida Morsani College of Medicine

5:00 to 6:30 pm: Reception* *(Doris S. Norton Ballroom and patio)*

6:30-7:30 pm: Ricardo Nuila: Plenary Address: "Humanist Hammers: Forging Hope in American Healthcare" *(Doris S. Norton Ballroom)*

7:45 to 8:15 pm: Ricardo Nuila Book Signing* *(Pre-function area)*

Thursday

8:00 am to 5:00 pm: Registration*
(Pre-function area)

8:30 to 9:45 am: Block 1 (3 hybrid + 1 virtual only)

PP17 Substance Use: Policy, Practice, & Perspective (paper session)
(Doris S. Norton Ballroom A)

- Addiction and Clinical Encounter: A Personalist Perspective
  Andrew Kim, Marquette University↔
- Research with Vulnerable Populations in Community-Based Clinical Settings: A Bioethical Analysis of Lessons Learned in a Perinatal Substance Use Clinic
  Emily S. Long, Sarah Holdren, University of North Carolina School of Medicine; Katharine R. Meacham, Mountain Area Health Education Center, UNC School of Medicine; Mary C. Kimmel, University of North Carolina School of Medicine+
- "Everyone Taking Opioids Must": Physicians' Use of Broadening in Enacting Policies
  Peter Joseph Torres, Arizona State University↔

CC5 Integration of Art and Humanities in Teaching / Learning in Palliative Care in Undergraduate Medicine: An International Collaborative Effort (creative session) *(Doris S. Norton Ballroom B)*

Martha Garcia, San Juan Bautista School of Medicine / Universidad Central del Caribe; Luz Patricia Rave, Yeison Alejandro Sánchez, Johana Marcela Chalarca Botero, John Jairo Vargas, Alicia Krikorian, and Carolina Palacio, Universidad Pontifica Bolivariana^

PP10 Exploring Multifaceted Experiences of Chronic Illness (paper session)
(Doris S. Norton Ballroom C)

- Masking Pain: The Loneliness of Chronic Illness
  Melody May (AKA Wilkinson), University of Waikato↔
- The Cancer Canon, Identity, and Inclusion
  Anna Leahy, Chapman University^

Virtual-FF1 Flash Session *(in-person attendees may view the live stream in PHSC 604)*

1. Dissecting the Impact of Art in Medicine
   Grace Kim, Srijan Bhasin, Symon Ma, Duke University School of Medicine^
2. DEAFMed: Deaf Education and Awareness for Medical Students
   Benedicta Olonilua, Natalie Perlov, Sidney Kimmel Medical College^
3. The Healing Brushstroke: Fostering Empathy and Patient-Centered Care through Arts and Humanities
   Shelly Xie, Houston Methodist Hospital^
4. Reappraisal and Self-Characterization of Chronic Illness Experiences: A Literary Journal Case Study
   Taruni Tangirala, Cornell University^
5. Improving ICU Family Communication with Get-to-Know-Me Boards and ICU Diaries
   Vivian Iloabuchi, Mayo Clinic Alix School of Medicine, Kenneth Shelton, Jonathan Ludmir, Massachusetts General Hospital
6. Grappling Isolation: How Supervised Injection Sites Support Individuals With Opioid Addictions
   Tharika Thambidurai, Case Western Reserve University^

7. From Scapegoating to Self-Defense: Exploring the Surge in Asian American Gun Ownership Amidst the Covid-19 Pandemic
   Lydia (Sin Lei) Pui, Case Western Reserve University School of Medicine^
8. Applied Theatre Arts as a Tool to Increase Depression Literacy in Adolescents: Lessons Learned from a Mixed-Method Pilot Study
   Devin N. Thomas, Bowie State University^

10:15 to 11:30 am: Block 2 (3+1)

PP20 Care and Teaching: Approaches in Health Humanities Pedagogy paper session *(Doris S. Norton Ballroom A)*

- Faring Well in Health Encounters: A Humanities Driven Approach to Developing Cultural Humility in Undergraduate and Healthcare Education
  Rebecca Permar, Eunice Jianping Hu, Wake Forest University↔
- Touch of *Grey's*: Positioning *Grey's Anatomy* in Health Humanities Pedagogy
  Emily Waples, Adam Ellis, Hiram College↔
- Preliminary Outcomes of Discipline-Inclusive Undergraduate Health Pedagogy
  Erin Sellner, Arizona State University↔

WW3 The Fine Art of Health Care: Using Visual Art Training to Build Community (workshop) *(Doris S. Norton Ballroom B)*

Neva Kirk-Sanchez,^ Gauri Agarwal,^ University of Miami Miller School of Medicine; Hope Torrents, Art Matters with Hope, LLC^

RR6 The Health Humanities for Humanists (roundtable)
(Doris S. Norton Ballroom C)

Rachel Conrad Bracken, Northeast Ohio Medical University↔
Phillip Barrish, University of Texas at Austin↔
Marty Fink, Toronto Metropolitan University↔
Joseph Stramondo, San Diego State University↔
Bernice L. Hausman, Penn State College of Medicine↔
Christopher D. E. Willoughby, University of Nevada, Las Vegas↔
Sarah E. Rubin, Ohio University Heritage College of Osteopathic Medicine^
Catherine Belling, Northwestern U Feinberg School of Medicine↔

Virtual-PP2 Health Stigma and Discrimination in Media (paper session)
(may view live stream from PHSC 604)

- Exploring Bioethics through Xenotransplantation Narratives: Social Isolation and Discrimination in *Pig-Heart Boy* and *We Ate the Children Last*
  Jerika Sanderson, University of Waterloo
- Popular Primetime Medical Dramas Narratives about Sickle Cell Disease (SCD): Entertainment Education as Tool to Inform the Public about SCD
  DaKysha Moore, NC A&T State University; Elijah O. Onsomu, Winston-Salem State University

Plenary Address

Noon to 1:00 pm: Lunch*

12:15-12:45 p.m. Eric Avery: “Art as Medicine/Medicine as Art” *(Doris S. Norton Ballroom)*

1:15 to 2:30 pm: Block 3 (3+1)

PP3 Navigating Loneliness and Building Connections (paper session)
(Doris S. Norton Ballroom A)

- Social, Emotional and Community Health: Narratives of Contagion and Loneliness
  Sophie Bradley, LeHigh University^
- Spaces of Care as Breeding Ground of Human Connection
  Shrishti Dey, Aratrika Das, Indian Institute of Technology (IIT), Indore^
- Exploring mechanisms for the effectiveness of the VA My Life, My Story narrative medicine program in the emergency department
  Mackensie Yore, UCLA/VA National Clinician Scholars Program; Whitney Arnold, UCLA David Geffen School of Medicine; Kristina M. Cordasco, VA Center for the Study of Healthcare Innovation, Implementation & Policy (CSHIIP) ↔

PP23 Engagement with Music, Museums, and History (paper session)
(Doris S. Norton Ballroom B)

- Developing a Medical History Tour at an Academic Medical Center
  Christy Audeh, Mayo Clinic↔
- Afternoon at the Museum: Psychosocial Wellbeing and Intergenerational Connectedness among LGBT Older Adults
  Xiaochen Zhong, Nathaniel Jenkins, Chloe Cheng, Peter Ureste, Tammy Duong, University of California, San Francisco^

LL3 Speculative Fabulations and Inventive Provocations for Self-Care (panel)
(Doris S. Norton Ballroom C)

Courtney Tyler, Texas Tech University↔
Rina Little, Texas Tech University^
Jonathan Little, Alverno College^

WW8 Moving at the Speed of Trust: Strategies for Communities Partnering with Healthcare (workshop) *(PHSC 106A)*

Joy Doll, Creighton University; Rachel Heinz, Health Center Association of Nebraska^

3:00 to 4:15 pm: Block 4 (3+1)

PP4 Amplifying Marginalized Voices & Strengthening Communities (paper session)
(Doris S. Norton Ballroom A)

- Kwentuhan and Community: A Mental Health Project for Filipino Nurses in Houston
  Patricia Guzman, Isabel Kilroy, University of Texas Health Science at Houston^
- Making House Calls to George Floyd’s Childhood Home: A Narrative Intervention for Social Care in Health Professions Education
  Woods Nash, University of Houston Fertitta Family College of Medicine↔
- The Black Body and its Many Histories: Corroborating Black Health and the Death of Medgar Evers
  Alex Hack, University of Southern California↔

WW5 Listening With Your Eyes: A Photography Workshop (workshop)
(Doris S. Norton Ballroom B)
Isabella Cuan, NYU Grossman School of Medicine↔

LL6 Contesting Exclusion: Disability, Social Belonging, and Literature (panel) *(Doris S. Norton Ballroom C)*
Matthew Reznicek, University of Minnesota↔
Lydia Cooper, Seattle University↔
Brooke Kowalke, Creighton University↔

Virtual-LL4 Bridging Minds and Machines (panel) *(may view livestream in PHSC 604)*
Samantha Chipman, Emory University
Melanie Gregg, Wilson College
Paul Root Wolpe, Emory University
Stephanie Larson, Cleveland Clinic and The University of New Mexico

4:45 to 6:00 pm: Block 5 (3+1)

PP5 Identity, Inclusion, and Belonging in the Health Professions: Past to Present (paper session) *(Doris S. Norton Ballroom A)*

- Accessibility in Health Professions Education: Diversity and Inclusion in Historical Context
  Andrew Hogan, Creighton University↔
- Where I’m From: Lessons from a Medical School Humanities in Medicine Course on Healthcare Inequities and Social Justice
  Kathleen Van Buren, Mayo Clinic;↔ Tolulope Kehinde, Vanderbilt University Medical Center; Nicole Nfonoyim-Hara, Writer^
- The Evolution of Holism in Medical School Requirements and its Impact on the Views of an “Ideal” Medical Student
  Samuel Suh, Johns Hopkins University; Kamna Balhara, Johns Hopkins Medicine^

PP18 Beyond Popular Approaches to Mental Health: Transformative Diagnostics and Treatment Protocols (paper session)

(Doris S. Norton Ballroom B)

- Honoring Madness: Serious Mental Illness as Neurodiversity
  Julia Knopes, Case Western Reserve University School of Medicine^
- Collaborative Research with and for Indigenous communities in the Beaufort Delta Region, Northwest Territories (NWT), Canada: Journeying toward liberatory, transformative mental health outcomes
  Mallory Minerson, University of Alberta↔
- When the Chatting Cure Won't Shut Up: Silence and the Limits of AI Therapy
  Liz Bowen, SUNY Upstate Medical University↔

CC8 Creative Conceptions of Illness and Health (paper session)

(Doris S. Norton Ballroom C)

- Fragments of a Child: An Anatomical Review of Childhood Trauma
  Rimla Khan↔
- Illustrated Illness Narratives
  Chelsea Hicks, Columbia University↔
- Staghorns and Scottie Dogs: Animals, Plants, and Common Objects as Radiographic Signs
  Steven Scaglione, University of Michigan Health System; Michael Scaglione, University of Pennsylvania^

Virtual-PP1 "Story-ing" the Self: Narratives and Healing (paper session)

(in-person attendees may view live stream in PHSC 604)

- A Communal Romance: How Women Writers Transform the Narrative Arc of Healing
  Wendy Nielsen, Montclair State University
- Addressing Mental Health Through Narrative Medicine for Patients with Juvenile Dermatomyositis and Juvenile Idiopathic Arthritis
  Aviya Lanis, Seattle Children's Hospital; Courtney Wells, University of Wisconsin; Elizabeth Dorn, University of Washington; Natalie Rosenwasser, Seattle Children's Hospital; Juliane Gust, Seattle Children's Hospital; Christian Lood, University of Washington; Susan Shenoi, Seattle Children's Hospital
- “Story-ing” of Bipolar Disorder: Metaphors of socio-emotional health in Indian memoirs of psychiatric patients
  Sree Lekshmi, Aratrika Das, Indian Institute of Technology, Indore

6:15-8 p.m. *Permission to Stare* Reception Hosted by Mayo Clinic

Doris S. Norton Ballroom

Connect with colleagues and learn more about the art exhibit *Permission to Stare: Living with Neurofibromatosis*, currently on display at Mayo Clinic’s campus in Scottsdale, Arizona. Featuring artist **Rachel Mindrup** and **Shelley Noland,** MD, Medical Director for the Mayo Clinic Center for Humanities in Medicine and Peripheral Nerve Clinic. Light refreshments will be provided.

Friday

8:00 am to 5:00 pm: Registration*
(Pre-function area)

8:30 to 9:45 am: Block 6 (3 hybrid + 1 virtual only)

RR2 Health humanities at the National Institutes of Health (NIH) (roundtable) *(Doris S. Norton Ballroom A)*
Elizabeth Barr, NIH Office of Research on Women's Health (ORWH)^
Jeffrey Reznick, National Library of Medicine (NLM)^

PP7 Humanistic Dimensions in Medical Education (paper session)
(Doris S. Norton Ballroom B)

- Shame and Stigma in Medical Education: Through the Lens of Photo/Tiny Stories
  Patricia Luck, University of Rochester School of Medicine and Dentistry↔
- Stories of Bereavement: Examining Medical Students' Reflections on Loss and Grief
  Nicholas Freeman, University of California, Irvine; Johanna Shapiro, University of California, Irvine School of Medicine; Yasaman Lorkalantari, Alexis Nguyen, Nancy Dang, University of California, Irvine^
- Restorative Recreation – a Medical Humanities Course Exploring Intersections between Nature Prescription, Avocation, and Creation Care to Human and Ecosystem Health
  Patrick Swanson, Creighton University^

PP24 Experiencing Equity (paper session)
(Doris S. Norton Ballroom C)

- Co-Constructing Equity-based Narratives with Patients and Families
  Andrew Childress, Baylor College of Medicine; Woods Nash, Tillman J. Fertitta Family College of Medicine↔
- Qualitative Insight into Patient & Staff Experiences of Cross-Institution Cancer Care
  Amanda Courtright-Lim, Jon Tilburt, Mayo Clinic↔
- Speech act as scientific method: the making of "biological sex" in legislation about transgender people
  Elizabeth Dietz, National Human Genome Research Institute↔

Virtual-RR4 Culturally-Sustaining Arts for Social Wellness: Perspectives from the Canadian Context (roundtable)
(view live stream in PHSC 604)
Andrea Charise, University of Toronto Scarborough
Dirk J. Rodricks, University of Toronto Scarborough, Canada
Gloria Umogbai, Dalla Lana School of Public Health, University of Toronto
Nehal El-Hadi, University of Toronto

10:15 to 11:30 am: Block 7 (3+1)

CC4 A Scoping Review on the Applications of Therapeutic Dance Interventions for Gynecological Care (creative session)
(Goldwater Conference Center, Park Central)
Kate Brown, Sai Srihita Dommata, University of North Carolina Chapel Hill↔

PP22 Recognizing and Responding to Grief as an Interpersonal Experience and Public Tragedy (paper session)
(Doris S. Norton Ballroom B)

- An examination of an ethic of care for pediatric home-based hospice & palliative care
  Julie Aultman, Brianna M. Bish, Max F. Gilliland, Northeast Ohio Medical University; Sarah Friebert, Daniel H. Grossoehme, Akron Children's Hospital↔
- What Can the Health Humanities Contribute to Our Societal Understanding of and Response to the Deaths of Despair Crisis?
  Daniel George, Penn State College of Medicine↔
- Health Humanities Prescriptions for Grief
  Katie Xu, Case Western Reserve University, Robin McCrary, Syracuse University↔

WW-A The Intelligent Eye: Learning to Think like a Doctor by Looking at Art (workshop)* *(in-person only; space may be limited; will be recorded)*
Doris S. Norton Ballroom C
Eric Avery and David Paar

Virtual-RR3 Teaching Public Health Humanities: Principles and Practices (roundtable) *(PHSC 604)*
Amanda M. Caleb, Geisinger Commonwealth School of Medicine
Rebecca Garden, SUNY Upstate Medical University
Allan Arturo Gonzalez Estrada, Universidad Nacional, Heredia, Costa Rica
Thomas Hehlmann, University of Bremen, Germany
Stephanie Larson, Case Western Reserve University
Lise Saffran, College of Health Sciences, University of Missouri
Janet Weston, London School of Hygiene and Tropical Medicine, UK

Noon to 12:45 pm: Lunch* *(Doris S. Norton Ballroom)*
Mentoring lunch (pre-registration required) *(PHSC 604)*
12:15: Artist + Researcher (ARx) Program talk *(Doris S. Norton Ballroom C)*
Program Director: Cynthia Standley
ARx Team: Artist: Mary Lucking, Researcher: Anne Titelbaum

1:00 to 2:15 pm: Block 8 (3+1)

CC6 Journeys End, Journeys Begin (creative session)
(Doris S. Norton Ballroom A)
Shapir Rosenberg, Alison Hartman↔

FF2 Flash Session

(Doris S. Norton Ballroom B)

1. Outside the Frame: Developing medical students' metacognitive abilities through museum-based education
   Kain Kim, Emory University School of Medicine⁺
2. *Reflejos:* Artistic Reflections of Healthcare Providers
   Jennifer Caputo-Seidler, University of South Florida↔
3. Shared Wisdom: Documenting and Preserving the Oral History of Retired and Retiring Healthcare Practitioners
   Ian McCoog, Jordan Salvato, Geisinger Commonwealth School of Medicine↔
4. Read All About It: The Implementation of a Book Club in a Medical Workplace Setting
   Neelufar Raja, Case Western Reserve University School of Medicine;^ Natalie J. Park, Yi Peng Wang, Matthew J. Kim, Jonathan M. Lewis, Indu Voruganti Maddali, Quoc-Anh Ho, Quynh-Thu Le, Kathleen C. Horst, Department of Radiation Oncology, Stanford University School of Medicine
5. Social Isolation in LVAD Caregivers: Finding Ways the Health Humanities Can Help
   Rita Dexter, Baylor College of Medicine↔
6. Critical Approaches to Religion and Spirituality: Essential for Undergraduate Health Humanities?
   Erin Prophet, University of Florida^
7. The "Medical Gaze" and Its Role in the Development of Medical Trainees
   Nicholas Ogrinc, Case Western Reserve University
8. Fostering Wellness and Sustainability through Walk, Bike, and Carpool to School Week 2023
   Alison Stiller, Rachel Jones, Creighton University - Phoenix Regional Campus↔
9. Are We Ever Really Recovered?
   Gianna Paniagua, Columbia University

PP8 Innovative Approaches to Undergraduate Health Humanities Instruction (paper session)

(Doris S. Norton Ballroom C)

- Centering the Humanities in the Health Humanities Classroom
  Jess Libow, Haverford College^
- Teaching (with) health narratives across the undergraduate curriculum: Expanding on syllabi
  Kristine Munoz, University of Iowa; Daena Goldsmith, Lewis and Clark College↔
- Community College Health Humanities Education: Creating Immersive Pedagogy and Developing Sustainable Community-Academic Partnerships
  Christine Marks, Justin T. Brown, LaGuardia Community College, City University of New York↔

WW4 Storytelling & storylistening: Oral History in Medical School Curriculum (workshop) *(Goldwater Conference Center, Park Central, in-person only)**

Lois Hendrickson, Emily Beck, University of Minnesota - Twin Cities

2:45 to 4:00 pm: Block 9 (3+1)

PP9 Barriers, Borders, and Breaking Free (paper session)
(Doris S. Norton Ballroom A)

- HIV Out Loud: Narratives from South Texas
  Rachel Pearson, University of Texas Health Science Center at San Antonio; Joshua Carrasco, UCSF intern/HIV Out Loud, Yolanda Crous, UT Health San Antonio/HIV Out Loud, Kimberly Nguyen, UT Health San Antonio/HIV Out Loud↔
- Health Professionals as Border Control Officers in Edwidge Danticat's *Brother, I'm Dying*
  Phillip Barrish, University of Texas-Austin↔
- Controlling Foot and Mouth Disease at the Mexico-United States Border in the mid-20th Century
  Rebecca Kaplan, Oklahoma State University↔

PP6 Narratives of Contagion and Consequence (paper session)
(Doris S. Norton Ballroom B)

- Overcoming Fear: Examples from Polio Epidemics
  Brittany Acors, University of Virginia^
- Graphic Pandemic Diaries: Imagining a Way Out of Isolation
  Victoria Lupascu, University of Montréal↔
- "We Were Warned, but We Didn't Listen:" Event 201, the Outbreak Narrative, and Community Engagement
  Stefan Krecsy, University of Toronto↔

LL5 Translational Medical Humanities (panel)
(Doris S. Norton Ballroom C)

Kirsten Ostherr, Rice University↔
Eivind Engebretsen, University of Oslo & Circle U. European University Alliance^
Sanjoy Bhattacharya, University of Leeds, UK^
Rebecca Garden, SUNY Upstate Medical University

Virtual-CC1 Soundscapes and Song *(may view livestream in room PHSC 604)*

- SoundRx - A Vocal Loop Performance
  - Lindsay Irwin, VCU School of Medicine
- Walking with Dryads: A Sonic Journey
  - Liz Baxmeyer, California Northstate University College of Health Sciences

4:30 to 5:45 pm: Block 10 (3+1)

PP12 Care For and Across Generations (paper session)
(Doris S. Norton Ballroom A)

- Healing the Relationship between the Healthcare System and the Elderly Community Through Humanities (workshop)
  Madeline Blatt, Hana Roushdy, Hannah Lennon, Estefana Bcharah, Olga Davis, Arizona State University↔
- Use of an Activity Placemat to Enhance Elder Care in a Hospital Setting: Impact on Medical Student Volunteer's Knowledge, Attitudes, and Skills
  Cynthia Standley, Kevin Vo, Rachel Russell, Jahnavi Shriram, Taaha Adamji, James Kelbert, Nimit Agarwal, Anita Rasheed, University of Arizona College of Medicine-Phoenix↔

PP11 Novel Approaches to Community Engagement & Community Health (paper session) *(Doris S. Norton Ballroom B)*

- Jamming for Health: An Emancipatory Research Approach for Engaging Equity-Deserving Communities in Game-based Storytelling
  Sandra Danilovic, Wilfrid Laurier University↔
- Close Listening in The Community: Narrative Power and Oral Health Justice
  Michelle Moncrieffe Foreman, University of Maryland, Sheryl Syme, University of Maryland School of Dentistry↔
- Collaborative Knowledge Building: Engaging Virtual Chronic Illness Communities in Research about Them
  Kelly Moes, Curtin University^

LL1 Teaching Health Humanities: A Focus Group Study to Define Components of a High Quality Health Humanities Program (panel)
(Doris S. Norton Ballroom C)

Craig Klugman, DePaul University↔
Anna-leila Williams, Frank H. Netter MD School of Medicine at Quinnipiac University↔
Erin Gentry Lamb, Case Western Reserve University School of Medicine↔
Sarah Berry, Rhodes College
Patricia Luck, University of Rochester School of Medicine↔
Rita Dexter, Baylor College of Medicine↔
Sean Eli McCormick, Case Western Reserve University School of Medicine↔
Anna Maria Marcu, DePaul University
Rosemary Weatherston, University of Detroit Mercy^

Virtual-WW6 Somatics, Belonging, and Graphic Medicine (workshop) *(may view livestream in room PHSC 604)*
Rocio Pichon-Riviere, University of California, Irvine

6:15 to 7:15 p.m. HHC Committees Mixer*

Doris S. Norton Ballroom
All are welcome to this informal gathering to learn about opportunities for

participation and mingle with committee members. Light refreshments will be available. For virtual participants, connect with committee heads through information at the links below.

- Arts & Health Equity – Siobhan M. Conaty
- Awards – Julia Knopes, Kamna Balhara, and Phillip Barrish
- Curriculum & Assessment – Rosemary Weatherston and Rachel Bracken
- Conference Planning & Support – Erin Gentry Lamb
- Equity, Diversity, and Inclusion (EDI) – Sarah Berry
- Humanities and Arts in Health Professions Education (HAHPE) – Bernice Hausmann

6 to 8 p.m. Student/Early Career Professionals Social

The Green Woodpecker, 3110 N Central Ave Ste 185, west of campus in Park Central

6-8 p.m. Local Social hosted by Arizona State University

The Green Woodpecker, 3110 N Central Ave Ste 185, west of campus in Park Central

Saturday

8:00 am to 12 noon: Registration*

(Pre-function area)

8:30 to 9:45 am: Block 11 (1 in-person only + 3 hybrid)

CC2 Sharing Our Voices: A Series of Creative Readings

(Doris S. Norton Ballroom A)

- Happy Birthday Kelly Wisely
  Melody May, University of Waikato↔
- Climate Change and the Humility of the Pandemic
  Priya Amin, Harvard Medical School^
- Rhythm of Waves
  Nakaweesi Katongole, University of California San Diego^

CC7 Students Framing Health Humanities for the Future (creative session)

(Doris S. Norton Ballroom B)

Jessica Hume, Patrick Lynch, Olivia Remmert, Callie Clark, Bellarmine University↔

PP14 Reproductive Medicine and Justice (paper session)

(Doris S. Norton Ballroom C)

- The Right to Choose, or the Choice to Treat?: The Role of Physician Organizations in the Abortion Debate
  Vishu Chandrasekhar, Case Western Reserve University^
- Adapting to IVF: Performing Dignity and Horror in Two Reproductive Medicine Remakes
  Catherine Belling, Northwestern University↔

- Reproductive Counterstories in “Shout Your Abortion” and “Birth Monopoly”
  Aryn Bartley, Lane Community College^

PP21 Understanding the Impact of COVID-19 (paper session)*
(in-person only: PHSC 106A)

- Making Public History: Oral Histories of COVID-19 and Rochester’s African American and Black Communities
  Laura Stamm, University of Rochester↔
- “Knowing” vs. “Understanding”: Multiverse Traffic to a Public Health Diary
  Luxin Yin, Rachel Rubino, The Ohio State University↔
- Long COVID Among Healthcare Professionals
  Maisey Schuler, Pauline Strong, Humanities Institute, University of Texas at Austin↔

10:15 to 11:30 am: Block 12 (1+3)

PP15 Artistic Interventions Among Marginalized Populations (paper session)
(Doris S. Norton Ballroom A)

- The Arts and Spirituality in Street Medicine
  Kelly Ann Nelson, MarinHealth Medical Center↔
- Decolonizing Health/Care in Feminist Senegalese Urban Arts: Presence, Accessibility and the Common
  Julie Van Dam, University of Southern California↔
- From Normative Practices to Second Stimuli: Dismantling Ableist Paradigms of Professionalism Using the Arts
  Ryan Weber, Geisinger Commonwealth School of Medicine↔

FF3 Flash Session
(Doris S. Norton Ballroom B)

1. Tangled in the Web: Personal Experiences with Internet Use and Mental Health among Young Adults
   Tanushri Pinjala, Polygence Research Academy^
2. Obstetrics Forceps: The Tools to Interrogate Interventionist Obstetrics
   Vishu Chandrasekhar, Case Western Reserve University^
3. Autism Beyond the Spectrum: Exploring How Autistic Individuals Engage with the Medical Model of Autism
   Charlotte Jakes, Guy's, King's and St Thomas' School of Medicine, King's College London^
4. Living Multiple: Enhancing Understanding of the Plural Community
   Julia Knopes, Case Western Reserve University School of Medicine^
5. Mixed Methodologies for Researching and Teaching about Health and Illness
   Sara Press, Harvard University↔
6. Undergraduate student reflections of the Out of Darkness storytelling project on bipolar disorder stigma
   Hallie Rodney, McMaster University/Wurzweiler School of Social Work^
   Shira Taylor, York University/SExT: Sex Education by Theatre^
7. The Knowledge Donor Program: Innovation in Healthcare Education
   Kayla Gray, Dignity Health - St. Joseph’s Hospital & Medical Center

Health Humanities on PBS: Screening and Discussion of Whitman's "The Wounddresser" from Poetry in America, Season Three*

(in-person only: Doris S. Norton Ballroom C)

- Lisa New: *Poetry in America*; Verse Video Education; Center for Public Humanities, Arizona State University

PP16 Social and School-based Contexts for Health Humanities (paper session)*

(in-person only: PHSC 106A)

- Social and Economic Impacts on a Schoolwide Social Emotional Learning and Mental Health Support Program Implemented After the COVID-19 Shutdown
  Karen Schlag, University of Texas Medical Branch at Galveston
  Elizabeth Torres, Jackson W. Gasperecz, University of Texas
  Medical Branch at Galveston, Shannon Guillot-Wright,
  UTHealth Houston↔
- How GALs [guardians *ad litem*] can Implement Cultural Stories in Family Court in the US
  Eileen Anderson, Case Western Reserve University School of Medicine↔
- Subsidiarity, Proportionality, and Preparing PreK-12 Schools to Heal after Community Trauma
  Leonard Grant, Syracuse University↔

11:45 am to 12:45 pm: Lunch | HHC Business meeting *(Doris S. Norton Ballroom A)*

1:00 to 2:15 pm: Block 13 (1+3)

PP19 Narratives in Practice (paper session)

(Doris S. Norton Ballroom A)

- Seeing the Narrative Work in Physical Therapy Practice
  Stefanie Johnson, AdventHealth University↔
- Narrative interventions in medical charting: audience, narrative, and stigma
  Lindsey Grubbs, Isabelle Toler, Danielle Wilfand, Akshaya
  Ramakrishnan, Case Western Reserve University↔
- One is the Loneliest Number: Isolation in the Stem Cell Transplant Unit
  Tiffany Bystra, University of Texas Medical Branch↔

RR1 Enacting Justice, Equity, Diversity, Inclusion, and Belonging in the HHC (roundtable)

(Doris S. Norton Ballroom B)

Melanie Gregg, Wilson College^
Sarah Berry, Health Humanities Consortium/Rhodes College↔
Pamela Brett-MacLean, University of Alberta
Amanda Caleb, Geisinger Commonwealth School of Medicine
Samantha Chipman, Emory University^
Hailey Haffey, University of Utah and Wilson College^
Sarah Press, Harvard University↔

CC3 Visions of Art and Healing (creative session)
(Doris S. Norton Ballroom C)

- Visual Storytelling in Communication and Advocacy of Research for Health
  Shelly Xie, Pan American Health Organization (PAHO/WHO)^
- "Thrive! Healthy People | Healthy Planet": A gently provocative health center-based exhibition
  Diana Hoover, University of Wisconsin-Stevens Point↔
  Sara L. Warber, University of Michigan School of Medicine
  Katherine Irvine, Senior Researcher in Environment, Wellbeing and Behaviour
  Elaine Sims, University of Michigan Health, Michigan Medicine^

LL2 Art as Medicine: Collaborative Research on Creativity & Health in the Time of Covid-19 (panel)*
(in-person only: PHSC 106A)
Soohyun Cho, Michigan State University↔
Natalie Phillips, Michigan State University↔
Simona Sarafinovska, Washington University in St. Louis↔
Sarah Senk, California State University Maritime Academy^
Kristin Urquiza, independent scholar↔
Kaitlyn Sluder, Sydney Logsdon,↔ Marine Avequin,↔ Gracie Rudolfi,↔ Natalie Liliensiek,↔ Neha Navathe, Jacob Okulewicz, Quynh Tong, Lorraine Inman,↔ Carina Abbasov,↔ Michigan State University

3:00 to 4:30 pm: William Carlos Williams Poetry Competition Award Ceremony

(Doris S. Norton Ballroom)
Emcee: Rachel Bracken, Northeastern Ohio Medical University
Featured reader: Natalie Diaz, Arizona State University

2024 Health Humanities Consortium Conference Planning Executive Committee
Tracy Leavelle (institutional lead: Creighton University), Cora Fox (institutional lead: Arizona State University, local co-lead), Jennifer Brian (local co-lead), Charise Alexander Adams, Olga Davis, Clarice Douille, Angela Gonzalez, Andrew Hogan, Ulrich Koch, Brooke Kowalke, Erin Lamb, Emer Lucey, Barret Michalec, Rachel Mindrup, Megan Voeller, Kym Weed, Michael Zirulnik

Thank you, proposal reviewers:

Amanda Caleb
Andrew Hogan
Anjali Manhas
Anna Reisman
Brooke Kowalke
Bushra Juhi Jani
Caroline S. Nestro
Carrie Meyer
Christine Marks
Courtni Jeffers

Craig Klugman
Dien Ho
Erin Lamb
Gina Camodeca
Gretchen Case
Hope Torrents
Ian McCoog
Ingrid Berg
Jacqueline Genovese
Janelle Adsit
Jess Libow
Jessica Hume
Stefanie Johnson
Susan Castro
Tana Jean Welch
Ryan Weber
Sarah Cross
Paul Cummins
Rachel Bracken
Rosemary Weatherston
Renee Cadzow
Ronja Bodola
Sean Eli McCormick
Shelly Xie
MK Czerwiec
Nuria Ibáñez
Siobhan Conaty
Ulrich Koch
Jon Little
Julia Knopes
Kameron Raynor
Kate Lafferty-Danner
Kelly Hills
Kimberly Miller
Laureen Cantwell-Jurkovic
Leonard Grant
Lindsey Grubbs
Liz Bowen
Liz Hutter
Lorna Fitzsimmons
Martha Eugenia Garcia Osorio
Mary Horton
Maryam Khan
Matthew L. Reznicek
Megan Voeller
Melanie Gregg
Michael Tangeman
Victoria Lupascu
Woods Nash
Youngjin Cho
Pamela Brett-MacLean
Patricia Luck

ABSTRACTS

Resilience Writing Project: Introduction to Expressive Writing for Health Care Workers (Interactive workshop)

Leonard Grant, Writing Professor, Community Mental Health Advocate, Syracuse University and Onondaga Community Trauma Task Force

The Onondaga Community Trauma Task Force (Syracuse, NY) created The Resilience Writing Project during the COVID-19 pandemic to help mental health workers and allied professionals to process traumas with expressive writing. Expressive writing focuses on the emotions we carry about people and experiences that have affected us. Decades of peer-reviewed research have demonstrated that writing about the things that trouble us can provide insights, create meanings, and promote healing. Recently, the Department of Veterans Affairs has published research suggesting that expressive writing is non-inferior to some talk therapy modalities.

In this Introductory Workshop, participants will learn the history of expressive writing as a wellness intervention, as well as the numerous experimental and clinical applications of these writing techniques. Theoretical concepts and writing strategies are explained in a manner that emphasizes practical application in workplace and private settings. During this 75-minutes session, participants will complete three 10-minute writing sessions and have ample time for discussion. The goal of the introductory workshop is for participants to gain the experience and confidence to share expressive writing as a targeted wellness intervention suitable for diverse audiences in their own professional contexts.

During a workshop, the facilitator creates a safe and supportive environment that acknowledges the multitude of traumas we can experience. Participants gather in-person, virtually, or in a hybrid format to learn about the research that supports expressive writing as a healing practice and to share insights and information about their professional contexts. They are presented with prompts that focus on specific writing techniques. When the writing period concludes, participants are invited to share their experiences of writing. They are NEVER asked what they wrote about or to read what they've written. The workshop concludes with helpful tips for integrating expressive writing into participants' wellness routines.

Our objectives for this workshop are:
1. Learn and understand the origins and applications of expressive writing as a mental wellness promoting practice
2. Learn and understand the major theories and mechanisms of expressive writing
3. Practice and gain proficiency in completing expressive writing exercises
4. Identify appropriate scenarios and ethical considerations for using and recommending expressive writing as a mental wellness promoting practice

Medi-Zen: The Mindful Art of Structured Pattern Drawing (Interactive workshop)

Cynthia Standley, Professor, Director of Art in Medicine, The University of Arizona College of Medicine-Phoenix

Research suggests that participation in mindful activities can promote psychological well-being. In this workshop, the art of meditative drawing will be practiced with the use of the Zentangle® method. It is a fascinating art form that is fun and relaxing and taught by certified instructors, but once learned, can be shared by anyone. Structured designs created by drawing repetitive patterns provide a simple pathway to relaxation and inner focus. This method is used to calm an anxious mind, increase self-confidence, and cultivate moment-to-moment awareness. It is very different than doodling, as the mark making is deliberate, rather than aimless, and the mind is focused, approaching a state of "flow". Students, faculty, and staff at our institution participate in these sessions and learn how this contributes to self-care and wellness. The intent is that this becomes one of the tools for them to use to enhance relaxation and self-awareness when they feel stressed or overwhelmed. Sessions are held periodically, but the method is something that one can easily continue to do on their own. Moreover, through outreach programs we are also using this method with community members in memory lounge programs, suicide survivor programs, and staff retreats. An overview of the method will be presented, and participants will be taught some fundamentals so that they can continue this at their home institution. Participants can participate in-person or virtually. Supplies are minimal and will be provided but can also be gathered at home. By the end of the session, participants should leave having experienced a sense of relaxation drawing basic patterns and embrace the wonderful art they created.

Designing Public Art for Public Health (Interactive workshop)

Michael Zirulnik, AVP & Assoc. Prof., Creighton University

Using a host of examples, including a 3D public art installation and its associated interactive public programming collateral, this workshop illustrates and delivers on tools and techniques for activating the visual arts to enable opportunity for consideration, contemplation, and conversation surrounding health and wellbeing.

Pulling from best practices in—1. audience identification; 2. the communication of health, science, and technology; 3. informal science education techniques employed by science museums; 4. art museum exhibition design; 5. community organizing principles; 6. nonprofit fundraising strategies; and 7. space activation—this workshop is hands on, non-stop, and quite simply, fun.

The 3D public art installation serves as a framework to explore these topics in a collaborative, collegial environment as we move about the space and participate in its interactive components. Breaking down its iterative nuances from conception to delivery is the workshop's mode of knowledge sharing.

Participants are then asked to consider their own areas of interest as we use the tools and techniques of the experiential component of the workshop, to excite individuals and teams to begin developing their own projects. We will begin sharing insights and ideas on how to amplify the example installation, and other's conceptual or existing works.

About the public art installation used as the framework for the interactive workshop:

Signal Blocks (2022)
A visual and tactile representation of depression. Signal Blocks illustrates a year of one man's life living with this ailment. Defining the feeling each number represents—from zero to ten—and recording his state of depression before bed each night, the work attempts to communicate life with depression in a new, dimensional way. The year's data set is transformed into a series of 365 blocks. A lusterless, monochromatic color choice enables the eye to track this lineal display undulating across space; a representation of time and toil.

Signal Blocks enables opportunity for consideration, contemplation, and conversation. Set within the workplace, museums, supported outposts, and a host of formal and informal educational settings, didactics serve a myriad of groups and interests. Overarching, is a realization that each of us is touched, in some way, by mental health challenges.

Narrative Medicine as a Tool to Improve Comfort of Medical Students Working with Patients with Disabilities (Interactive workshop)

Abigail Weisse, medical student (MS2), University of South Florida Morsani College of Medicine; Jennifer Caputo-Seidler, USF Morsani College of Medicine, internist

Introduction

Persons with disabilities die earlier and have overall poorer health and functioning than persons without disabilities. Health systems factors including the healthcare workforce contribute to this inequity, but disability education has not been a priority of many medical schools. Our study aimed to use narrative medicine (medicine practiced with the narrative competence to recognize, interpret, and be moved to action by the predicaments of others) as a tool to improve comfort of medical students working with patients with disabilities.

Methods

The study intervention was a series of three one-hour narrative medicine workshops in which participants read a poem and viewed a piece of artwork, engaged in a facilitated discussion, and then wrote to a prompt based on the poem and artwork. Poems and artwork in the workshops conveyed themes around living with disability. Participants were surveyed on personal opinions regarding individuals with disabilities (the Disability Attitudes in Health Care Scale) before and after attending the workshops.

Results

Comparison of pre- and post-intervention scores showed improvement in scores (mean ± SD 74.00 ± 8.19 pre-survey; 79.33 ± 6.06 post-survey), although not statistically significant ($p=0.0625$), likely due to limited sample size ($N=6$). Qualitatively, participants provided positive feedback and reported that they found the discussions surrounding disability to be insightful and thought-provoking.

Discussion

Due to the voluntary nature of this study and limited availability of medical students, the biggest limitation was recruitment. Integrating these workshops into curriculum would allow for a larger and more heterogeneous sample, which could help produce more widely generalizable data and reduce selection bias. This study aims to provide educators in undergraduate medical education with a simple way to incorporate disability education into curriculums to improve the next generation of healthcare provider's competence in caring with patients with disabilities.

Workshop Format

The proposed workshop will follow the format of the workshops conducted in our study. Depending on attendance, we may split participants into smaller groups for initial discussion and then move to large-group discussion. This workshop can be held either in person or virtually with screen-sharing capabilities. Participants will read the poem "Sick4Sick" by torrin a. greathouse, then discuss questions about the language and tone of the poem. Discussion will also include questions encouraging participants to think about how the portrayal of disability in the poem compares to media portrayals of disability and their experiences with persons with disabilities in their practice.

Workshop participants will view and discuss the artwork “66 Degrees” by Rive Lehrer. Discussion will be prompted using Visual Thinking Strategies questions developed by Housen and Yenawine to engage participants in critical thinking and problem-solving when interacting with the visual arts.

Participants will then be given 20 minutes to respond to the writing prompt “Write a letter to a part of your body.” Participants will be encouraged to share what they have written with the group to prompt reflection and further discussion on the workshop themes discussed.

Plenary Address: **Ricardo Nuila: “Hope and Peril in American Medicine”**

About Dr. Nuila: Over his decade-long career as a practicing physician, Dr. Ricardo Nuila’s first-hand experiences have fueled his writing on health disparities, healthcare policy, and the interface between art and medicine. His stunning debut, *The People’s Hospital: Hope and Peril in American Medicine*, details the stories of five Houstonians unable to access healthcare in his hometown of Houston, TX. Each patient eventually lands at Ben Taub Hospital, the county hospital where Dr. Nuila has worked for over a decade.

Dr. Nuila is an associate professor of medicine, medical ethics, and health policy at Baylor College of Medicine, where he directs the Humanities Expression and Arts Lab [HEAL] program. His work and research on the use of arts and humanities in medical practice have been supported by the Association of American Medical Colleges, and he has received fellowships for his writing from MacDowell, Yaddo, the Logan Nonfiction Program, and the Texas Institute of Letters. His features and essays have appeared in *Texas Monthly, The New York Times Sunday Review, VQR, The Atlantic.com,* and *the New England Journal of Medicine.* His short fiction has appeared in *Best American Short Stories, McSweeney’s, Guernica*, and other magazines.

For more information, visit ricardonuila.com.

PP17 Substance Use: Policy, Practice, & Perspective paper session

Addiction and Clinical Encounter: A Personalist Perspective (Paper presentation)

Andrew Kim, Director of the Center for the Advancement of the Humanities and Associate Professor of Theology, Marquette University

In his memoir, *When Breath Becomes Air,* Paul Kalanithi discusses the importance of viewing the patient as "a person, not a problem to be solved." Unfortunately, this person-centered approach is not paradigmatic in the medical industrial complex of today. As Dr. Spence Taylor laments in a recent article, "patients…are no longer decision-makers; they are the 'objects' by which third-party outcomes are measured." Medical care has turned from a profession, or even vocation, into an industry. Resultantly, the doctor-patient relationship has become more transactional and superficial than reciprocal and meaningful. Thus, some of the most intense experiences a person has in life may be shared with a medical professional unable to recognize or empathize with those experiences in a fully human way. Since patients and their loved ones accompanying them are, in fact, persons with histories, values, goals and so forth, this transactional approach is a problem. It is particularly a problem with regard to clinical encounters involving persons experiencing addiction. The person experiencing addiction is more than an addict, and more than a patient. This essay explores ways in which the increasing intermingling of the moral-carceral and medical-therapeutic responses to addiction, especially when coupled with the objectification of the patient and commodification of the doctor-patient relationship previous described, militates against short- and long-term recovery. Additionally, this essay explores alternative kinship approaches to addiction as exemplified by groups like Motels4Now, an initiative of the local Catholic Worker community, offer a person-centered model capable of informing clinical encounters in a medical context.

Research with Vulnerable Populations in Community-Based Clinical Settings: A Bioethical Analysis of Lessons Learned in a Perinatal Substance Use Clinic (Paper presentation)

Emily S. Long, MA, Medical Student, University of North Carolina School of Medicine; Sarah Holdren, MS, University of North Carolina School of Medicine; Katharine R. Meacham, PhD, Mountain Area Health Education Center UNC School of Medicine, Asheville Campus, Ethics & Humanism Course Co-Director; Mary C. Kimmel, MD, Department of Psychiatry, University of North Carolina School of Medicine, Assistant Professor

Though the burgeoning field of Addiction Medicine is in a much-needed period of rapid growth—Addiction Medicine was recognized as a subspecialty in 2016, and the 2023 MAT Act opened doors for many more providers to prescribe medications to treat opioid use disorder—relatively little scholarship on this new frontier exists in bioethics literature, with still less on the particularly vulnerable subpopulation of those using opioids or recovering from opioid use disorder while pregnant and postpartum. We propose to use a feminist bioethics framework to discuss our time conducting research at a perinatal substance use clinic in North Carolina and to contextualize lessons learned from this experience while generating ideas about how best to engage this study population. We will consider themes of protection vs. maternalism through the lens of vulnerability literature, how to balance interdisciplinary teams made up of clinicians and researchers with shared goals but different values, and how different types of studies (funded vs. unfunded, qualitative vs. quantitative) are prioritized in these settings. Within the context of bioethics, we will demonstrate how to highlight the subject's voice through an augmented informed consent process that forefronts the subject's values while also maintaining her autonomy and safety. This discussion will also consider methods that qualitative research teams can use with clinicians to ensure mutually-shared research and patient care goals are achieved with similarly vulnerable populations without undue burden or delay.

“Everyone Taking Opioids Must”: Physicians’ Use of Broadening in Enacting Policies (Paper presentation)

Peter Joseph Torres, Assistant Professor of Linguistics and Applied Linguistics, Department of English, Arizona State University

The US opioid epidemic has prompted comprehensive legislative efforts restricting opioid prescribing (Al Achkar et al., 2017) and interdisciplinary investigations emphasizing the importance of doctor-patient collaboration in curbing inappropriate opioid prescribing (Henry et al., 2016). Though critical, these solutions pose a problem for physicians whose policy adherence threatens their collaborative relationships with patients deemed necessary for chronic pain treatment.

This study uses discourse analysis to identify the linguistic strategies employed by physicians at West Coast Medical Center (pseudonym) in enacting the following policies: (1) administering drug tests, (2) prescribing Naloxone (anti-overdose medication), and (3) discussing alternative treatments.

Results show physicians use three “broadening” devices—linguistic tools that widen the scope of ongoing discussions—to mitigate the semantic weight of policies:

1. Audience generalization: informing patients that they are subject to policies due to their group membership.
e.g., “we’re offering it (naloxone) to all our patients taking opioids.”

2. Inclusive pronouns - using words like "we" and "our" to frame policy adherence as a joint or collective decision.
e.g., "We'll have to do a urine test."

3. Modality- using auxiliaries like "may" or "would" to mitigate the weight of directives and statements
e.g., "You might have opiate use disorder."

Couched within Goffman’s (1955) notion of “face-work,” this study evaluates policy implementation at a discursive level, unveiling issues often overlooked when top-down policies are implemented. By highlighting the communicative burden policies place on physicians, this study prompts discussions into how policymakers, medical institutions, and linguists can support physicians in implementing opioid policies.

Integration of Art and Humanities in Teaching / Learning in Palliative Care in Undergraduate Medicine: An International Collaborative Effort

(Creative presentation)

Martha Garcia, Associate Professor, San Juan Bautista School of Medicine / Universidad Central del Caribe; Luz Patricia Rave, Universidad Pontifica Bolivariana; Yeison Alejandro Sánchez, Universidad Pontifica Bolivariana; Johana Marcela Chalarca, Botero Universidad Pontifica Bolivariana; John Jairo Vargas, Universidad Pontifica Bolivariana; Alicia Krikorian, Universidad Pontifica Bolivariana; Carolina Palacio, Universidad Pontifica Bolivariana

Purpose

We have addressed the need to educate medical students in palliative care, and the incorporation of teaching and learning interventions directed towards improving competencies beyond medical knowledge, such as observation and communication skills, empathy, resilience, relationships with patients and families, professional identity formation, self-reflection, and decision-making.

Approach

We incorporated a health humanities experiential activity as part of a 42-hour palliative care (PC) module in the Internal Medicine course for medical students and a required course module for Design and Psychology students at one university in Medellin, Colombia. The students were organized into groups to perform a holistic assessment of people living with serious illnesses, prepare a written narrative about the impact of the disease on the patients' lives, and create an art or health humanities deliverable. They received advice from an artist and collaborated with patients and other students. The creations have been exhibited to the academic community and the community at one of the university's public spaces, which provided feedback through an online survey. Additionally, a group of interprofessional faculty members from two universities supported and provided feedback to the students. The formative and summative evaluations were performed through previously defined rubrics.

Outcomes

After three successful implementation cycles, we have achieved several outcomes:

Results from the First Cycle (July 2022):

- 65 medical students
- 13 teams
- 13 written narratives
- 3 participating faculty members
- 13 art humanities deliverables, including sculptures, paintings, poetry, transmedia, and art photo albums.
- Public exhibition: "Arts, Humanities, and Palliatives"
- Feedback collected through an online survey.

Results from the Second Cycle (October 2022):

- 90 medical students
- 23 graphic design students

- 15 teams
- 14 participating faculty members, including 9 from palliative care, 4 from graphic design, and 1 from architecture.
- 15 art humanities deliverables, including sculptures, paintings, poetry, transmedia, art photo albums, and a podcast.
- Public itinerant exhibition: "Design from Being."
- Feedback collected through online survey and focus groups.

Results from the Second Cycle (May 2023):

- 90 medical students
- 25 graphic design students
- 15 psychology students
- 15 teams
- 14 participating faculty members, including 9 from palliative care, 4 from graphic design, and 1 from architecture.
- 15 art humanities deliverables, including sculptures, paintings, poetry, transmedia, art photo albums, and a podcast.
- Public itinerant exhibition: "Design from Being."
- Feedback collected through online survey and focus groups.

Students received highly satisfactory evaluations in all evaluated competencies, and faculty members described the quality of teamwork, creativity, ability to integrate knowledge, communication skills, and problem-solving abilities as outstanding.

Students' reflections have highlighted the project's positive outcomes, including active learning, engagement, relevance, and significance. The project was rated as highly satisfactory in the students' satisfaction surveys, and some students have continued working on the health humanities educational project to support their peers.

Significance

The group involved in implementing this project has proposed continuing with the initiative, and the pilot institution fully supports and encourages the involvement of students from other programs.

Looking to the future, our plans for 2023- 2024 include:

- An interprofessional activity involving students from other health professions.
- International collaboration with students from LCME-accredited medical schools in Puerto Rico.
- A virtual international collaborative art exhibition.

PP10 Exploring Multifaceted Experiences of Chronic Illness

Masking Pain: The Loneliness of Chronic Illness (paper presentation)

Melody May (AKA Wilkinson), Teaching Fellow Sessional Assistant, University of Waikato (temporary)

In a society where '[d]ifference tends to threaten identities and often leads to negative value judgments against those seen as different',[1] we build personas from masks that allow us to cover the shame of difference. There are particular masks that women who suffer from chronic illness construct in an attempt to belong. While the masks may protect them from judgment, it leaves them isolated and disconnected because they cannot be fundamentally known. There is a critical need for authentic communication, either to family and friends, or more importantly, to healthcare professionals. Yet often this crucial connection fails. Honesty about chronic illness and related invisible disability is repeatedly met with confusion, dismissal, or even disdain. This disconnection is due to our culture's narratives about what "healthy" and "ill" mean and even what it means to be a "normal" woman. Stories can unveil the biases that are deeply ingrained within our social structures. This paper discusses two texts that depict the lose / lose dichotomy of the choices for women in chronic pain. Nina in the novel *The Illumination* and Claire in the film *Cake* both experiment with varying levels of concealment and honesty, and both suffer the consequences of each choice. These texts expose the constructed cultural beliefs that can be dismantled to make a more inclusive world.

[1]John H. Riker, 'Do Humans Need to Be Human? Self Psychology and the Problem of Social Justice', *International Journal of Psychoanalytic Self Psychology,* 10:3, p. 192-204, (2015) DOI: 10.1080/15551024.2015.1043836 [accessed October 16, 2023].

The Cancer Canon, Identity, and Inclusion (Paper presentation)

Anna Leahy, Tenured Professor, Chapman University

In *Reading & Writing Cancer*, Susan Gubar writes about the new “cancer canon” of literature, loosely defined as “personally expressive.” One common thread across cancer memoirs—personal-experience-based story-ing of illness—is the sudden shift in identity (also studied in health communication). In *Malignant*, anthropologist S. Lochlann Jain writes, “I didn’t know the least thing about my new role. I could more or less enact curiosity-driven researcher, loving girlfriend, stern teacher, […] but sick patient? Not in my repertoire.” This focus on change in social role challenges Susan Sontag’s notion in *Illness as Metaphor* of “the kingdom of the well and the kingdom of the sick.” Jain talks not of moving to what Christopher Hitchens calls Tumortown in his memoir *Mortality* but of a redefined self in the unchanged world. Both views are repositionings, which I explore through the concept of disability as mismatch between an individual’s traits—cancer as new traits—and the built world. It is also worth considering who is in a position to write a memoir. Yes, those with more treatable or survivable cancer, but also those with socio-economic stability and social support. Voices may be excluded, limiting the canon’s usefulness, particularly in relation to social identity.

Collaborative Knowledge Building: Engaging Virtual Chronic Illness Communities in Research about Them (Paper presentation)

Kelly Moes, PhD Candidate, Curtin University

Digital-based chronic illness communities are often undervalued and difficult to quantify. In this presentation, I highlight the nuanced connectedness of people with chronic Intracranial Hypertension (IH) and their supporters through an expansive social network that has developed on Facebook. While this study focuses on IH as a case study, it has a strong generalizability to other chronic illness and disability communities.

The IH community has not been widely discussed, with previous descriptions framed by the medical context that sees people with IH as 'patients' and members of a 'clinical cohort'. By reimagining the social connections of this fragmented community, I demonstrate the connectedness of people with IH and the nuanced way they engage in virtual spaces to connect, legitimise their experience, and build capacity and experiential expertise. I argue that engaging with the social capital of these 'communities of practice' alongside medical expertise creates strong opportunities for collaborative knowledge building in the future.

In outlining my unique approach to the research, I discuss how this doctoral project leveraged the researcher's insider positionality to access this virtual community, engaging 563 adults in a qualitative survey. 101 participants were engaged in a long-form asynchronous group format, mediated through the familiarity of the Facebook environment enabling deep exploration of illness narratives and collective discourse about their needs, desires, joys and challenges. I describe how centering the unique needs of this community in the research design facilitated a diverse, global research group spanning multiple sociocultural contexts and accommodating variable health and life demands. This meaningful engagement supports knowledge production and moves toward a shared epistemology that may begin to redress the invalidation and epistemic injustice experienced by this population.

FF1 Flash Session

1. Dissecting the Impact of Art in Medicine (Flash Presentation)

Grace Kim, Medical Student, Duke University School of Medicine; Srijan Bhasin, Duke University School of Medicine, MS3l Symon Ma, Duke University School of Medicine, MS3
Lucy Zheng, Duke University School of Medicine, MS3; Nicole Abedrabbo, Duke University School of Medicine, MS3; Julia Mook, Duke University School of Medicine, MS3; Victoria Yi, Duke University School of Medicine, MS3; Danielle Burner, Duke University School of Medicine, GS1; Linda Li, Duke University School of Medicine, MS4; Winston Liu, Duke University School of Medicine, MS4; Emma Fixsen, Duke Department of Dermatology, Assistant Professor of Dermatology, MD; Leonard White, Duke Institute for Brain Sciences, Associate Professor in Neurology, PhD

Many studies have examined the role of the humanities in processing overall academic and emotional experiences during medical education, but few have studied the impact of using visual art to reflect specifically on cadaveric dissection. During the past seven years, over 150 healthcare students have participated in the Anatomy Drawing Program (ADP), a program that uses art to reflect on and process cadaveric dissection experiences and emotions. Our work characterizes the impact of the 2022-23 academic year programming.

A cohort of 29 medical, physician assistant, and pathologists' assistant students participated in at least five of six ADP sessions consisting of guest lectures, art lessons, and anatomic drawing in the cadaveric lab. Participants completed an anonymous exit survey examining perspectives on cadaveric dissection, anatomy education, art, mental health, and interprofessional relationships.

23 out of 29 participants (79.3%) completed the survey. Response analysis revealed the ADP subjectively improved mental health, provided a space to emotionally process cadaveric experiences, enhanced observational and visual art skills, and promoted interprofessional relationships.

Providing time and space for artistic expression in the context of anatomical education may be beneficial for mindfulness and reflective processing in healthcare trainees. This is not only limited to the cadaveric dissection experience, as the intersection between art and medicine can play various roles in trainee education, mental health, and skill development. Future work is necessary to describe the extent of the benefits such humanities-based programming has in the formation of balanced health-professional trainees.

2. DEAFMed: Deaf Education and Awareness for Medical Students

(Flash Presentation)

Benedicta Olonilua, Medical Student, Sidney Kimmel Medical College (SKMC);
Natalie Perlov, SKMC, Co-Author

Educational objective: (1) Review specific communication challenges that culturally Deaf individuals face in healthcare

Objective: (1) Improve healthcare professionals' understanding of and empathy toward culturally Deaf populations

Study design: Prospective cohort study at a single institution.

Methods: The DEAFMed lecture series includes both lectures on topics in Deaf culture and interactive lessons on American Sign Language. Baseline knowledge and attitudes were assessed via pre-intervention surveys using Likert scales (1 = strongly disagree, 3 = neutral, 5 = strongly agree). Post-intervention surveys documented changes in beliefs and attitudes after program completion. Results were analyzed using Wilcoxon signed-ranks tests and chi-square analysis.

Results: The DEAFMed pilot included 98 unique individuals, with an average of 28 participants per lecture. In this ongoing year, 45 participants attended the first lecture. This year's cohort is largely White and Asian (X2: 27, $p < 0.0001$), underscoring the need for diversity in future cohorts. Both the pilot cohort and this year's preliminary cohort show a qualitatively "low" level of agreement regarding their understanding and comfort level with the material before engaging with the program (2.33 and 2.25, respectively). Average lecture ratings in the pilot were 8.72/10; preliminary average module ratings are 9.13/10. Data collection is ongoing.

Conclusions: The DEAFMed program may have the potential to enhance health professionals' understanding of Deaf culture and effective communication with Deaf patients. Data collection is ongoing.

3. The Healing Brushstroke: Fostering Empathy and Patient-Centered Care through Arts and Humanities (Flash Presentation)

Shelly Xie, physician-in-training, graduate student, artist, Houston Methodist Hospital
Co-authors: Alicia M. Kowalski, MD, The University of Texas MD Anderson Cancer Center, Professor, Department of Anesthesiology and Perioperative Medicine; Caroline N. Docwra, MA, Houston Methodist Hospital, Project Specialist, Visual Arts; Shay Thornton Kulha, MBA, MFA, Houston Methodist Hospital, Manager, Department Operations; J. Todd Frazier, Houston Methodist Hospital, System Director, Center for Performing Arts Medicine, Gerald H. Dubin, M.D. Presidential Distinguished, Centennial Director in the Art of Medicine

For centuries, medicine and the arts, evolving from didactic illustration to a catalyst for empathetic patient care. Physicians with a foundation in arts and humanities often exhibit superior communication skills(1). Arts and humanities bridge patients and physicians, creating a shared experience. Recognizing the transformative potential, leading medical institutions have integrated art and humanities to improve students' observational skills and promote more humane medical education and practice(2). Furthermore, hospitals increasingly embrace art programs, recognizing their role in enhancing the emotional and spiritual well-being of patients and healthcare workers(3).

One insightful volunteer leveraged her artistic talent and drew over 700 portraits for patients and families at a local hospital. This service brought solace to patients and families, offering a safe space to express their authentic feelings and a small piece of comfort in their struggles to find peace.

Oftentimes, these portraits would be the first or last of a lifetime. One poignant instance involved a young mother diagnosed with leukemia and her stillborn son. The exceptional interpretation by the artist captured the warmth and protectiveness of the mother toward her baby and gifted the mother with a chronicle of her nurturing. A painting inspired by the instance would later serve as the commemorative visual for the city's annual memorial for babies lost.

This compelling case underscores the profound impact of arts and humanities on healthcare provider-patient relationships, empathy, and ultimately patient-centered care. It serves to inform future arts-based initiative and program development in medical and healthcare education and training.

References:

1. Weiner MF, Russell Silver J. The doctor as an artist. J Med Biogr. 2017;25(2):80-90. doi:10.1177/0967772015619303
2. Stephens MB, Bader KS, Myers KR, Walker MS, Varpio L. Examining Professional Identity Formation Through the Ancient Art of Mask-Making. J Gen Intern Med. 2019;34(7):1113-1115. doi:10.1007/s11606-019-04954-3

3. Signoroni S, Veneroni L, Pagani Bagliacca E, et al. "Summer is you": Adolescents and young adults with cancer sing about their desire for summer. Pediatr Blood Cancer. 2019;66(5):e27630. doi:10.1002/pbc.27630

4. Reappraisal and Self-Characterization of Chronic Illness Experiences: A Literary Journal Case Study (Flash Presentation)

Taruni Tangirala, Health Humanities Literary Journal Editor-in-Chief,
Undergraduate Senior at Cornell, Cornell University

Studies show that the percentage of patients with ailments such as diabetes and rheumatoid arthritis who also have a mental or emotional illness of varying degrees is between 20 and 25% (Guthrie), and the percentage of cancer patients who have a mental or emotional illness lies above 30% (McDaniel et al.). A 2019 intervention study conducted by Glass et al. found expressive writing to be effective in increasing emotional well-being with several other studies also corroborating this. As the Editor-in-Chief of a literary journal (http://www.reapparitionjournal.org) dedicated to amplifying narratives of strength in healthcare, illness, and recovery, I explore how, in a variety of cases (different physical & mental disorders, as well as the perspective of loved ones) the narrativization of such experiences can lead to a palpable sense of psychological reappraisal of the experience. I analyze the structure of narratives that reflect successful reappraisal in our journal and argue for the utility in literary journals focused on health as effective vehicles for improving mental and emotional wellbeing, including poetry and prose covering experiences related to disease (e.g., dementia, lupus, major depressive disorder, etc.).

5. Improving ICU family communication with Get-to-Know-Me Boards and ICU Diaries (Flash Presentation)

Vivian Iloabuchi, Medical Student, Mayo Clinic Alix School of Medicine, Scottsdale, AZ; Kenneth Shelton, Massachusetts General Hospital - Chief, Division of Critical Care, Department of Anesthesia, Critical Care and Pain Medicine
Medical Co-Director, Corrigan Minehan Heart Center ICU, Mass General
Jonathan Ludmir, Massachusetts General Hospital - Cardiologist and Critical Care Physician, Corrigan Minehan Heart Center ICU, Mass General

Families of ICU patients have a high incidence of stress and are at risk to develop anxiety, depression, and post-traumatic stress disorder. A family-centered care approach incorporates the values and needs of families throughout admission. Get-To-Know-Me Boards and ICU diaries are often used in ICUs to enhance communication and understanding of the patient and clinical picture.

Family members of patients admitted to the Heart Center ICU for more than 48 hours were approached and offered a Get-To-Know-Me Board and ICU diary. We provided family members a description of the tools and how to use them. Over the course of July 2021, we evaluated the number of communication tools that families used.

We hypothesized that the Get-To-Know-Me Board and ICU diary will enhance communication amongst family and staff, increase family satisfaction, and decrease family stress levels.

Ultimately, this was the implementation phase of a quality improvement project, and the next phase is a prospective study involving family follow-up post-discharge.

6. Grappling Isolation: How Supervised Injection Sites Support Individuals With Opioid Addictions (Flash Presentation)

Tharika Thambidurai, Undergraduate Student, Case Western Reserve University

The United States has been grappling with a persistent opioid crisis, resulting in costs exceeding $1.5 trillion across healthcare, law enforcement, and social services; more importantly, this crisis has claimed the lives of over one million individuals since 1999. Regrettably, this escalated during the COVID-19 pandemic, with opioid-related deaths accounting for over 75% of all drug overdoses in 2021. Humans are naturally inclined to form connections with others, however, many individuals grappling with addiction frequently experience isolation due to their apprehension of losing control or their desire to conceal their addiction to avoid societal judgment. Unfortunately, the necessary quarantine measures implemented during the pandemic to reduce the spread of the virus resulted in heightened levels of isolation, creating additional challenges for individuals struggling with addiction to receive support from others. In this flash presentation, I will not only discuss the adverse consequences of the pandemic-induced isolation on individuals with opioid addictions but also explore a potential solution: the implementation of supervised injection sites in the United States. Supervised injection sites are hygienic facilities where individuals can safely consume illegal drugs. These sites offer a wide range of services, including immediate assistance by healthcare professionals in case of an overdose and connections to support services, and contrary to belief, they do not lead to increased criminal activity in communities. Fighting the opioid crisis is an important, yet long process, but implementing supervised injection sites to combat isolation and overdose mortalities are effective steps we can take right now.

7. From Scapegoating to Self-Defense: Exploring the Surge in Asian American Gun Ownership Amidst the Covid-19 Pandemic. (Flash Presentation)

Lydia (Sin Lei) Pui, Medical student, Case Western Reserve University School of Medicine

Asian Americans have historically been the scapegoat for epidemics in the United States; from the smallpox epidemic in 1876, the bubonic plague outbreak in 1900, to today's Covid-19 pandemic. Covid-19, initially known as the "Wuhan virus", or the "Chinese" or "Asian" virus, has rendered Asian Americans as the prime target for discrimination, violence, and racism. As a result, anti-Asian incidents and hate crimes skyrocketed in 2020. This has led to unease and fear in Asian America Pacific Islander (AAPI) communities. Historically, Asian Americans have traditionally only represented a very small proportion of gun owners. However, as gun sales rose during the pandemic, gun sales to Asian Americans were reported to have risen 43% just in the first half of 2020, with most of the purchases by new gun owners (Wu et al.). Gun ownership is a public health issue as it is associated with elevated risk of accidental injury, suicide, homicide, and intimate partner violence. Since 2020, we have also witnessed the rise of mass shootings targeting AAPI communities with AAPI perpetrators. Asian Americans as the model minority are often overlooked in statistics and research. In this paper, I will argue for the connections between scapegoating of Asian Americans and the rise of Asian American gun ownerships, drawing on social media, community sentiments, and advertising to illustrate how gun sales have been targeted to this community. I will also address the health risks of gun ownerships and suggest several harm reduction strategies in relation to gun ownership.

Bibliography

Wu, Tsu-Yin, et al. "Examining Racism and Firearm-Related Risks among Asian Americans in the United States during the COVID-19 Pandemic." Preventive Medicine Reports, vol. 27, Apr. 2022, p. 101800. PubMed Central, doi:10.1016/j.pmedr.2022.101800."

8. Applied Theatre Arts as a Tool to Increase Depression Literacy in Adolescents: Lessons Learned from a Mixed-Method Pilot Study

(Flash presentation)

Devin N. Thomas, Adjunct Professor, Bowie State University

Adolescent depression has increased sharply over the past decade, exacerbated by the effects of the COVID-19 pandemic (Thapar, et al. 2022, Branje & Morris, 2021; Golberstein et al., 2020). Depression literacy can be used as a tool to mitigate the consequences of depression (Beaudry, et al 2019). Low depression literacy causes hesitancy in seeking help for depressive symptoms due to the stigma associated with mental illness (Zhong, et al, 2021). This delay exacerbates the effects of depression and further impede the quality of life of the depressed (Curran, et. Al, 2023). Depression literacy is a protective factor that must be utilized to develop interventions for adolescents.

Involvement in extracurricular activities can lead to lower rates of depression and other negative mental health states (LaForge-Mackenzie, et al., 2022; Bernasco et al., 2021; Magson et al., 2020, Steiner, et., al, 2019). Adolescents who participated in theatre arts as an extra-curricular activity reported increased levels of self-esteem, self -confidence, belonging, and lower rates of risky behaviors (Quek et al., 2021; Fancourt, 2019).

Moreover, involvement in theatre arts can reduce health-related stigma (Bernasco et al., 2021). The Unified Theory of Behavior highlights the importance of mental health literacy and therefore postulates that knowledge, skills, and abilities are important precursors to behavioral change and must be integrated into the design of interventions (Hart et al., 2014).

Previous studies have used educational campaigns to increase depression literacy but did not employ novel or creative strategies to do so (Johns Hopkins Medicine, 2018; Beaudry et al., 2019). Applied theatre arts and arts integration have been used for a myriad of academic and public health topics such as mathematics (Jeronimo, 2019), science (Madden, et al., 2022), history (Anderson, 2017), and nutrition and healthy eating (Tympa, et al., 2019), sexual and reproductive health (Kaiser Permanente Educational Theatre, 2018) and among vulnerable populations (Theatre Lab, 2019). Scant attentions have been paid to the prospects of applying theatre arts to increase depression literacy as a function of decreasing depression in adolescents. The current talk discusses the lessons learned from using applied theatre arts in this fashion.

PP20 Care and Teaching: Approaches in Health Humanities Pedagogy paper session

Faring Well in Health Encounters: A Humanities Driven Approach to Developing Cultural Humility in Undergraduate and Healthcare Education (Paper presentation)

Rebecca Permar, PhD, Wake Forest University, Postdoctoral Fellow
Eunice Jianping Hu, PhD, Wake Forest University, Postdoctoral Fellow

Trust is an integral part of the relationship between patients and providers, however, building trust is a complex and nuanced process that requires much from all parties to encourage a therapeutic relationship. Cultural humility refers to an open-minded, humble, and respectful attitude towards differences in values, needs, and traditions rooted in cultures as well as the active self-awareness of the limits of those of one's own. We propose the use of film as a tool for dialogue around intercultural competence, communication, and empathy, and offer the 2019 movie The Farewell (directed by Lulu Wong) as a case study of how humanities can help foster clinical skills in undergraduate and graduate education. The Farewell focuses on the conflict of Chinese and American values within the family caused by the diagnosis of grandma's lung cancer. The authors of this paper will argue that a humanities-driven inclusion of non-Western perspectives in clinical education and practice can be effective in:

> Encouraging patients to express their distinctive values and needs as well as encouraging students and practitioners to become more fluent and comfortable when navigating diverse health spaces;
> Raising the awareness of cultural differences which can help reflect on and revise existing medical practices to center cross-cultural dialogue and exchange.

This paper aims to use an interdisciplinary and intercultural humanities-focused approach to foster cultural humility that will lead to the development of mutual trust between patients, providers, and family.

Touch of *Grey's:* Positioning *Grey's Anatomy* in Health Humanities Pedagogy (Paper presentation)

Emily Waples, Associate Professor, Hiram College; Adam Ellis, undergraduate student, Hiram College

Poised to enter its twentieth season, the medical drama *Grey's Anatomy* has now dominated network television—and with it, arguably, the American medical imagination—for a generation. Shonda Rhimes's record- and pathbreaking series has been examined and critiqued for its possibilities and limitations as a conveyor of health education; its representations and misrepresentations of medicine and the American health care system; its racial (and post-racial) politics; and its unique capacity to structure patient expectations and inform health behaviors and decision-making. It is, in other words, a rich and ripe document of culture. Offering results from and reflections on a pilot undergraduate health humanities course devoted entirely to analysis of *Grey's Anatomy,* this presentation makes a case for why—and, more importantly, how—to include *Grey's Anatomy* in health humanities curricula. Specifically, it calls for a move beyond its superficial and uncritical use—that is, as an entertaining alternative to the bioethical case study—and toward an approach that considers the show's status as a constructed, often hackneyed document of culture not as an obstacle to analysis, but rather as an opportunity for precisely the kind of complex interdisciplinary interrogation health humanities pedagogy promotes and enables.

Preliminary Outcomes of Discipline-Inclusive Undergraduate Health Pedagogy (Paper presentation)

Erin Sellner, Teaching Assistant Professor, Arizona State University

The impact of isolation and loneliness on health outcomes extends beyond healthcare workers, patients, and loved ones. This loneliness creeps into the lives of students preparing for competitive healthcare careers and those experiencing illness of self of loved one while matriculating. Moreover, isolation of core subject areas, called educational siloing, impacts the way in which undergraduate students prepare - for careers, for caregiving, for patienthood. To address the isolation of learning objectives across discrete subject areas, in Fall 2023 ten undergraduate students participated in a one-semester seminar-style course to study the broad history of cancer, treatments, and ethical considerations. To address the loneliness endemic at every level and intersection of health, this group of course enrollees became a collaborative cohort for curiosity. The removal of prerequisites recruited students from a range of educational levels and disciplines. Using a popular science text as the backbone, the course used ancillary primary sources to inquire more deeply into the totality of “cancer” from diverse perspectives. This pilot study implemented a humanities intervention in the instruction of a health course to observe evidence of model efficacy in student achievement of learning objectives while bridging disciplinary silos. This paper will evaluate the successes, surprises, and areas for improvement in the discipline-inclusive model as a pilot study for wider implementation in health pedagogy

The Health Humanities for Humanists (Roundtable)

Rachel Conrad Bracken, PhD (organizer/presider), Assistant Professor, Family and Community Medicine, Northeast Ohio Medical University
Phillip Barrish, PhD, Tony Hilfer Professor of American and British Literature, Director, Master of Arts Program in Humanities, Health & Medicine Associate Director for Health and Humanities, UT Humanities Institute, University of Texas at Austin
Marty Fink, PhD, Associate Professor, Professional Communication, Toronto Metropolitan University, Joseph Stramondo, PhD, Associate Professor of Philosophy and the Humanities, Interim Chair, Department of Classics and Humanities, Director, Institute for Ethics and Public Affairs (IEPA), San Diego State University;
Bernice L. Hausman, PhD, Cline Prof. of Humanities in Medicine, Chair, Dept. of Humanities, Penn State College of Medicine, Editor in Chief, Journal of Medical Humanities;
Christopher D. E. Willoughby, PhD, Assistant Professor, African American and African Diaspora Studies Program, Department of Interdisciplinary, Gender, and Ethnic Studies, University of Nevada, Las Vegas
Sarah E Rubin, MSc, PhD, Associate Professor, Department of Social Medicine, Ohio University Heritage College of Osteopathic Medicine, Cleveland Campus
Catherine Belling, PhD, Associate Professor of Medical Education, Center for Bioethics & Medical Humanities, Northwestern U Feinberg School of Medicine

In the introduction to the *Health Humanities Reader,* editors Jones, Wear, and Friedman observe:

"There has been and continues to be a tension between the _instrumental justification_ for the humanities in health professions education, which ostensibly enables and promotes more caring professionals and better caring practices … and the _intellectual practice_ of the humanities, which enables and encourages fearless questioning of representations of caregivers and patients in all of their varieties, challenges abuses of power and authority, and steadfastly refuses to accept the boundaries that science sets between biology and culture." (p. 4; emphases added)

The Health Humanities promise to improve patient experiences, caregiver wellbeing, and community health by mobilizing knowledge and practices from the arts, humanities, and social sciences, but what does the field offer to social scientists and humanities scholars? How does a focus on illness, embodiment, health, and healing practices advance and/or open new avenues for humanities inquiry—what we might refer to as "disciplinary scholarship" as opposed to applied or pedagogical scholarship?

This roundtable brings together an interdisciplinary group of scholars from literature and media studies, history, anthropology, philosophy, bioethics, queer and gender studies, and disability studies to consider the scope and stakes of the "intellectual practice," per Jones, Wear, and Friedman, of the Health Humanities—that is, critical and theoretical disciplinary scholarship as opposed to applied and pedagogical research in the Health Humanities. Panelists will discuss how engagement with the Health Humanities has informed or impacted their scholarship and how this scholarship has been received in their "home" disciplines. They will also consider the distinction Jones, Wear, and Friedman draw between the "instrumental justification" and "intellectual practice" of the Health Humanities, pondering whether Health Humanities scholarship is necessarily applied research, with the aim of improving health care practice, patient care, and/or provider wellbeing, and, conversely, what it looks like to produce Health Humanities scholarship for an audience of primarily humanities scholars. Presenters across the career spectrum, from junior faculty to program directors and editors of of leading health humanities journals, will share insight and invite audience discussion.

With the humanities in a near-constant state of crisis in higher education, applied humanities fields—health humanities, environmental humanities, public humanities—counter critiques of "irrelevancy" by providing new frameworks for addressing pressing social issues, thereby promising increased undergraduate enrollments, career paths for humanities graduates, and grant funding for humanities research. At the same time, we exist in a sociopolitical era increasingly hostile to anti-racist, anti-ableist, anti-sexist, and anti-transphobic critique—a moment especially in need of critical and theoretical Health Humanities scholarship devoted to "fearless[ly] questioning" both the history and status quo of health care practice and "challeng[ing] abuses of power and authority" therein. It is, therefore, a moment ripe for reflection on the aims, audiences, and stakes of Health Humanities scholarship.

The Fine Art of Health Care: Using Visual Art Training to Build Community (Interactive workshop)

Neva Kirk-Sanchez, Professor of Clinical Physical Therapy, University of Miami Miller School of Medicine, Gauri Agarwal, MD, FACP, Associate Professor, University of Miami Miller School of Medicine, Hope Torrents, Museum Educator, Art Matters with Hope, LLC

The University DPT and MD programs and the Art Museum have been collaborating for more than 20 years to develop and implement an interprofessional program that uses visual art to develop skills such as observation, communication, collaboration, and mitigation of biases. Visual arts training can also foster attributes such as empathy and cultural humility. As the diversity of the United States continues to increase, an awareness of cultural values, language, and other social determinants of health is imperative in nurturing healthy communities. Visual art can give us a window into the human condition and emotions and provide historical and sociocultural perspectives that enhance community-building. This educational session aims to demonstrate visual-art-based teaching and learning strategies, provide opportunities for the participant to practice and experience these strategies, and discuss methods to incorporate visual arts education into health professions curricula.

Visual thinking strategies (VTS) is a form of visual arts training that involves the use of facilitated group discussions in which each participant can express opinions about a piece of art using three questions:

1. What is going on in this image?
2. What do you see that makes you say that?
3. What more can you find?

Facilitators paraphrase participants' responses and point to the details under discussion. Such training can allow participants to recognize the power of "slow looking" (turning one's full visual attention to the details in a work of art). VTS sessions require participants to communicate observations clearly and listen carefully to others' perspectives, thus building collegiality and community. In the educational environment, VTS sessions therefore encourage students to realize that there may be multiple perspectives due to individual and societal cultural heritage, bias, history, and background knowledge. Skills and attributes developed during the practice of VTS such as open-ended, non-judgmental discussions around a work of art can translate to improved relationships and collaboration between clinical and community-based populations. Visual art training can also take the form of mindfulness meditation around a work of art to build skills in self-reflection and support wellness and mental health. "Slow looking," as a form of mindfulness meditation, can be incorporated in the clinic, classroom, and community as an evidence-based teaching and learning approach. The purpose of this educational session is to introduce participants to several visual art training strategies, provide opportunities to engage in teaching and learning activities focused on visual art, and generate discussion and ideas to facilitate the incorporation of visual art training into health professions curricula. In this session, we will review the evidence for visual arts training, lead a communication exercise using visual images, demonstrate a facilitated VTS session, provide opportunities for participants to facilitate a VTS session, and engage the audience in "slow looking" using a work of art.

Virtual-PP2 Health Stigma and Discrimination in Media (paper session)

Exploring Bioethics through Xenotransplantation Narratives: Social Isolation and Discrimination in Pig-Heart Boy and We Ate the Children Last (Paper presentation)

Jerika Sanderson, PhD candidate, University of Waterloo

Xenotransplantation, or the transplantation of animal organs into human patients, is a medical procedure that has recently gained renewed media attention after a patient received a pig heart in early 2022. Proponents have expressed hopes that xenografts will eventually be made available to patients who are not eligible for allotransplants. Therefore, it is important to consider the ethical implications of these procedures, and how xenotransplantation could impact patients' sense of identity and community. For example, John W. Entwistle et al. (2022) note that xenograft recipients might experience "emotional distress" and "suffer social isolation or hostility, on grounds of being a health risk to others" (990). In this paper, I will respond to this by discussing two xenotransplantation narratives: the British children's novel Pig-Heart Boy (1997) and the Canadian short film *We Ate the Children Las*t (2011).

In both narratives, anxieties about the potential societal impacts of xenotransplantation are explored. In *Pig-Heart Boy,* a boy experiences social isolation due to his classmates' fears that he could have contracted dangerous "germs" after receiving a pig heart transplant. In We Ate the Children Last, pig digestive tract transplants are popularized as a treatment for cancer, but recipients experience behavioural changes, which leads to discrimination, harassment, and persecution. I will analyze these narratives alongside bioethical discussions about the potential public health risks posed by xenotransplantation. By exploring potential responses to xenotransplantation, these narratives can provide important opportunities to address public fears and discuss the experiences of patients undergoing controversial medical procedures.

Popular Primetime Medical Dramas Narratives about Sickle Cell Disease (SCD): Entertainment Education as Tool to Inform the Public about SCD (Paper presentation)

DaKysha Moore, Associate Professor, NC A&T State University
Elijah O. Onsomu, Winston-Salem State University, Associate Professor of Nursing

Sickle cell disease (SCD) is one of the most common genetic blood disorders across the globe. The disease, which mainly involves people of African descent, affects the red blood cells. When patients are in what is called a “sickle cell crisis,” there could be serious health complications (CDC, 2023). Sickle cell patients not only endure several physical effects such as extreme pain, but they also face stigma. Sickle cell patients often visit emergency departments for pain control, which often includes strong medications. Patients sometimes encounter negative interactions with medical providers. Accurate and positive messages about SCD could help combat stigma. Therefore, the purpose of the study is to explore the storylines about SCD and health outcomes in primetime television shows. Using thematic analysis, the researchers examined the stories told about SCD on popular medical television dramas aired during the past ten years. The focus on medical dramas gives the opportunity to not only understand the narratives of patients’ stories, but also the audience gains a better grasp of medical providers descriptions of SCD. Even though there are only a few episodes in medical dramas that discuss sickle cell disease, two of the main themes are pain and treatments. It is imperative to use all media tools to accurately inform the public about SCD, because it could help educate and reduce stigma associated with the genetic blood disorder.

PLENARY ADDRESS: Art as Medicine/Medicine as Art

Eric Avery MD, Emeritus Associate Professor of Medical Humanities, Institute for Bioethics and Health Humanities, The University of Texas Medical Branch at Galveston

This is a visual narrative by Eric Avery, an artist who became a physician. Over fifty years he explored the liminal space between art and medicine, expanded the boundaries of printmaking, and tried to answer the question, ***Can Art Save Lives?***

Although encouraged by an art professor to become a physician, upon entering medical school he was told that he could not be an artist and a physician (see conference bio or www.docart.com). Serendipitously, while a medical student, medical humanities programs had begun to emerge in the United States.

In 1967, the first medical humanities program in the United States was started by Al Vastyan, a former chaplain at UTMB, at the new medical school in Hershey, Pennsylvania. It included both literature and visual art. In 1973, the second program to develop was the Institute for Medical Huminites (IMH) at UTMB where Eric Avery was a medical student.

During this time, Edmund Pellegrino M D. (1920-2013), an early promoter of medical humanism, chaired the Institute on Human Values in Medicine. It had initiated a series of dialogue groups examining the intersection of the humanities and medicine. (1) In 1976, while Dr. Avery was in his psychiatry residency, he was invited to participate in one of these groups, the Visual Arts and Medicine Dialog Group. (2)

Al Vastyan, a member of the group, invited him to Hershey to explore his hypothesis that **the relationship between art and medicine is space.** The result was "Hands Healing: A Photographic Essay." Literally, it visually explored the space of surgical healing when over 10 hours, a severed hand was reattached. (3)

This presentation is organized around spaces within which Dr. Avery has worked while making art alongside his clinical practice. These include work with refugees in Somalia (World Vision) (4); with refugees on the Texas Mexico Border (Amnesty International USA); and with people with HIV/AIDS (UTMB, IMH).

Trying to merge the sensibilities of visual art and medical practice (5), he created clinical art spaces in art museums and galleries (6). While working in public health and primary prevention spaces, he created artists books, and installations using educational wallpaper. While working in spaces of trauma and recovery, he helped originate use of lived cloth in papermaking and art therapy. (7)

After retirement from his clinical practice in 2012, he continues making socially engaged prints about the migrant crisis around him on the Texas-Mexico Border. Reflecting on the relationship between art and medicine, he wants us to ask ourselves*: what is art for and what do artists do?* If Art Can Save lives, are Dr. Avery's prints art medicine? If not save lives, can they heal others as they have him in their creation?

1) Edmund Pellegrino, Visual Awareness: The Visual Arts and the Clinician's Craft, foreword in The Visual Arts and Medical Education, (Southern Illinois University Press, 1983) ix-xi
2) Geri Berg, editor, ibid, 1983
3) Eric Avery, Hands Healing: A Photographic Essay, ibid, pg 10-26.
4) Christopher Whipple, Parched Land of the Dying, Life Magazine, April 1981 pg 36-46
5) Joanne Trautmann, William Carlos Williams and the Poetry of Medicine, *Ethics in Science & Medicine*, Vol 2, 1975 pp36-46
6) Eric Avery, Art as Medicine /Medicine as Art, in *Dear Print Fan, A Festschrift for Marjorie B. Cohn,* Craigen Bowden, Dackerman, S, Mansfield E, editors, Harvard University Art Museums (2001) 2-9
7) Eric Avery foreword in Drew Matott, Gretchen Miller, editors *The Art and Art Therapy of Papermaking* (Routledge 2024) xx-xxii

PP3 Navigating Loneliness and Building Connections paper session

Social, Emotional and Community Health: Narratives of Contagion and Loneliness (Paper presentation)

Sophie Bradley, graduate student, Lehigh University

In May 2023, the US Surgeon General issued a public health advisory on loneliness and social isolation, urging for support in human connection. The consequences of loneliness and isolation have been demonstrated through the Covid 19 pandemic, suggesting a need to promote social and emotional community building at a national level. Mary Shelley's first and last men— Lionel Verney and Frankenstein's Creature— are beings of loneliness, damned to solitude, each one caught in a state of lacking community and thus suffering mentally, emotionally, and culturally. The experiences of loneliness between the two novels reflect a difference between situational loneliness, aloneness, and solitude; that is, loneliness as an exclusion from society is seen far less positively than Perdita's chosen solitude. As Lars Svendsen notes in *A Philosophy of Loneliness,* "loneliness can be a serious problem for those whom it effects. For many people it significantly impacts their quality of life, not to mention their physical and mental health," (1). I argue Mary Shelley's depiction of loneliness and solitude through the characters of Lionel Verney, Perdita, and the Creature highlights the threat of loneliness without community nation building. By examining these novels in light of historical events of the past, we can examine loneliness in light of the Covid 19 pandemic.

Spaces of Care as Breeding Ground of Human Connection (paper presentation)

Shrishti Dey, PhD Scholar, 2nd year, Indian Institute of Technology (IIT), Indore, India
Dr. Aratrika Das, Assistant Professor (English), IIT Indore, Co-Author

Spaces act as one of the many paraphernalia of literary understanding. When texts are read as spaces, they act as petri dishes for the culture of sociology and literature, human and non-human. Hospitals serve as the space of both relief and hospice to the old and dying. The hospital plays the role of a heterotopic environment wherein the worlds of the dying, the recovered, the newly born and the patients with no glimmer of hope, collide. Indian homes, on the other hand, act as domestic spaces of care wherein the informal act of caregiving is carried out, devoid of the institutionalization of power in the guise of a hospital. The study aims to anatomize hospitals and homes as spaces of care for the aged where both formal and informal human connection is played out. The paper delves into understanding the dynamics between the ageing patients and their caregivers, as influenced by their social surroundings in the selected texts - Githa Hariharan's *The Art of Dying* (1993) and Namita Gokhale's *The Blind Matriarch* (2021). Through an analysis of caregiving relationships, both within and outside the hospital, the paper aims to unearth the nuances of human connection and how they are controlled by the spaces in which they breed. The paper will explore the experience of ageing as seen through the eyes of caregivers in homes and hospitals and underline the importance of humanistic intervention in understanding how spaces of care determine the expression of fundamental needs and desires of the patient and the caregiver.

Exploring Mechanisms for the Effectiveness of the VA My Life, My Story Narrative Medicine Program in the Emergency Department

(Paper presentation)

Mackensie Yore, emergency physician, postdoctoral fellow, UCLA/VA National Clinician Scholars Program; Co-authors: Whitney Arnold, PhD, Assistant Professor in Residence, Comparative Literature and Medicine, Chair, Humanities Theme, UCLA David Geffen School of Medicine; Kristina M. Cordasco, MD, MPH, MSHS core investigator for the VA Center for the Study of Healthcare Innovation, Implementation & Policy (CSHIIP) and internal medicine physician

The Veterans Health Administration (VA) "My Life, My Story" (MLMS) program aims to support human connection by gathering patient life narratives and adding a one-page, patient-approved summary into the electronic medical record. Narratives can help clinical teams build rapport and facilitate connection with patients and provide important contextual information, all of which may be especially important in the emergency department (ED), where time constraints, lack of privacy, and other unique features of the practice environment make it challenging to get to know patients. MLMS has primarily been implemented in palliative care, geriatrics, and inpatient settings, but great potential exists for the narrative-based program to improve care in the ED, particularly for patients with frequent ED visits. Through semi-structured interviews with ED nursing staff, physicians, and social workers, this study will examine (1) the value ED staff receive from reading patient life narratives, (2) specific narrative information that may usefully improve patient care, and (3) how using narratives can be built into ED staff workflow. In addition to informing the design, implementation, and scaling-up of the MLMS program in the ED, particularly for patients with frequent ED visits, the study identifies mechanisms that may maximize the usefulness and impact of patient narratives in clinical care both in and outside of the VA.

PP23 Engagement with Music, Museums, and History (paper session)

Developing a Medical History Tour at an Academic Medical Center

(paper presentation)

Christy Audeh, Post-Baccalaureate Researcher, Mayo Clinic

Student volunteers lead a variety of historical tours daily at a large public research institution located in Virginia. In 2023, the university's student-run, volunteer tour-giving organization started offering medical history tours, a project inspired by a fourth-year student's thesis work on eugenics and the professionalization of medicine. The tour explores the evolution of the eugenics movement as it occurred within the university's medical school, and how efforts to modernize medical education informed—and were informed by—the eugenics movement. Guides discuss the legacies of slavery, the standardization of medical curriculums, the construction of the university's hospital, and the role of research in advancing race science and hereditarianism. By incorporating individual stories and connections to the present day, these tours engage a diverse audience and highlight the importance of understanding this history. The tour was first given to the institution's medical interns as part of their orientation this past summer, and training materials have been developed to prepare additional guides to lead medical history tours. This paper will provide an overview of the history of eugenics and medical education at this university, discuss the implications of this history, reflect on the research and tour-writing processes, and propose future directions for this project. In so doing, I hope to provide an account of publicly engaged health humanities scholarship and demonstrate the potential for tours to not only bring people together, but also to foster a sense of reflection and responsibility.

Afternoon at the Museum: Psychosocial Wellbeing and Intergenerational Connectedness among LGBT Older Adults (Paper presentation)

Xiaochen Zhong, Medical Student, University of California, San Francisco; Chloe Cheng, UC San Franciso, Medical Student; Nathaniel Jenkins, UC San Francisco, Psychiatry Resident; Peter Ureste, UC San Francisco, Psychiatry Professor; Tammy Duong, UC San Francisco, Psychiatry Professor

Loneliness and social isolation are related yet distinct issues that negatively impact the physical health and psychosocial wellbeing of older adults (Perone et al., 2019). In particular, LGBTQ+ older adults are at a heightened risk of both loneliness and social isolation (Perone et al., 2019). Museums in collaboration with health services have been shown to be well suited for supporting the wellbeing and improving the quality of life of socially isolated older adults (Camic and Chatterjee, 2013).

LGBTQ+ older adults were recruited from a community agency in San Francisco to participate in a 3-hour intergenerational museum event. Pre- and post-event surveys were administered to a total of 15 LGBTQ+ older adults. The mean age of the cohort is 71.8 years old. Around half (47%) of the cohort already had regular interactions with young people. The average of the cohort's social connectedness scores was 3.76 before the event and 4.32 after the event. A two-tailed paired t-test showed a p value of 0.0089. The average of the cohort's wellbeing scores was 3.45 before the event and 3.85 after the event. A two-tailed paired t-test showed that the p value of 0.0051.

Both measures of social connection and well-being statistically increased following the intervention. To our knowledge, this is among the first of such interventions to utilize a museum as a means for generating connectedness among this unique demographic group. We have demonstrated this experience to be effective in reducing social isolation and improving wellbeing.

Speculative Fabulations and Inventive Provocations for Self-Care (Panel)

Courtney Tyler, Graduate Student, Texas Tech University; Dr. Rina Little, Associate Professor of Art Education; Dr. Jonathan Little, Professor of English

We propose a panel on storytelling, specifically speculative fabulation as a methodological tool and creative endeavor for "inventive provocations" for care and healing (Dolphijn, R. & I. van der Tuin, 2012, p. 50). As an experimental practice, the aim of speculation "is to transform the trajectory of transitioning between present and future by providing alternative directions" (Savransky, 2017, pp. 32). Creative writing and visual arts will be discussed as a way to move from purely biomedical approaches to health into more holistic visions of self-care.

The panel will provide information on how activities were conducted where participants were asked to use the speculative to "transform and transfigure" care and healing imaginatively, rather than only "reproducing the event of suffering" (Knill et al., 2005). The arts provide a site of experimentation and creative strategies that may help cultivate sensibility (Davis & Turpin 2015). Participants were asked to reflect on how the arts also produce "new modalities of subjectivity" (Guartarri, 1995, p.7), moving away from subjectivities defined by strictly medical models of care. Artistic endeavors through speculative re-narration and re-organization can lead to therapeutic benefits and self-transformation. Jones (2006) draws our attention to how this process allows us to see and to help others, with positive psychological benefits for ourselves as creators, viewers, and artists. That is, participants develop skills in constructing meaning, adopting multiple and contradictory points of view, negotiating storytellers' realities, and gaining insights into the use of images, words, and metaphors, all essential components in storytelling (Charon, 2006).

Through re-organization, embodiment, making, and re-framing storied trauma through the speculative, participants were involved in a holistic praxis that included rethinking health and wellbeing, empowerment, restoration and a sense of care. For instance, in one example, participants were asked to re-imagine and re-write the ending of the famous short story "The Yellow Wallpaper" by Charlotte Perkins Gilman into a more optimistic denouement, using speculative storytelling and drawing. When combined with creative acts of empathy and compassion, participants found multiple outcomes for the re-narrated characters and for themselves. In addition, other examples will present the use of a photovoice and narrative body mapping to promote social and emotional health through creative interruptions in the hospital ecology. Photovoice and body mapping disrupted the pathologizing of bodies while (re)imaging patient and family experiences, helping to envision a different future in hospital care methods.

The potential growth for participants using the arts to investigate care or construct well-being comes from being in a space of creative play that allows for new relationships with storied trauma and with possibility. A sensitive attachment to materials in narrative inquiries using visual making and creative writing makes knowledge relevant and responsive, holding space for different relations. Furthermore, the arts here move beyond a representational role or an aesthetic object to a performative role, a transport station, a thinking-through, a working-through, which offers the potential for healing (Ettinger 2005) through the imagined and the speculative.

Moving at the Speed of Trust: Strategies for Communities Partnering with Healthcare (Interactive workshop)

Joy Doll, Program Director & Associate Professor, Creighton University; Rachel Heinz, MPH, BSN, Health Center Association of Nebraska

As the healthcare industry increases its involvement in the discussion and support of social care, there is rightful concern about the medicalization of social needs and social care. Healthcare system involvement is driven by the knowledge that the direct care that occurs within the walls of health systems impacts only 20% of overall health status. Social drivers of health impact the other 80% (1), leading the healthcare industry to move into the social care space with the objective of improving whole-person health outcomes. This shift is encouraged by regulatory agencies like the Joint Commission and Medicare that put forth requirements on health-related social needs screening and referral(2). Although many health systems have mandates to work with communities and community-based organizations, they may lack the knowledge and understanding of how to do that in way that shares power, leverages assets and actively designs intervention based on lived experience (3). Truly, social care and impacting SDOH will move at the speed of trust. Building trust should be foundational to efforts of SDOH from the individual to the system.

In this interactive workshop, the co-presenters will provide guidance and suggestions for community members on how to work with healthcare organizations. In our experience, community organizations offer significant benefit to health systems, yet do not always know the optimal way to navigate the partnerships to ensure equitable outcomes. Healthcare often speaks a language unfamiliar to community and clarity to bridge connection is necessary. In fact, the presenters have often seen significant time spent where communities are simply trying to understand the healthcare aspect.

The presenters will provide a framework and suggestions using tools from a variety of evidence-based sources along with our own lived experience to teach communities and community-based organizations to leverage their voice when working with healthcare entities. The session will not only focus on power dynamics and best practices in partnerships but also the business acumen and financial sustainability aspects. The presenters will share how participants can leverage policy and a variety of levers to help them work with healthcare to truly meet social drivers of health. Exemplar models will be shared with lessons learned. Participants will leave with a plethora of tools to help them navigate the waters of social and healthcare partnerships that are continuing to grow as investments are made and regulations go into place.

1) County Health Rankings (2014). County Health Rankings Model. Retrieved from https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model
2) Karaca-Mandic, P., Nikpay, S., Gibbons, S., Haynes, D., Koranne, R., & Thakor, R. (2023). Proposing an innovative bond to increase investments in social drivers of health interventions in Medicaid managed care. Health Aff (Millwood), 42(3), 383-91.

3) National Academies of Sciences, Engineering, and Medicine. (2019). Integrating social care into the delivery of health care: Moving upstream to improve the nation's health.

PP4 Amplifying Marginalized Voices & Strengthening Communities (paper session)

Kwentuhan and Community: A Mental Health Project for Filipino Nurses in Houston (Paper presentation)

Patricia Guzman, Medical student, University of Texas Health Science of Houston
Isabel Kilroy, University of Texas Health Science at Houston, Medical Student

Filipino nurses account for ~4.5% of nurses in the United States but comprise 30% of nurses who died from the COVID-19 pandemic. Recent literature has shown that the emotional state of Filipino nurses during the pandemic has in part consisted of sadness, tiredness, exhaustion, worry, and insomnia. However, studies have repeatedly shown that Filipinos are less likely to seek professional assistance for mental health, largely due to cultural stigmatization. In this project, we established a series of narrative medicine-based workshops designed to build community and allow Filipino nurses a creative and culturally sensitive outlet to decompress and mitigate burnout. Dialogue was guided by culturally relevant themes, with the aim of connecting with others through experiences, values, emotions, and art. Themes included identity, migration, coping with grief, and working as a nurse during the COVID-19 pandemic. A total of six workshops were held featuring close readings of curated artwork, guided self-reflection, intergenerational storytelling, and creative activities such as drawing, creative writing, and poetry. A total of seven Filipino nurses participated in the pilot workshops. Qualitative feedback largely praised the community-building aspects of the program, citing "sharing experiences" and "exchanges of ideas/opinions" as highlights. Participants reported leaving the workshops feeling "elated" and "elevated." One participant stated that the workshops were "a good way to share experiences, unload." The preliminary findings from our project demonstrate promise for future culturally tailored arts-centered mental health initiatives.

Making House Calls to George Floyd's Childhood Home: A Narrative Intervention for Social Care in Health Professions Education (Paper presentation)

Woods Nash, Assistant Professor, University of Houston Fertitta Family College of Medicine

Our medical school is in Houston's Third Ward, a historically Black neighborhood where residents endure some of our county's worst health inequities. The neighborhood is also rich in the arts and social connections. A key feature of our new curriculum involves visiting households in Third Ward, which includes the public housing site where George Floyd grew up. These visits occur through the Household Centered Care program (HCC), which pairs a faculty member with a small team of students from medicine, nursing, and social work. Led by a community health worker, the HCC team conducts regular visits with families who've enrolled in the program to facilitate access to social resources such as employment, childcare, food, transportation, and recreation. HCC visits take a strengths-based approach, affirming and supporting participants' assets and goals.

This presentation proposes that HCC visits are best understood as narrative interventions. While not yet explicit on the team's agenda, HCC visits would be more effective if framed by three overarching questions: What does "good health" mean to you? What are some of the most difficult obstacles to good health your household has experienced? and Regarding your household's health, for what do you hope? By seeking answers to these questions, HCC team members could grow in structural competency and cultural humility, learning from each family's unique abilities, struggles, and vision, as they co-construct the household's story of health. In this way, health professions students would also develop greater narrative competence and become better-equipped to practice narrative medicine in clinical care.

The Black Body and its Many Histories: Corroborating Black Health and the Death of Medgar Evers (Paper presentation)

Alex Hack, PhD Candidate, University of Southern California

Today, clinicians, medical records, and Black patient testimony seem to be at a perpetual mismatch. Electronic health records come with their own issues, including their inability to incorporate "non-medical" data, their proprietary nature preventing them from incorporating older records or ones from different institutions, and their purpose being billing rather than patient care. Bringing together EHR with what Ruha Benjamin calls "culture talk," or the conflation of genetics and culture in medical discourse, as it "obscures the social reality of those it purports to describe and hides the positionality of those who engage in such descriptions," it becomes easier to frame the trouble doctors and patients face when attempting to document a shared reality.

The many accounts of Medgar Evers' 1963 assassination demonstrate the ambivalent nature of racial trauma and the ways in which patient circumstance is interpreted via fact, feeling, and social bias. While it's generally accepted that after being shot in his driveway, Evers was taken to the nearby hospital at the University of Mississippi, the details of his admittance and care vary greatly depending on the source. The lack of verifiability surrounding the death of such an influential civil rights leader speaks to a larger problem that continues within American healthcare and its inability recognize more holistic forms of evidence, especially those less interested in "racial predisposition" or formulaic concerns. Working within the rich tradition of those who have used media studies to consider the body's information, I utilize Sylvia Wynter's discussion of the programming power of language, Benjamin's "culture talk," and Wendy Hui Kyong Chun's notion of habit to examine how this ambiguity and lack of understanding intractably remains within

Contesting Exclusion: Disability, Social Belonging, and Literature (Panel)

Matthew Reznicek, Associate Professor of Medical Humanities, University of Minnesota; Lydia Cooper University of Seattle Director, University Core; Brooke Kowalke, Creighton University, Assistant Professor of English

People with disabilities have long experienced forms of social exclusion. In literature, people with disabilities have been excluded because the novel "promotes and symbolically produces normative structures." Characters with disabilities have, by and large, been seen as "minor characters," excluded from the social environment and from being a protagonist. This panel, however, discusses ways that people with disabilities disrupt, frustrate, interact with, reject, and experience the exclusion that has shaped ideals of belonging in literature from the nineteenth century to the present.

Reznicek: The National Tale's representation of the social body achieves its organic wholeness by policing the health of its individual and constitutive bodies. I reconsider Jane Austen's final novel, Persuasion (1817) for the way that these bodies and their conditions renegotiate the broader social body that is achieved through the politics of health. Persuasion attempts to heal the social body of Great Britain in the wake of the Napoleonic Wars, achieving an individual bodily and societal stability that is dependent on re-negotiating the idea of what constitutes a British body. Central to this re-imagining is the injured and disabled body. Persuasion opposes the aristocratic body image of the body and health that lies in pedigree with the professional body that is both open to and defined by the possibility of injury, disability, and care.

Kowalke: Most of the poems in Molly McCully Brown's The Virginia State Colony for Epileptics and Feebleminded are voiced by residents of the colony, subjects whose subjectivity and agency were, historically, erased. Brown's collection challenges that erasure by strategically imagining what those residents might say about their experiences of their disabled body-minds, even (and perhaps especially) when they may not have had the cognitive ability to articulate those experiences. The poems embody the speakers' cognition as worth imagining, and see the risks of ventriloquizing the experiences of the speakers' historical inspirations and present heirs as an important antidote to the ways in which disabled body-minds, and particularly those who are intellectually disabled, remain unrepresented in literature and beyond.

Cooper: "Cli-fi"—the term coined by journalist Dan Bloom—describes the growing body of literature imagining coming climate disaster. While much has been written on the possibilities of "cli-fi" to describe and imagine different impacts of disaster, I want to draw attention to the way that such literature about disaster might also describe its antidote: caregiving. The question of how we care for others is, perhaps, even more important than the question of immediate survival in the context of global emergency. Rivers Solomon's award-winning speculative cli-fi novel An Unkindness of Ghosts (2017) offers a particularly provocative challenge to our understanding of climate crisis and social collapse by locating generative care and hope for human and nonhuman life in trans and intersex characters. In doing so, the novel shifts focus away from the question of human survival in the near future and onto the question of how human communities might be radically reimagined so as to secure a future worth living in.

Listening With Your Eyes: A Photography Workshop (Interactive workshop) Isabella Cuan, Fourth-year medical student, NYU Grossman School of Medicine

Arts in medicine movements, mainly manifested in medical humanities and narrative medicine practices, have garnered popular attention over the past several decades as a means for teaching and strengthening patient-centered care in medical school curriculums and health care systems. However, there has been limited emphasis placed on photography as an independent creative tool in medical education and training. Photography, as both a technical medium and creative art, has the potential to be a unique and valuable learning approach for targeting more intangible, yet equally as meaningful, professional skills and practices that ground and nuance the doctor-patient relationship, delivery of patient-centered care, and culture and system of medicine. Photography's ability to extend beyond cathartic creative expression and raise provocative and practical questions about what we see, who we are, and how we relate to the world around us can also provide newfound depth to the arts' cross-disciplinary role.

Driven by my personal background as a photographer and medical trainee, "Listening With Your Eyes" began as the foundation of my graduate dissertation work in the medical humanities. The project has transformed into a series of adaptable workshops that use photography as a means of adding practical value to current discourse in the arts in health and medical humanities communities. Operating on the belief that the philosophies and practices embedded in photography generate powerful ways of contemplating contemporary demands of doctoring, the project asks: How does the process of looking at the world through a camera lens meaningfully inform the process of doctoring, and vice versa?

In this 75-minute adapted workshop, participants will engage in the act of seeing through a lens—the process of framing, composing, and producing an image. They will explore how photography can complicate notions of narrative, empathy, and objectivity/subjectivity, as well as facilitate clinical skills such as detail-oriented observation and listening, non-verbal communication, and deeper awareness of self and others. Given the workshop is designed for health care professionals in all stages of their training and career regardless of prior photography experience, a basic introduction to the concept and practice of photography will be provided. A series of hands-on exercises will follow, in which participants will be guided by prompts to photograph (via camera or camera phone) and interact with their environment in a variety of ways with the goal of strengthening storytelling skills, empathic communication, and emotional awareness. A guided reflection will conclude the session for participants to have the opportunity to share impressions and insights.

Bridging Minds and Machines (Panel)

Samantha Chipman, English PhD Student and Bioethics Certificate Candidate, Emory University; Melanie Gregg, Professor of Humanities, Director of Healthcare & Medical Humanities (HMH), Wilson College; Paul Root Wolpe, Director, Center for Ethics, Emory University; Stephanie Larson, Clinical Ethics Fellow, Researcher, and educator, Cleveland Clinic and The University of New Mexico

This panel will illuminate key ethical questions concerning AI, consciousness, diagnosis, and neurodiversity. In a discussion facilitated by a moderator, health humanists, theologians, and bioethicists will present on a diverse array of topics to interrogate the use of AI in clinical and other environments, emphasizing disability justice, equitable care, and neuroethics. Specifically, the talks will examine AI-Assisted communication, AI and Autism diagnosis, AI in clinical, educational, and social environments. Through the ensuing Q & A, we will gather community insights, which we will later document for all attendees. Furthermore, a graphic combining panelists' ethical suggestions and key findings will be available. This panel aims to be a generative forum for the analysis of AI ethics, narratives, and cognition, with public-facing elements to experiment with communicating issues of AI ethics to a broader audience.

Presenter A, a neurodivergent health humanist and professor of literature, will examine ethical dilemmas posed by AI-powered information and communication technologies (ITCs), including augmentative and alternative communication (AAC) methods, within a neuroqueer-crip technoscientific framework, focusing on their power to enhance the agency of individuals on a neuro-cognitive communication spectrum. While addressing issues of privacy, biases, and autonomy, the paper will explore subtler risks to disabled users, such as identity loss, diminished empathy, and depersonalization. The paper will also expose the incongruity between ethical guidelines for AI developers and challenges experienced by disabled AI users.

The use of AI in research and clinical application, without the full weight of bioethical consideration, poses the possibility to further exacerbate health inequities experienced by people with Autism. Presenter B, a neurodiverse English PhD student, health humanist, and bioethicist, will deploy a disability studies and neurodiversity framework to explore ethical issues with the use of AI in diagnosing Autism, proposing practices for a more inclusive AI ethics. This talk aims to stimulate discussion about the diverse and consider the complex ethical ramifications of historic exclusions of people with disabilities from conversations about technologies that influence the construction of disability in clinical settings and society.

AI has the potential to make clinical ethics accessible to all populations. The use of AI in clinical ethics consults also has complex ethical ramifications for clinical ethicists, patients, and healthcare professionals. Presenter C, a bioethicist, health humanist, researcher, and educator, will discuss ethical considerations of AI and disability in clinical ethics consults.

Presenter D, a bioethicist, Professor of Medicine, Pediatrics, Psychiatry, Neuroscience and Biological Behavior, and Sociology, and the Director of an ethics center, will be a respondent to the other speakers. This talk will integrate remarks about the ethical history of prosthetics in general to the specific integration of AI as an extension of human functioning, ie, a prosthetic, and the attendant ethical challenges as articulated by the other presenters.

PP5 Identity, Inclusion, and Belonging in the Health Professions: Past to Present (paper session)

Accessibility in Health Professions Education: Diversity and Inclusion in Historical Context (Paper presentation)

Andrew Hogan, Fr. Henry W. Casper, SJ Professor of History, Creighton University

Health professionals do not reflect the broader racial/ethnic diversity of the United States. Historical barriers to accessing health professions education have played a major role in initiating and perpetuating these disparities. The Flexner Report (1910), which introduced new science and research-focused standards for medical education, also contributed to the closure of half of the nation's medical schools and limited opportunities for marginalized populations to enter the medical profession. During the late-twentieth century, leaders and educators in the longstanding rehabilitation field of physical therapy (PT) espoused and applied Flexner's precepts in seeking to advance PT's status and professionalization. However, in doing so, they consistently overlooked the more insidious historical and ongoing impacts of Flexner's recommendations on diversity in medicine. This paper draws on archival, oral history, and published sources to examine how PT's Flexnerian ambitions disrupted its parallel efforts to increase the field's underrepresented racial/ethnic diversity. I argue that PT leaders' focus on enhancing their profession's status, relative to medicine, and indifference toward facilitating educational accessibility and mobility, played a significant role in the profession's continued racial/ethnic homogeneity. This humanistic analysis offers actionable lessons for health professions. To increase practitioner diversity in the future, especially in light on the US Supreme Court's 2023 decision restricting race conscious affirmative action, health fields must do more to address structural barriers to student access. This will involve moving away from medicine's Flexnerian model and pursuing approaches that have helped more diverse and inclusive health professions, like nursing, to achieve broader educational opportunity and mobility.

Where I'm From: Lessons from a Medical School Humanities in Medicine Course on Healthcare Inequities and Social Justice (Paper presentation)

Kathleen Van Buren, Director, Humanities in Medicine, Mayo Clinic
Co-authors: 1. Tolulope Kehinde, Vanderbilt University Medical Center, Clinical Fellow, Global Health Fellowship, Department of Anesthesiology 2. Nicole Nfonoyim-Hara, Writer

In May 2023, Mayo Clinic Humanities in Medicine launched a medical school selective called "Where I'm From: The Hospital as a Microcosm." Melding literature, visual art, anthropology, clinical research, and personal experiences, the course provided learners with critical, creative, and reflexive thinking tools to facilitate deeper cultural and structural understanding of healthcare disparities and social justice in medicine. Using George Ella Lyon's poem as a starting point, students reflected on what it means to be from a place—a geographical location, a belief system, a culture, a gender identity, an age group—as well the ways in which culture, identity, and narrative shape our lived realities and diverse experiences of healing. Furthermore, at a time of stark health disparities in the United States and globally, students explored how narrative, history, and the arts can be integral to reflecting and addressing healthcare inequities.

This presentation sets the course in the context of equity, diversity, inclusion and belonging initiatives at Mayo Clinic, including development of an anti-racism curriculum. Presenters address: the need for the course; the value of approaching health disparities, social justice, and abolition medicine through arts and humanities lenses; and results from the first offering.

While much emphasis in contemporary discussion is on creating belonging, the course demonstrated that humanities in medicine approaches can in fact lead learners to recognize that they do not belong and assist them in articulating why this is so—critical steps for developing alternative, more inclusive systems—in addition to creating spaces of belonging.

The Evolution of Holism in Medical School Requirements and its Impact on the Views of an "Ideal" Medical Student (Paper presentation)

Samuel Suh, undergraduate student, Johns Hopkins University; Dr. Kamna Balhara, Johns Hopkins Medicine, Supervisor

What constitutes an ideal candidate for medical training? When, and how, did US medical schools begin to consider the individual applicant in a holistic manner? Holism is a doctrine that reflects on the human condition by considering the wholeness of the human, one composed of unique synergistic qualities and competencies. This paper explores the evolution in the relevance of holism in the selection of medical students, and its interplay with corresponding changes in the systemic US medical school requirements from 1950-present day. By leveraging the archives of 16 medical schools across the US, this paper tracks geographic and temporal trends in admissions requirements and premedical requirements from bulletins and medical school announcements, to understand the humanities requirements and individual competencies of the matriculant. National medical school admissions policies are concurrently analyzed through sources from the Association of American Medical Colleges' Mary Littlemeyer Archives, to evaluate if, how, and when the standardized medical school admissions test (MCAT) has reflected a similar evolution in emphasis on holistic knowledge and attributes. Overall, these analyses suggest that the emphasis on holism has increased heavily throughout the decades, especially in the present day. Medical schools are seeking students with cultural, interpersonal, and adaptable competencies, including, in many cases, a broad liberal arts education. This new perception of the "ideal" medical student has significant implications for undergraduate education, and future areas for study include examining whether the "ideal" medical students' attributes correspond with the competencies required of residents before their embarkment on independent practice.

PP18 Beyond Popular Approaches to Mental Health: Transformative Diagnostics and Treatment Protocols (paper session)

Honoring Madness: Serious Mental Illness as Neurodiversity (Paper presentation)

Julia Knopes, Instructor, non-tenure track, Case Western Reserve University School of Medicine

Neurodiversity is an increasingly utilized framework which suggests that differences in thought, emotion, and behavior are not inherently pathological, but rather, meaningful ways of experiencing the world. While neurodiversity as a concept emerged from the autism community, there is growing interest in the fields of health humanities, disability studies, and Mad studies about whether or not serious mental illnesses like schizophrenia and bipolar disorder constitute forms of neurodiversity, and/or medical diagnoses requiring clinical intervention. For instance, someone may have positive associations with the voices they hear, or embrace mania as a period of heightened creativity and productivity. This paper presentation will review the literature on serious mental illness as neurodiversity, followed by a review of select qualitative empirical data from a study on the lived experiences of people with serious mental illness in the state of Ohio. The data will suggest that people with serious mental illness have complex, ambivalent feelings about whether or not their conditions count as neurodiversity, as they make treatment decisions and navigate daily life in ways that honor their personal values. Likewise, mental health professionals in the study expressed their own thoughts and concerns about what it would mean to forego treatment in order to experience divergent psychological phenomena. This paper calls upon scholars and activists in the health humanities to expand their understanding of neurodiversity, while acknowledging the nuanced ways in which people accept and celebrate their conditions, at times choosing to alleviate distress through biomedicine and psychotherapy.

Collaborative research with and for Indigenous communities in the Beaufort Delta Region, Northwest Territories (NWT), Canada: Journeying toward liberatory, transformative mental health outcomes (Paper presentation)

Mallory Minerson, Doctoral Student, University of Alberta

As a doctoral student, I am exploring the reproduction of contemporary mental health cultures and systems to help promote mental health equity in the North. Practicing in the NWT since 2018 as a mental health professional with a degree in drama therapy has led me to recognize the constraints of current hegemonic Western mental health practices which have systemized racism and inequity within the very structures and systems that are proclaimed to be helping people, in particular Indigenous people. My research is focused on challenging and disrupting standard western-colonial language to open space for individuals to construct or re-claim their identities and experience to align more strongly with personal, local, cultural, historical, and traditional knowledge.

In this presentation, I will outline my early progress as a white researcher in journeying from a western research paradigm to undertake participatory action research with Inuit communities in the Beaufort Delta informed by Griffith & Semlow's (2020) 3-phase inquiry process: 1) deconstruction ("unlearning"), 2) reconstruction (developing "new ways of learning"), and 3) construction (development of new strategies). In beginning this, I have worked on dismantling my internalized systems of white privilege and colonizing practices, and have intentionally begun developing allyship-based, community connections and relationship-building. Collaborative co-creation with Indigenous knowledge holders, elders, scholars, and community members, respecting traditional wisdom and ways of knowing and the value of relationality and healing together, recognizing the interconnectedness of the environment to all living beings has grounded my approach, along with art and aesthetics which have also been integral.

When the Chatting Cure Won't Shut Up: Silence and the Limits of AI Therapy (Paper presentation)

Liz Bowen, Assistant Professor (tenure track), SUNY Upstate Medical University

Debates around the ethics of AI therapy often coalesce around questions of what the chatbot is likely to say. Will a large language model know the right way to respond to a person in crisis, or will its errors and programmatic responses cause harm? Can an LLM's naturalistic voice rival human support in a time of scarce and inaccessible mental health care, or does its mimicry of intimacy exploit the trust of vulnerable people? Though these are crucial conversations, they tend to miss a key component of therapy that poses a problem for AI: sometimes the right thing to say is nothing. Many therapeutic approaches recognize the generative potential of silence, whether in encouraging moments of deep reflection, making space for grief, inviting nonverbal modes of feeling and expression, or moving through moments of disjuncture, discomfort, or tension. Silence can be a mode of witnessing, an entreaty to dive deeper, or a productive difficulty that leads to unexpected breakthroughs. But these complexities are antithetical to the chatbot therapist's algorithm, which produces near-immediate responses to users' every input. Drawing on an interdisciplinary archive including psychoanalytic theory, psychological research, and literary texts, this presentation will argue that the embodied experience of silence is an integral dimension of therapeutic practice that chatbots cannot effectively integrate. The session will explore the implications of this discrepancy for problems of access and trustworthiness in the mental health care system, as well as for social connection and wellbeing in communities where mental health resources are lacking.

CC8 Creative Conceptions of Illness and Health (paper session)

Fragments of a Child: An Anatomical Review of Childhood Trauma

(Creative presentation)

Rimla Khan, graduate student

This project constitutes a series of paintings elucidating the impact of childhood trauma on the human anatomical and psychological landscape. The idiom of surrealism, color theory, and biology convey the intricate interplay between psychological and physical trauma. Color theory serves as a conduit for exploring the emotional and affective dimensions of trauma, as psychology posits profound connections between color associations and the human emotional spectrum.

The overarching objective is to study a frequently overlooked dimension: the enduring influence of childhood mental trauma on physical anatomy. Pediatric traumas can cause changes in the genetic, psychological, and physiological landscape, stemming into adulthood. The research concludes a correlation between fetal trauma and changes in genetic code, as well as a correlation with increased negative physiological changes resulting from psychological trauma. The research also emphasizes a wide range of trauma causing similar physiological effects.

In a broader societal context, this project sheds light on the inadequacy of research targeting childhood trauma. Within the realm of medical studies, the humanities find themselves relegated to the background. However, it is imperative to recognize that a comprehensive understanding of human anatomy, when coupled with an appreciation for mental and psychological well-being, is indispensable for healthcare professionals and physicians alike.

Medical research often uses complex, scientific language, making it challenging for those without a scientific background to grasp. I aim to advocate for more accessible scientific presentations, particularly in explaining medical treatments to children. Presenting my research through artwork is the first step in promoting non-conventional, inclusive communication methods.

The fusion of medicine and art offers a unique perspective from which to explore medicine and patient care, transcending the boundaries of traditional scientific disciplines, illuminating the profound and enduring consequences of childhood trauma while advocating for increased awareness, research, and support for the vulnerable members of our society.

Illustrated Illness Narratives (Creative presentation)

Chelsea Hicks, Columbia University

The inclusion of art in the healing environment promotes the healing process and enhances the quality of patients' lives. By exploring the impact of visual art on health care and medical education, this project highlighted the often unarticulated aspects of a patient's experience, demonstrating how art can promote insight and new ways of knowing about the stories of wounded individuals. Individuals who presented with unique diagnoses were interviewed, sharing their lived experiences. After listening and responding to these stories, a collection of pieces were created as triptychs to illustrate their illness narratives. The triptychs represent the stories told, including a portrait, an abstract painting, and a quote from the individual. This process illustrated another way of communicating a patient's experience and revealed the significance of honoring their story with visual art as a medium.

Staghorns and Scottie Dogs: Animals, Plants, and Common Objects as Radiographic Signs (Creative presentation)

Steven Scaglione, Resident Physician, University of Michigan Health System; Michael Scaglione, University of Pennsylvania, Graduate Student

From its beginnings, medicine has been filled with creative interpretations to describe disease. Medical students learn to identify the characteristic “strawberry tongue” of scarlet fever and the slithering veins in the abdomen for which “caput medusae” (head of Medusa) is named. Radiology, a field immersed in images and their interpretation, is rife with these charming descriptions of medical phenomena. Our proposed exhibition, “Staghorns and Scottie Dogs,” plays on the unique significance these everyday objects hold in the field when viewed in the medical context instead.

The exhibit features eight pieces that each overlay a classic radiologic sign found on an X-ray, CT, or ultrasound image with a hand-drawn representation of the object after which it is named. We find the juxtaposition of these images to tell a compelling and powerful narrative, as these quotidian objects, benign in everyday life, often signify grave and catastrophic signs of illness. For example, “Coffee Bean Sign'' overlays a radiograph of this classic radiographic sign of devastating midgut volvulus with an unassuming representation of the Arabica coffee plant and its beans. Each piece is made using a medium called cyanotype. Using this method, a print is made by hand-painting a photosensitive emulsion on paper, exposing it to UV light, and "developing" to produce a brilliant cyan-blue image. Given the subject, we used this method as an ode to the tradition of developing radiographs on physical film using X-rays.

PP1 "Story-ing" the Self: Narratives and Healing (paper session)

A Communal Romance: How Women Writers Transform the Narrative Arc of Healing (Paper presentation)

Wendy Nielsen, Tenured Full Professor, Montclair State University

I propose to deliver an illustrated paper titled "A Communal Romance: How Women Writers Transform the Narrative Arc of Healing."

This short presentation argues that women writers model "how to build more connected lives and a more connected society" by showing the importance of community in narratives about healing (Introduction to "Our Epidemic of Loneliness and Isolation," 2023). My examples come from a range of authors from the nineteenth, twentieth, and twenty-first centuries:

- Frances Burney's well-known account of her mastectomy illustrates how some women long for communal support. In 1811, she wrote to her sister about how she regretted not having a female friend during her surgery (conducted without anesthetic). According to Burney's biographers, she stopped writing about such personal details after her sister's death.

- Jane Austen's posthumously published novel "Persuasion" (1817) contains several examples of women healing with others' supportive help.

- Audre Lorde's "The Cancer Journals" (1980) likewise moves away from restitution narratives that laud doctors and treatments.

- Porochista Khakpour's "Memoir Sick: a Memoir" (2018) depicts the Southwest as a site of community-based healing and alternative medicine.

These women writers change the narrative arc of healing through what I call a communal romance. The stories writers share about suffering from chronic, terminal illness suggest that mending body and mind depends on forging intimate bonds with supportive carers.

This paper concludes with a review of studies from the social sciences (primarily psychology) examining narrative therapy's uses in communal-care settings. These studies help address the question: How best can narrative medicine facilitate community healing?

Addressing mental health through narrative medicine for patients with juvenile dermatomyositis and juvenile idiopathic arthritis

(Paper presentation)

Aviya Lanis, Pediatric Rheumatology Fellow, Seattle Children's Hospital
Courtney Wells LGSW, co-author and narrative medicine facilitator, University of Wisconsin, Elizabeth Dorn MD, co-author, University of Washington, Natalie Rosenwasser MD, co-author, Seattle Children's Hospital; Juliane Gust MD, co-author, Seattle Children's Hospital; Christian Lood PhD, co-author, University of Washington, Susan Shenoi MBBS MS, co-author, Seattle Children's Hospital

Background:
Children with juvenile dermatomyositis (JDM) and juvenile idiopathic arthritis (JIA) have impaired quality of life and increased rates of anxiety and depression (15-65%), even in disease remission, as compared to healthy counterparts. Growing literature emphasizes the relevance of identifying potential novel biomarkers to address this mental health burden. The current study aims to explore the role of neurotoxic pathways as related to mental health burden and disease activity in patients with JDM and JIA. Narrative medicine is a patient-targeted group-based intervention that allows patients to reconstruct their medical experiences through written or oral portrayals of emotions and self-reflective perspectives. It has demonstrated improved patient-reported outcomes with reduced rates of depression in adults. Recognizing there is limited data to date investigating objective improvements in biomarkers following narrative medicine interventions, this explorative study also aims to determine if patient-targeted narrative medicine interventions improve mental health burden and specifically the potential treatment effect on postulated mental health biomarkers.

Methods:
This longitudinal cohort study involves prospective recruitment of 23 patients with established diagnoses of either JDM (case) from 6 to 21 years of age (case) and 10 patients with JIA from to 21 years of age (controls, age matched. Patients participated in a narrative medicine intervention, with 5-6 patients per session with two narrative medicine-trained facilitators. Age-appropriate interventions including poetry, photography, art and music were used to engage participants and prompt discussions around medical experiences. All patients had demographic and medical information as well as questionnaires and serum samples collected prior to the intervention and 3 months later. Assessments included Patient-Reported Outcomes Measurement Information System (PROMIS) Depression Scale, Generalized Anxiety Disorder-7 (GAD7), Childhood Attitude Towards Illness Scale (CATIS), Patient Health Questionnaire-9 (PHQ-9) and CoVID Stress Scale.

Results:
Given the study is currently at the intervention phase, results are pending. Narrative medicine intervention is expected to be completed by November 2023, with preliminary analysis of data to be available for the Health Humanities Consortium

presentation. Potential biomarkers to be assessed include but are not limited to tryptophan and tryptophan metabolites such as serotonin and kynurenine, and inflammatory cytokines including type I and II interferons.

Conclusion:
This study will assess the feasibility of implementing a narrative medicine intervention for patients with JIA and JDM as well as offer insight into the potential correlation between neurotoxic biomarkers, disease activity and mental health for patients with JDM and JIA.

“Story-ing” of Bipolar Disorder: Metaphors of socio-emotional health in Indian memoirs of psychiatric patients. (Paper presentation)

Sree Lekshmi M S, PhD student, Research Scholar (English), School Of Humanities and Social Sciences, Indian Institute of Technology, Indore, India; Dr. Aratrika Das, Assistant Professor (English), School of Humanities and Social Sciences, Indian Institute of Technology, Indore, India. Co-author

For Psychiatric patients, socio-emotional well-being is overshadowed by the complexity of their illness. The inability to comprehend and regulate one’s emotions and difficulty managing social relations is a consequence of bipolar disorder. Therefore, expressing their suffering and experiences through memoirs is a cathartic process, helping them understand their emotions and identities. Metaphors and figurative language are important expressive strategies in their narratives. The intersectional site of metaphors and pain provides a means of bridging the gap between the subjective and the objective, enabling patients to capture and communicate their unique and often indescribable experiences of pain to both themselves and their readers. Thus, metaphors and figurative language act as tools for transferability by providing a symbolic representation of pain that can transcend the limitations of literal language. This proposal aims to evaluate the intersectional site of pain and metaphors in the memoirs of bipolar psychiatric patients in India, where culture, myths, and psychiatry converge in vocalizing mental agony. The study will analyze the metaphors of pain and socio-emotional health in select memoirs such as Swadesh Deepak’s "I Have not Seen Mandu: A Fractured Soul-Memoir" (2021), Shreevatsa Nevatia’s "How to Travel Light: My Memories of Madness and Melancholia" (2017), and K S Ram’s "WARRIOR: The Bipolar Battle" (2015).

Health humanities at the National Institutes of Health (NIH) (Roundtable)

Elizabeth Barr, PhD, Program Director, National Institutes of Health Office of Research on Women's Health (ORWH); Jeffrey Reznick, PhD, Senior Historian, National Library of Medicine (NLM)

The National Institutes of Health (NIH) seeks fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability. Although the NIH research enterprise is largely rooted in biomedical paradigms, this biomedical lineage does not preclude humanities-based research. In fact, the structure and function of NIH create multiple points of entry for creative, humanities-based interventions: traditional grant funding, interagency partnerships, lecture series, public engagements, and exhibitions and other curated resources featuring stories about history, society, and medicine and their connections to current and trusted health information resources. In this roundtable, NIH staff will highlight recent health humanities interventions supported by the National Library of Medicine and Office of Research on Women's Health and invite dialogue on future directions for health humanities at NIH. NIH staff will also present an overview of federal funding opportunities for health humanities research, including how to find and apply for funding. Through an overview of the grant application, review, and funding process, this roundtable aims to demystify grantspersonship and invite discussion about strategic collaborations to advance health humanities research.

PP7 Humanistic Dimensions in Medical Education (paper session)

Shame and Stigma in Medical Education: Through the Lens of Photo/Tiny Stories (Paper presentation)

Patricia Luck, Assistant Professor, Health Humanities & Bioethics, University of Rochester School of Medicine and Dentistry

Medical literature is replete with discussions about emotional challenges for physicians and medical learners. Despite its ubiquitous and complex nature, shame in medical education is only rarely discussed. Studies reveal shame to be a highly physical and emotional experience with the potential for significant social isolation, diminished physical and psychological well-being, unprofessional behavior and impaired empathy. Effectively integrating the health humanities into medical school curriculum can enhance the development of professional competencies including clinical observation and communication, tolerance of uncertainty and discomfort, and empathy.

This presentation provides conference participants with a basic understanding of shame and stigma within healthcare and shares tools for mitigating its impact through the lens of the arts, humanities, and mindfulness practice. The presentation will describe experiences from a brief six-week course for medical students on Shame and Stigma in Healthcare. The mitigating potential for addressing shame and stigma with medical learners will be illustrated by sharing the impact of a small mixed media health humanities reflection tool. The Photo/Tiny Story combines close-looking and close-reading skills with reflection on navigating clinical encounters. Combining image creation with brief narrative expression allows creative engagement that fosters reflection of complex clinical encounters that include instances of shame and stigma.

Stories of Bereavement: Examining Medical Students' Reflections on Loss and Grief (Paper presentation)

Nicholas Freeman, PhD Student, Department of Sociology, University of California, Irvine; Johanna Shapiro PhD, Department of Family Medicine University of California, Irvine School of Medicine, Co-author/Presenter; Yasaman Lorkalantari, MS Student, Genetic Counseling, University of California, Irvine, Co-author/Presenter; Alexis Nguyen BA, Pre-Med, University of California, Irvine, Co-author/Presenter; Nancy Dang BS, Pre-Med, University of California, Irvine, Co-author/Presenter

Health humanities is associated with important developments in patient care including improved clinician attention, compassion, and wellness. Equally important is the role health humanities can play in guiding research inquiry. In this presentation we will discuss how an orientation toward narrative and story-telling helped our research team navigate a qualitative study of medical students' experiences with loss and grief.

We analyzed qualitative data from students (N=60) who completed a reflective writing assignment during their training at a public medical school to examine how personal and professional loss inform their wellbeing and clinical views. We conceptualize the writing assignment as an intervention and the resulting stories, as well as our analysis, as an effort to understand and query the stories of loss and grief that medical students tend to tell.

Our methodology involved detailed coding of specific sentences and phrases, a process of "deconstruction.". For this reason, it was essential to keep in mind narrative medicine practices of attention to the story as a whole; affiliation, or empathy for each story; and care in our representation of the stories. We strove to practice reflexivity as well, drawing on our diverse backgrounds, training, perspectives, and life experiences to ensure that we absorbed as many dimensions of these students' stories as possible.

Exploring medical students' stories of loss is important for understanding the implications of grief for their professional development as well as how medical institutions can better support students during periods of bereavement.

Restorative Recreation – a Medical humanities Course Exploring Intersections between Nature Prescription, Avocation, and Creation Care to Human and Ecosystem Health (Paper presentation)

Patrick Swanson, Professor, Creighton University

There is growing recognition of the links between ecosystem health, access to and interaction with nature, and human wellness, but approaches to systematically present and discuss these issues in a class-based format in a medical school have not been reported. To address this need, I developed a five-week elective course available to first and second year medical students within a School of Medicine's medical humanities curriculum. The course uses directed readings and other media content in a discussion-based format to explore topics including nature-deficit disorder, nature immersion, nature prescription, social determinants of nature access and environmental health, avocation, and the moral and spiritual basis for the care of our common home. The final session involves a hike in a local natural area to solidify and experience the themes discussed in the course. As a discussion-based elective course and with registration capped at twelve students, participants can develop social connections with like-minded peers. Thematic analyses of student essays and course evaluations identify many strengths, some suggestions for improvement, and insight into the importance of "green time" to achieve balance in medical school. The course can be readily adapted to reflect the ecosystems, student populations, and ethical considerations relevant to a given institution.

PP24 Experiencing Equity (paper session)

Co-Constructing Equity-based Narratives with Patients and Families (Paper presentation)

Andrew Childress, Assistant Professor, Baylor College of Medicine; Woods Nash, PhD, Tillman J. Fertitta Family College of Medicine; Assistant Professor

When communicating with patients and their loved ones, clinical care teams sometimes use strategies that are inadequate for promoting shared decision-making. In some cases, clinicians use language drawn from dominant narratives, particularly images and metaphors, that may be considered disrespectful or demeaning. Dominant narratives reinforce systems of power that benefit clinical care teams or healthcare institutions, often at the expense of patients and their families. In this presentation, we build on the AMA and AAMC's Advancing Health Equity guide by proposing a strategy clinicians can use, in conversations with patients and their loved ones, to co-construct an equity-based narrative. We offer a novel approach to these conversations that considers tensions between the frames of the dominant narrative of individualism that abstracts patients from cultural, familial, and economic systems, and the macro, equity-based narrative that is concerned with those systems and their impacts on the patient. Through the practice of narrative and structural humility, clinical care teams might learn to co-construct these narratives with patients and their loved ones. This presentation offers some guidance on how to engage in deeper conversations, craft equity-based narratives, and, in doing so, promote shared decision-making.

Qualitative Insight into Patient and Staff Experiences of Cross-Institutional Cancer Care (Paper presentation)

Amanda Courtright-Lim, Senior Program Coordinator - Bioethics & Disparities, Mayo Clinic; Jon Tilburt, Mayo Clinic, Professor of Medicine

The growing health disparities in minority populations are alarming, especially when considering the number of improvements in diagnostics and treatment options for many life-limiting medical conditions. Steps to close this gap have had limited success in American Indian and Alaskan Native (AI/AN) populations, and the gap in disparities in specialty care in Arizona Tribal communities is still limited by both access and mistrust. A leading specialty Hospital and Indian Health Center established a referral system to take measures to address the access to specialty care for AI/AN oncology patients. Although this relationship is established, a limited number of referred AI/AN patients receive care at the specialty hospital. Qualitative interviews were conducted with both healthcare professionals and referred patients to determine what barriers are impacting access.

This presentation will illustrate external and internal barriers associated with the referral program. There are both logistical and cultural barriers that need to be addressed. For the logistical, there are steps that need to be taken to establish sustainable practices that allow for the continuing education of healthcare professionals on how to support AI/AN patients. The narrative of the interviews further indicated that cultural awareness is needed in the hospital environment. The limited number of AI/AN patients and staff members, as well as the art being reflective of the parent hospital located in the upper Midwest, may create an unwelcome environment for AI/AN individuals being referred from the reservations. If these barriers can be mitigated, it would improve the referral program between the hospital and Indian Health Center and begin to close the disparities gap for oncology care in the Arizona AI/AN population.

Speech Act as Scientific Method: The Making of "Biological Sex" in Legislation about Transgender People (Paper presentation)

Elizabeth Dietz, Postdoctoral Fellow, National Human Genome Research Institute

Hundreds of bills were put forth by US State Legislatures in 2023 concerning the medical care, public participation, and social relations of transgender people. Overwhelmingly, these measures seek to place limitations on these features of transgender life. This talk focuses on the ways that contemporary legislative efforts invoke scientific, and in particular genomic, accounts of what sex is in order to argue for what ought to be done about and to transgender people.

There is a long history of the use of scientific explanation to ground arguments both for and against the legitimacy of queer and trans people, as well as to seek refuge in the putative stability of biological fact to settle dispute over the legitimacy of particular identities or attributes. See, for example, research into (and contestation over) the genetics of race, intelligence, and disability. One approach to responding to such uses of scientific evidence is to fact check: to find flaws in methodology or interpretation; to falsify conclusions; to declare the injustice intolerable because the evidence unsound. This approach, a dominant mode of liberal engagement, rests on fundamental assumptions that right knowledge leads to right action. But what political avenues remain when facts are proven false yet action (here, anti-trans legislation rooted in pseudoscientific and unscientific claims) continues apace?

I argue that we need to approach declarations of what biological sex "is" in such legislative efforts not as falsifiable science but as speech act: as producing the very sex and gender that they purport to describe.

Culturally-Sustaining Arts for Social Wellness: Perspectives from the Canadian Context (Roundtable)

Andrea Charise, Associate Professor and Associate Chair-Research, Dept. Health and Society, University of Toronto Scarborough, Canada, Director, FLOURISH: Community Arts for Social Wellness (A Cluster of Scholarly Prominence) University of Toronto Scarborough, Canada; Dirk J. Rodricks, PhD, Assistant Professor, Teaching Stream, Department of Curriculum, Teaching, and Learning (CTL), Ontario Institute for Studies in Education (OISE), University of Toronto, and Associate Director, FLOURISH Community Arts for Social Wellness, University of Toronto Scarborough, Canada; Gloria Umogbai, MPH, Dalla Lana School of Public Health, University of Toronto; Nehal El-Hadi, PhD, Postdoctoral Fellow, Dept. Health and Society

Like other key terms in the medical and health humanities—empathy, creativity, and reflection, to name just a few—wellness has become something of a weasel word, tangled up in ideological trouble. From the whiteness of wellness (Khuc 2021) to its function as the highly-commodified polish of aspirational lifestyles (Conor 2021), one may ask if there remains any utility in critically-minded scholars salvaging the term "wellness" at all. Yet this also suggests an opportunity for renewed engagement: an opportunity, in fact, to explore just what it means to be healthy or sick—well or unwell—and why renewed definitions of these terms must extend far beyond the individual: perhaps even taking community and the social as their starting points.

This roundtable panel explores how we might de-emphasize the individual as unit of analysis by reorienting towards the connective tissue implied by a revitalized definition of social wellness. Rather than asking what the social can do to better individual health (a fact that, of course, remains essential to enhancing health and social care systems around the globe [Fancourt 2017]), we advocate for a revision of this dynamic by foregrounding the relational emphases of the collective. We ask: what could an arts-infused reframing of social determinants of health look like, both in theory and in practice? More specifically: how can arts engagement be understood as not just a means of promoting individual wellness, but also as a method and an outcome of social wellness?

In the Canadian context, The FLOURISH Collective (www.flourishcollective.ca) is an emergent community-based research initiative based in Toronto, Ontario, Canada, comprised of community arts projects that explore the radical possibilities of 1) an arts-led reframing of social determinants of health, specifically toward 2) community-strengthening practices that underscore the values—and value—of arts and humanities-centred work. In resonance with other global movements toward "creative health" (UK), social prescription, and arts on prescription, we turn to a key practice paradigm—community arts engagement—as both a vehicle for and site of social wellness. With reference to specific arts-based social wellness projects involving 2SLGBTQ+ youth (Charise), Canadian Black communities (Umogbai), and intergenerational "border stories" (Rodricks), this panel invites insights from established and emerging scholars to explore how equity, access, belonging, intergenerativity, and justice—particularly in underserved and historically minoritized community settings—become not only considerations in, but constituents of, arts-based social wellness. Each speaker will speak to insights, and conclude provocations, that aim to generate a lively discussion of the local specificity and global relevance of these efforts as they might resonate with Canadian, US, and international scholarship and practitioners.

CC4 A Scoping Review on the Applications of Therapeutic Dance Interventions for Gynecological Care (creative session)

Part 1: A Scoping Review on Evidence-Based Therapeutic Dance Interventions in Gynecology and Obstetrics

Shilpa Darivemula, Physician and Artist, University of North Carolina at Chapel Hill; Kate Alexis Brown: Primary Author/Presenter, Medical Communicator & Dance Teacher; Sai Srihita Dommata: Second Author/Presenter/University of North Carolina at Chapel Hill; Jamie Lynn Conklin: Third Author/Health Sciences Librarian/University of North Carolina at Chapel Hill

Background

Complementary alternative therapies have emerged as treatment modalities in gynecology and obstetrics due to their capacity for engaging the mind-body connection. There is evidence from prior research that dance interventions are an effective treatment for sexual trauma and labor pain, however, dance is an understudied therapy for other gynecological conditions. This scoping review examines existing literature that utilizes dance interventions to improve gynecological and obstetrical outcomes; this project serves to also capture the experience of such interventions.

Materials and Methods

A health sciences librarian performed searches in the following five databases: Academic Search Premier (EBSCOhost), APA PsycInfo (EBSCOhost), CINAHL Plus with Full Text (EBSCOhost), PubMed, and Scopus. Eligibility criteria included: 1) a stated therapeutic dance intervention for the purpose of addressing a clinically diagnosed gynecologic condition or pathology; 2) some form of outcome measure or evaluation; 3) peer-reviewed and published in English. Data was managed on Covidence and underwent data extraction with three reviewers per PRISMA guidelines.

Results

After identifying a total of 1524 documents for review, we included 38 studies that met the eligibility criteria. The review noted a diverse collection of dance interventions used in addressing gynecological and obstetrical conditions. Indications consisted of pregnancy (n=10), labor (n=5), sexual trauma (n=8), urinary incontinence (n=5), gynecological cancer (n=2), menopause/aging (n=2), menstruation (n=2), pelvic tilt misalignment (n=1), sexual dysfunction (n=1), pregnancy loss (n=1), and Turner syndrome (n=1). A variety of different dance interventions were utilized with individualized benefits for each indication. The majority of studies (61%) fused dance with other facets of complementary alternative medicine.

Conclusion

Dance can be a valuable therapeutic intervention in gynecology and obstetrics to improve quality of life. There is a paucity of research on dance as an adjunct treatment in these areas, so further research should focus on translation and biological mechanisms. Due to safety and affordability, many could benefit from dance interventions. Our work uses de-identified patient experiences and quantitative data to construct and uncover the narrative behind the numbers.

Part 2: An Examination of Dance Therapies Through Performance

Kate Alexis Brown, Primary Author/Presenter, Medical Communicator & Dance Teacher,
Sai Srihita Dommata, Undergraduate Student; Aseemkala Initiative Fellow, University of North Carolina at Chapel Hill

Dance interventions are capable of reframing both clinical practice and illness management through a holistic lens. This performance will apply movement as a metaphorical rendering of notable findings, themes, and conclusions from the review. There will be three brief sections: a choreographed analysis of how movement acts upon the body and mind, a classical Indian dance showing the story of labor pain, and a duet depicting the restoration of the mind-body connection through dance.

The movement analysis will explore how dance acts upon the body intrinsically and extrinsically. Dance therapy causes strengthening and relaxing within the body; it ushers in feelings of safety, freedom, and confidence. This part of the performance combines strict ballet technique with contemporary movements; this reflects the fusing of art and science in medicine to provide improved clinical outcomes. The rigid technique of classical ballet represents the importance of scientific rigor, while the flowing contemporary movements represent the role of the health and humanities field in utilizing qualitative data to understand human experiences. The second part of this performance will depict a story of perceived labor pain; there will be a focus on the practice of integrating narrative, body, and art. Labor pain is a common experience for birthing people with negative physical and psychological implications. Using Kuchipudi, a classical Indian dance form, this performance will use novel storytelling and embodiment techniques to show how dance can be a healing modality in obstetrics. The performance will culminate in a duet that demonstrates how a fragmented mind-body connection can be healed through dance. The embodied nature of movement renders it an effective modicum in clinical gynecologic practice. One dancer will represent the mind and the other will represent the body. We will explore the similar motions found in Ballet and Kuchipudi with periods of inevitable rhythmic disconnect between the dancers to show the internal experience of this phenomenon. The performance will also demonstrate how dance interventions bring together supportive communities. We will move along the horizontal plane, representing connection with others.

PP22 Recognizing and Responding to Grief as an Interpersonal Experience and Public Tragedy (paper session)

An examination of an ethic of care for pediatric home-based hospice and palliative care (Paper presentation)

Julie Aultman, Dean, College of Graduate Studies; Med Ethics and Humanities, Northeast Ohio Medical University; Brianna M. Bish, first year medical student; Max F. Gilliland, third year medical student, and Masters of Medical Ethics and Humanities graduate student; Sarah Friebert, Palliative Care Physician at Akron Children's Hospital; Daniel H. Grossoehme, Researcher, Akron Children's Hospital

Home-based hospice and palliative care (HBHPC) is a multi-faceted service that provides continuity between inpatient and outpatient care, creates a better understanding of challenges families face in daily life, and helps families and providers recognize barriers to access care. Studies on the home-based component of palliative care show that it also significantly improves patient and family quality of life. However, there is little guidance on how a change of setting from inpatient care to a child's home impacts caregiving relationships and the way in which care is delivered. Our interdisciplinary team conducted a secondary qualitative analysis of semi-structured interview data in three stages, including coding of 'line-by-line' text, the development of descriptive themes, and the generation of analytic themes. Descriptive themes based on existing knowledge and outcomes of an initial study of HBHPC were generated through deductive thematic analysis, and analytic themes and sub-themes were generated through an inductive approach following the coding process, i.e., allowing the data to determine themes. Inter-rater reliability was achieved. Four deductive themes (Relationships; Home Health Environment; Ways of Caring; and Values), and several sub-themes aligned with a care ethic.

In the tradition of health humanities care-based theorists, Joan Tronto and Berenice Fisher, we identified four types of care: caring about; caring for; caregiving, and care receiving. By contextualizing caregiving experiences and recognizing essential stages of care, we are better informed of the benefits of home-based care for the patient, their family, and providers, and any health barriers that are addressed through this therapeutic service.

What Can the Health Humanities Contribute to Our Societal Understanding of and Response to the Deaths of Despair Crisis?

(Paper presentation)

Daniel George, Professor, Penn State College of Medicine

Deaths of Despair (DoD), or mortality resulting from suicide, drug overdose, and alcohol-related liver disease, have been rising steadily in the US across the last several decades. In 2021, a record 209,225 annual despair-related deaths were documented, contributing to the longest sustained decline in US life expectancy since 1915–1918. While these despair-related deaths were first noted in 2015 among rural working-class white adults with low educational attainment in midlife, they have more recently extended across racial, ethnic, and gender lines, as well as into cities and suburbs, in part due to the influx of fentanyl in the US drug supply as well as worsening mental health and loneliness.

Humanities scholars and social scientists are well-suited to engage with this era-defining public health catastrophe, interrogating the root causes and structural drivers of despair-related deaths, and contextualizing them within the broader human condition. This presentation will model how health humanities scholars might fruitfully engage with this era-defining public health catastrophe and help society better understand and respond to the crisis. Multiple disciplinary lenses will be brought to bear in generating insights into the causes of and potential solutions to despair-related illnesses. The ultimate goal will be to challenge humanities scholars to address tis contemporary catastrophe and jump-start health humanities research in this domain, which urgently needs our attention and action.

Health Humanities Prescriptions for Grief (Paper presentation)

Katie Xu, graduate student, Case Western Reserve University School of Medicine
Robin McCrary; Syracuse University; instructor/graduate student

While grief is not typically considered a health condition to be monitored, its health consequences are significant, and the signs and symptoms of grief should be recognized and addressed by learners preparing for healthcare professions. In our health humanities prescriptions for grief, we have looked for ways to educate and equip both healthcare practitioners (HCPs) and patients with the tools for recognizing the psychological, physical, and cultural manifestations of grief to enable coping, healing through, and living with loss.

Our work centers around applied health humanities interventions toward diagnoses of and social prescriptions for grief, in ways that empower those living with grief to act upon and to accept loss. Postured toward contexts of individual, community, and mass grief, we offer a context-dependent spectrum of suggestions that HCPs may use across an acute or chronic timeline, including life-writing, reading, cooking, and photography. While life-writing can open space for individuals to reflect and reminisce privately, for example, it can also be shared with other mourners to merge stories, memories, and emotions in collective catharsis. Likewise, collaborative photographic activity can allow families and communities to quilt together their knowledge of the lost loved one.

Prescriptions such as these seek ways grievers, along with their surrounding loved ones and communities, can engage the power of human connection to face the difficult feelings and circumstances related to grief. Through empowering learners to practice humanistic approaches to essential care, this presentation will encourage mobilizing humanities interventions in social, emotional, and community health.

The Intelligent Eye: Learning to think like a doctor by looking at art (workshop)*

Eric Avery, MD; David Paar, MD

Health care educators are increasingly using looking at art, often in art museums with curators, to grow skills of observation, interpretation, and empathic responsiveness. Much like using literary texts to facilitate development of critical and interpretative skills, increasing empathic understanding and greater appreciation of the art of medicine (1), we will use works of art created by Dr. Avery, a physician/artist/printmaker to grow these skills by looking at his art with him. Pictures will be our texts to reflect upon, to question and interpret.

In this small group workshop, participants will be divided into five groups.
Each group will look at and "read" one of Dr. Avery's medically related prints. To structure and slow the looking, each group will be asked to prepare to describe, to respond, to analyze and then interpret the work of art. To do this they will need to talk among themselves.

After this looking, Dr. Avery will project each print. One participant from each group will be asked to tell the larger group what they "saw" in their print. Dr. Avery will then guide a closer looking and supply background information about the context of its creation.

To facilitate the transfer of these observational and interpretative skills to the health care setting, Dr. Paar, an infectious disease specialist, will project a set of images of medical conditions that often present with visual signs. Like slowly looking at art, slow looking at a patient, followed by reflection and questioning helps the clinician form a differential, make a diagnosis, and develop the treatment plan. Looking at the patient is an important part of the physical exam.

The Intelligent Eye is a slow, thoughtful, curious and analytical eye. Art is invisible until it is "seen" (2). Our patients are invisible until they are seen.

1) McLellan MF, Jones AH, Why Literature and Medicine, The Lancet, July 13, 1996, Vol 348, pg. 109-111.
2) Perkins, D, The Intelligent Eye: Learning to Think by Looking at Art, Occasional Paper 4, The J. Paul Getty Trust, 1994

Artist + Researcher (ARx) Program talk

ARx Program Director: Cynthia Standley
ARx Team: Artist: Mary Lucking, Researcher: Anne Titelbaum

The Artist + Researcher (ARx) Program is the Phoenix Bioscience Core's (PBC) largest initiative, pairing local Phoenix artists with researchers and scientists from the PBC to develop translational pieces of art that communicate groundbreaking life science research in new and innovative ways.

Artwork Title: Message in a Bottle

Artwork synopsis: As a biological anthropologist, Anne Titelbaum studies how people lived a long time ago. The objects and human remains that she investigates have survived for centuries and tell a fascinating story. Based on this research, Mary Lucking created a suite of ornamental metalwork pieces that describes the process and mission of Anne's work and is based on the culture of the Moche People in Peru.

Teaching Public Health Humanities: Principles and Practices

(Roundtable)

Amanda M. Caleb, Geisinger Commonwealth School of Medicine
Rebecca Garden, SUNY Upstate Medical University
Allan Arturo Gonzalez Estrada, Universidad Nacional, Heredia, Costa Rica
Thomas Hehlmann, University of Bremen, Germany
Stephanie Larson, Case Western Reserve University
Lise Saffran, College of Health Sciences, University of Missouri
Janet Weston, London School of Hygiene and Tropical Medicine, UK

Public health, meaning collective organized action to prevent illness and promote health at population level, draws upon a distinctive array of powers and methods including surveillance, coercion, persuasion, and wide-ranging state-level interventions from vaccination programs to health and safety laws. Public health may understand itself as 'the science and the art' of improving health (Winslow, 1920), but it is rare to see concepts, methods, and insights from the arts and humanities integrated into its research, curricula, and practice. There have been calls in recent years for public health to include a wider range of disciplinary perspectives (Academy of Medical Sciences, 2016; Health Foundation, 2018), including the humanities (Saffran, 2014). These and other initiatives make a powerful case for the value of the humanities as a field of inquiry that develops understanding and critical reflection, provides evidence, enables meaningful action and evaluation, and ultimately generates better public health policy and practice. To fulfill this potential, the arts and humanities must be included as part of the training of current and future public health professionals.

Humanities principles and practices involve centering community: educators are expanding public health knowledge to include community expertise, activism, and advocacy. Public health relies on organized community initiatives: humanities and the arts bring together creative and critical work with population data to better understand community characteristics and needs; they also offer strategies for connection, and the power to inspire and mobilize change. Art and literature act as powerful catalysts when coupled with epidemiological data. The juxtaposition of epidemiological data and insights from the humanities can also enhance awareness of structural inequalities and the ethical challenges presented by public health practice (Saffran, forthcoming). Public health humanities enable learners to scale out from granular analyses of identity and experience to identify the social and structural complexities that are materialized in bodyminds and impact populations, offering a pedagogical framework for addressing health inequities (Sufian et al. 2020) and incorporating ideas of justice. The humanities and arts also offer routes for learners to appreciate and accommodate other all-too-human elements of public health problems and solutions: politics, cultures, epistemologies, ambiguities, (mis)communication, and emotion.

Drawing on the expertise and pedagogical examples of international public health humanities scholar/practitioners grounded in history, philosophy, law, political science, literature studies and disability studies, and public health, this virtual roundtable will investigate the role that humanities training could or should play in educating current and future public health professionals (and, by extension, the wider public). Panelists will describe the principles, strategies, and practices that drive their innovative approaches to public health humanities while exploring questions such as: What key competencies can humanities education deliver? How can the humanities contribute to the challenges facing public health policy, practice, and teaching? What forms of humanities education are already incorporated into public health programs, and what's missing? Attendees are invited to join the discussion and to join forces in the development of an emerging public health humanities education sub-group for the International Public Health Humanities network.

Journeys End, Journeys Begin (Creative presentation)

Shapir Rosenberg, Physician, Alison Hartman, Acupuncturist

In this performance piece, a mother and her son's physician tell stories within a story, in many voices, of a young man's life--his smile and vitality, his homelessness and drug use--and of his death. Told in monologue and dialogue, through words and images, via hospital records, police reports, and poetry, it is a moving tale of love, loss, caregiving, and healing. With compassion and vulnerability, humor and creativity, mother and doctor grieve and transcend, together.

Rarely do physicians attend to family members of deceased patients through long and complex bereavement periods. Our performance piece is a real-life tale of compassionate caregiving in life and non-abandonment after death. In joining with families through funeral and other mourning rituals, in addition to ongoing communication around the shared loss, doctors occupy a privileged position to facilitate healing for families and themselves in the aftermath of a patient's death.

A physician and his deceased patient's mother will jointly facilitate this unique workshop pertaining to grief--the complex grief of deaths due to substance use, and the shared grief among providers and their patients' families. Inspired by a young man's death during the physician's residency, the psychiatrist-in-training and the young man's mother came together to grieve. Having built a unique relationship, the two co-wrote a performance piece about the man's life and death, his mother's grief, and the special mother-doctor relationship that developed. Presented at numerous medical humanities and psychiatry conferences in the U.S. and Canada, it is often followed by deeply engaging dialogue with audiences. Both the novel presentation medium and the relationship itself serve as an example for healthcare providers of humanism in medicine, of nontraditional means of patient and family care, and of ways for clinicians to grieve.

Primarily envisioned as an intimate and engaging presentation and discussion, replete with artistic examples from the facilitators' own story, participants will be invited to share their clinical and personal experiences that relate to these topics. The relevance of art--particularly theater and writing--in the grief process, will be modeled and explored. Participant engagement is often high, as is the relevance to clinicians and students in all specialties and settings of medicine and psychiatry. The facilitators, one a psychiatrist and palliative medicine physician, the other an acupuncturist and trained sculptor, bring a vast amount of professional, artistic, and personal experience to the event, as well as a comfort in conducting such sessions.

Versions of this workshop have been presented live in-person and live online to large and small audiences. The first approximately 20 minutes would be devoted to the performance piece and the remaining time to discussion and possibly reflective writing. We request the maximum (75 minutes) amount of time possible.

Participants will emerge with a deeper understanding of complex and disenfranchised bereavement processes of families and clinicians, particularly in the aftermath of a drug-related death; an enhanced ability to consider and pursue clinician-family relationships during bereavement; and examples of how the arts and humanities may serve as a therapeutic medium for family members and clinicians in the setting of patient death.

FF2 Flash Session

1. Outside the Frame: Developing medical students' metacognitive abilities through museum-based education (Flash Presentation)

Kain Kim, Medical Student, Emory University School of Medicine+

Introduction:
Despite the growing evidence favoring use of context-based interdisciplinary pedagogies in medical education, museum learning remains underutilized as a low-cost, replicable tool for introducing such constructs. We describe a novel approach to museum-based education building off the existing pedagogy of Visual Thinking Strategies that heightens the role of context.

Methods:
Outside the Frame, an optional elective at Emory University School of Medicine, was piloted over the length of 4 sessions for 4 second-year medical students who voluntarily enrolled in the course for the fall 2022 semester. Participating students were transitioning from the preclinical classroom environment to clinical clerkships, a period associated with feelings of personal and professional instability that may particularly benefit from critical reflection. The course included didactic components, hands-on crafting activities, presentations, and discussion groups. Student feedback was collected through anonymous pre- and post-course surveys, as well as written narrative reflections.

Results:
All post-course responses ranked their experience of the course as being "valuable" or "very valuable". Narrative reflections were overall positive and highlighted the role of context and cross-disciplinary input in shaping metacognitive awareness and cultivating comfort with uncertainty.

Discussion:
This pilot innovation demonstrates that a methodical framework to arts-based learning can elevate the role of context in a standardized museum education curriculum. Future visual arts and medicine courses may incorporate this framework to chart more active collaborations with museum educators and humanities faculty, as well as engage a broader range of communities and professional disciplines beyond medicine.

2. Reflejos: **Artistic Reflections of Healthcare Providers** (Flash Presentation)

Jennifer Caputo-Seidler, Assistant Professor of Medicine, University of South Florida

Reflejos, the arts and humanities journal for our Department of Internal Medicine, was created as a space to reflect on our experiences as healthcare providers through art and creativity. In 2022, our second edition was heavy with the sorrow of the COVID-19 pandemic. Themes of loss, isolation, and uncertainty were reflected in the words and images of our contributors. A partnership with our community's performing arts center resulted in *Reflejos: Artistic Reflections of Health Care Providers*, a live audience multimedia performance that included readings of poetry and essays, video projections of photographs and drawings, original music, dance, and a lobby display of framed artwork. The event was free to the community and concluded with a moderated question and answer session with audience members and our contributors. The event served as a bridge between the experiences of our frontline workers and the larger community and was part of the performing art center's public health outreach initiative. At a time when the pandemic had become highly politicized this event provided a platform for healthcare providers to display their humanity and for members of the community to hear directly from those who cared for their families, friends, and neighbors. This flash presentation will describe the partnership between our humanities journal and the performing arts center and its implications for breaking down the walls of isolation felt by our participants.

3. Shared Wisdom: Documenting and Preserving the Oral History of Retired and Retiring Healthcare Practitioners (Flash Presentation)

Ian McCoog, Assistant Professor, Geisinger Commonwealth School of Medicine
Jordan Salvato, Geisinger Commonwealth School of Medicine, M2 Medical Student

What do you do with the questions you want to ask after a person is gone? The authors of this study experienced this conundrum firsthand and decided to document the stories of retired and retiring healthcare practitioners in order to document their experience and share their expertise with future generations. In addition to archiving interviews, the researchers are analyzing transcripts to identify themes that express commonalities in practitioners at the end of their careers.

This is a qualitative research study that involves interviewing retired and retiring healthcare practitioners and identifying themes that develop through the coding of data. The team also hopes to archive records of the interviews for future medical students, families, and friends of those interviewed. The study has progressed with the identification of storytelling's role in medical humanities, the development of 20 questions for participants to choose from, the establishment of the study structure, and initial proof-of-concept interviews.

The study emphasizes the significance of narrative in medicine, fostering empathy, compassion, and understanding. This research highlights the value of oral history in healthcare, emphasizing the role of narrative in facilitating conversations and preserving collective wisdom. The outcomes of this study contribute to medical education by adding to the body of literature on narrative-based medicine and fostering patient-centered practice in medical students in addition to ensuring the transmission of valuable knowledge.

4. Read All About It: The Implementation of a Book Club in a Medical Workplace Setting (Flash Presentation)

Neelufar Raja, Medical Student, Case Western Reserve University School of Medicine
Co-authors: Natalie J. Park BA, Yi Peng Wang BA, Matthew J. Kim BS, Jonathan M. Lewis CMD, RTT, Indu Voruganti Maddali MD, MS, Quoc-Anh Ho MD, Quynh-Thu Le MD, Kathleen C. Horst MD, Department of Radiation Oncology, Stanford University School of Medicine

Studies have reported that socialization among healthcare workers may decrease burnout and positively affect mental health.(1) One avenue that has been shown to increase empathy, promote teamwork, and decrease burnout in medical education and professional settings, is the book club. (2,3,4,5) Within a radiation oncology department, a monthly book club was created by department employees to cultivate a greater sense of community, mitigate burnout, and improve well-being. This study explores the impacts of the book club on its members from October 2022 to June 2023, when the first six meetings were held. An anonymous short-response qualitative survey asking about the effects of book club attendance on community, burnout, and overall well-being was conducted. The survey was sent to members who had attended at least three book club meetings. Out of the seven members who received the survey, six responses were collected.

All respondents noted that the book club increased their sense of community at work. Half of the participants stated that involvement with the book club increased their short-term burnout, especially if they helped organize the monthly meetings. However, the extra time spent at work connecting with peers was ultimately worth the cost. Lastly, all members described positive impacts of the book club on their overall well-being, which included reading for pleasure and ownership of a longitudinal program. Book clubs serve as important spaces for building community and improving well-being. Rigorous testing before and after the creation of book clubs in other medical workplaces can directly measure their benefits.

References:
1) West CP, Dyrbye LN, Satele DV, Shanafelt TD. Colleagues Meeting to Promote and Sustain Satisfaction (COMPASS) Groups for Physician Well-Being: A Randomized Clinical Trial. Mayo Clin Proc. 2021;96(10):2606-2614. doi:10.1016/j.mayocp.2021.02.028
2) Barry T, Chester L, Fernando M, Jebreel A, Devine M, Bhat M. Improving medical student empathy: initial findings on the use of a book club and an old age simulation suit. Eur Psychiatry 2017;41(S1):s894. https://doi.org/10.1016/j.eurpsy.2017.01.1821
3) Henderson R, Hagen MG, Zaidi Z, Dunder V, Maska E, Nagoshi Y. Self-care perspective taking and empathy in a studentfaculty book club in the United States. J Educ Eval Health Prof. 2020;17:22. doi:10.3352/jeehp.2020.17.22

4) Smith PE, Hughes T. Reading books and reading patients: can book clubs help both? J R Coll Physicians Edinb 2016;46:260-262. https://doi.org/10.4997/JRCPE.2016.412
5) 5. Kelsey EA, West CP, Fischer KM, Croghan IT. Well-being in the Workplace: A Book Club Among Health Care Workers During the COVID-19 Pandemic. J Prim Care Community Health. 2023;14:21501319231161441. doi:10.1177/2150131923116144

5. Social Isolation in LVAD Caregivers: Finding Ways the Health Humanities Can Help (Flash Presentation)

Rita Dexter, Research Assistant, Baylor College of Medicine
Co-author: Jennifer Blumenthal-Barby

Advanced heart failure is both a physically painful and emotionally devastating diagnosis for patients and their loved ones. Treatment options are limited typically to three choices: mechanical circulatory support (LVAD therapy), heart transplant, or palliative care. In this older patient population, many patients and caregivers are already predisposed to loneliness and social isolation. However, the added mobility limitations and activity restrictions for those who pursue LVAD furthers vulnerability to isolation. This can be especially true for caregivers, whose experiences are not as often considered in healthcare.

As part of an ongoing multi-site study examining decision-making in patients considering LVAD therapy, our research team (including one caregiver acting as a patient-partner) interviewed 15 LVAD caregivers and about their experience providing care for their loved ones. In this flash presentation, I explore recurring themes from the caregiver interviews, including sacrifice, burden of responsibility, lack of community amongst other LVAD patients and caregivers, and unpreparedness for the dramatic lifestyle changes following LVAD surgery. As a result, our team devoted an entire section of the 'Deciding Together' decision-aid to caregiver stories and resources to provide support for those who are often overlooked in healthcare settings. Caregivers reported that participation in our research study gave them the space to tell their stories which provided therapeutic benefit.

How can we leverage the health humanities to support human connection amongst these devoted caregivers? I conclude by suggesting several possible interventions to promote the sharing of caregiver narratives and the facilitation of community among LVAD patients and caregivers

6. Critical Approaches to Religion and Spirituality: Essential for Undergraduate Health Humanities? (Flash Presentation)

Erin Prophet, Faculty, University of Florida

Undergraduate health humanities curricula need a better blueprint for engaging religion and spirituality. Most programs skirt the topic or include only superficial information about religion such as a cultural competency section on world religions. Although some textbooks include a section on religion, it is often underrepresented in practice. This gap could relate to a feeling among humanities scholars that religion may be a cause of suffering to students or their future patients. When it comes to spirituality, a different standard seems to apply in that the contested history of the category is glossed over, and interventions such as mindfulness are accepted uncritically as a form of self-care.

This paper presents insights from five years of teaching critical approaches to religion and spirituality in an undergraduate health humanities context at a large public university. It explores how to help students better understand the potential uses of spirituality and religion in self-care while also being able to identify the signs of spiritual struggle. It reviews the benefits of a nuanced approach to Eastern religious practices applied in Western health care settings. It argues for the importance of critical engagement with research on religion and medicine while also providing tools to address common student concerns. The topic relates to the conference themes of inclusion and exclusion in that religious groups may be more or less selective about membership, and individuals may experience stress, deprivation and spiritual struggle upon making faith transitions, just as they may also draw strength from their traditions.

7. The “Medical Gaze” and Its Role in the Development of Medical Trainees (Flash Presentation)

Nicholas Ogrinc, student, Case Western Reserve University

In *The Birth of the Clinic* Foucault argues for the prevalence of a concept translated as the “medical gaze.” This refers to the process by which patients are regarded as objects of medical knowledge, collections of symptoms, and seen in terms of etiology and natural history. The danger is that physicians will interact with their patients at the exclusion of their humanity and only in terms of the information gleaned through the medical gaze. Much has been written about the medical gaze in and of itself and its emergence in the history of medicine, but it is interesting to consider when over the course of medical education this change happens in the epistemological lens of a medical trainee and how the current standards of medical education promote the development of this medical gaze explicitly and implicitly. This has implications because the medical system has taken this concept of treating diseases instead of people to its logical extremes, indicated by decreased appointment time with physicians and increased cost of care. It will be useful to determine where this problem begins in medical education for the purpose of targeting curriculum change to begin reforming medical systems through carefully shaping the epistemological framework of trainees. Ultimately, the medical gaze works to break down and isolate symptoms from diseases, diseases from patients, and patients from the context of their lives in such a manner that promotes treating symptoms rather than healing patients.

8. Fostering Wellness and Sustainability through Walk, Bike, and Carpool to School Week 2023 (Flash Presentation)

Alison Stiller, Medical Student (MS3), Creighton University - Phoenix Regional Campus; Rachel Jones, Creighton University - Phoenix Regional Campus, Faculty Mentor

According to 2019 Census data, 75.9% of Americans utilize solo transportation while commuting to work and school. We propose that by modifying transportation methods we can decrease urban pollution, as well as improve social and physical wellness.

The goal of this project was to encourage medical students to utilize alternative modes of transportation to and from campus during the week of January 30th-February 3rd, 2023. Students participated by carpooling with their friends, biking, walking, running, skateboarding, or taking the light rail. These alternative methods of transportation allowed students to decrease their carbon footprints and improve their health and happiness.

It is often challenging for medical students to find time for social and physical wellness during the rigorous curriculum, but the commute to school is an excellent opportunity to walk or bike in the beautiful Phoenix weather or decompress with friends while carpooling. Participation was recorded on an online survey and raffle prizes were awarded. By incentivizing initial participation using raffle prizes, we hoped students would find enjoyment in these alternative transportation methods and continue using them indefinitely. 24% of first and second year medical students participated in the initiative. Future directions of this project will include expanding student participation. The most popular methods of transportation were walking (54%), biking (17%), and carpooling (15%). Results of this project illustrate that students are willing to utilize sustainable transportation and medical schools should encourage them to do so.

9. Are We Ever Really Recovered? (Flash Presentation)

Gianna Paniagua, Columbia University

My graphic medicine comics practice incorporates personal stories living as a two time heart transplant recipient for an entire lifetime and my issues with severe daily chronic pain. Personal narratives are used to ask larger questions revolving around topics of illness, advocacy and the question of what is “normal.” As a master’s student at Columbia University studying Narrative Medicine, my investigations have concentrated on how comics can exist within medical spaces and how to include both patient and provider as an audience. Embarking on a new journey as part of my Capstone project, with nurse and comics innovator MK Czerwiec, I intend to make a medical education comic that explains to adults what happens during a heart transplant. By explaining this process, from when they are told an organ is found up until discharge from the hospital, my hope is to allow patients to better advocate for themselves and alleviate a sense of anxiety felt by many before surgery. This comic is intended to be included in the pretransplant binder given to all patients, following individual transplant center protocols.

PP8 Innovative Approaches to Undergraduate Health Humanities Instruction (paper session)

Centering the Humanities in the Health Humanities Classroom

(Paper presentation)

Jess Libow, Visiting Assistant Professor, Haverford College

In this paper, I reflect on designing and teaching a health humanities seminar that takes the “humanities” as its object of study just as much as it does “health.” In addition to examining health through the prisms of art and history, my first-year writing seminar on “Health and the Humanities” asks students to contemplate the affordances and limitations of these disciplines themselves. My approach to this seminar responds to Sari Altschuler’s call for “more rigorous application” of humanistic ways of knowing and understanding health to health humanities curricula (2018: 199). As one of a few first-year writing seminars cross-listed in my liberal arts college’s Health Studies minor, my course tends to attract students with a preexisting interest in health and medicine. Many pre-health students imagine majoring in biology and see this course as a convenient way to fulfill a writing requirement while also gaining credit towards a Health Studies minor. As a result, my challenge as the instructor of this the course is not to spark student interest in the studying health but is rather to prompt them to consider new kinds of questions – and the disciplines that ask them. Through units organized not around medical concepts, but around the humanistic “competencies” of “observation,” “narrative,” and “historical perspective”, I invite science-inclined pre-health students to thoughtfully consider the impacts of a liberal arts approach to their area of interest (Altschuler 2018: 200).

Teaching (with) health narratives across the undergraduate curriculum: Expanding on syllabi (Paper presentation)

Kristine Munoz, Tenured faculty, University of Iowa; Daena Goldsmith; Lewis and Clark College; Associate Dean for Faculty

Narrative medicine is a well-established part of the education of health professionals, and the Health Humanities Syllabus Repository offers abundant resources for extending that presence and impact. We incorporate an overview of those syllabi with existing literature that shows the effectiveness of narratives in health professions education to conceptualize ways in which health narratives have been (or could be) used across undergraduate disciplines. We focus on disciplines less traditionally associated with preparation of health professionals: communication studies, world language teaching and learning, writing programs from journalism to English, anthropology, ethnic-gender-cultural studies, and global health. We describe ways in which health narratives have become part of course offerings in each of those areas and the contributions that focusing on health, illness and healing can make to curricular planning. In humanities disciplines such as languages and literatures, for example, extending the range of courses centered on writing, reading or literary analysis (such as medical Spanish and English literature) into health issues can attract students to majors that are experiencing declining interest. Professional interests that encompass the range of public communication, from media studies to journalism to social influence, can be addressed through analysis and production of health narratives. Finally, we describe an NEH-funded collection of teaching resources (projects, assessment rubrics, assignments, etc.) and health narratives in Spanish and English intended to complement the HHC syllabus repository to facilitate course development and curricular expansion.

Community College Health Humanities Education: Creating Immersive Pedagogy and Developing Sustainable Community-Academic Partnerships (Paper presentation)

Christine Marks, Professor, English Department; Co-Program Director, Liberal Arts: Health Humanities, LaGuardia Community College, City University of New York
Dr. Justin T. Brown, Professor, Health Sciences, Co-Program Director, Liberal Arts: Health Humanities, LaGuardia Community College, CUNY

To confront social isolation and build cultures of belonging in this pandemic era, there is an urgent need to cultivate a deep sense of collaboration, empathy, and humanity within the next generation of holistic health professionals and scholar-activists. Health humanities is uniquely positioned at the intersection of traditional health sciences and the humanities to address such matters. Yet, health humanities, as a discipline, has largely only been taught at four-year institutions, with few opportunities for two-year college students to engage with the field. In our presentation, we aim to consider the particular contributions of LaGuardia Community College's recently launched Liberal Arts: Health Humanities Option in promoting community-engaged health humanities pedagogies. Part of the City University of New York, the largest urban public university system in the United States, LaGuardia has always centered the needs of students and New York City communities as social justice, civic engagement, and community building are at the heart of the college's pedagogical mission. Integrating courses on narrative medicine and medical ethics with Public Health courses such as Community Health and Social Determinants of Health, our program evolves out of a productive dialogue between humanistic methodologies and community-based research practices. We will report on past activities (supported by an NEH Humanities Connections Planning Grant) such as work with community organizations, college stakeholders, and student assessment team fellows, and share future plans for strengthening community-academic collaborations with more strategic, sustained involvement (including an Oral History project for a new course, "Pandemics in Global Contexts").

Storytelling & storylistening: Oral history in Medical School Curriculum

(Interactive workshop)

Lois Hendrickson, Curator, Wangensteen Historical Library of Biology and Medicine, University of Minnesota - Twin Cities; Dr. Emily Beck, University of Minnesota - Twin Cities, Associate Curator Wangensteen Historical Library of Biology and Medicine

In fall 2023, the medical school curriculum at our institution underwent a significant redesign to include substantial course time dedicated to learning about social determinants of health (SDH) and physicians responsibility to addressing SDH. As part of this redesign, library special collections curators were invited to lead several sessions with first-year medical students (MS1s). These sessions offered a framework to identify cultural structures and philosophies embedded in medicine. Exercises included non-judgmental examinations and taught critical thinking skills as MS1s considered how case studies might link to contemporary healthcare practices.

In one session, the special collections curators, an oral historian, and a history of medicine research assistant collaborated with medical school liaison librarians, medical school faculty and instructional designers to develop a 3-hour active-learning session for all MS1s. This session was designed to align with the medical school curriculum goal that students would learn to “acknowledge that practitioners, patients, and communities experience health, healing, and healthcare systems through diverse paradigms.” This session included the following learning objectives: (1) Practice critical listening skills that engage with another person’s story which can inform health decisions; (2) Appreciate the power of oral history and storytelling; (3) Build sensitivity, empathy, and openness to differing perspectives, philosophies and cosmologies around medicine; and (4) Consider how health and medicine are belief systems and products of culture that can differ from person to person.

The MS1s heard a short contextualizing presentation from the oral historian and curator, then listened to short clips from oral histories from people deeply engaged with plant and land-based healthcare practices. The students discussed the frameworks of health and healthcare that they heard about using the jigsaw method of small group discussion. This was followed by a short presentation from medical school liaison librarians. Students learned about using narrative as data and how to take the qualitative ideas from the oral histories to develop research questions. The MS1s returned to their small groups to do initial searching in PubMed to find relevant scholarly articles. A guided discussion about their successes and challenges in bringing narratives from non-allopathic and allopathic healthcare together in a research framework was the final segment of this active learning opportunity.

This workshop will be largely participatory. We will spend the first 10 minutes describing this initiative to participants. During the next 45 minutes participants will take on the role of student by engaging in group listening to oral histories and subsequent jigsaw discussions. The last 20 minutes will be a guided discussion and reflection on two primary topics: First, how health humanities scholars can engage students in discussions about history, listening, narrative, authority, and research, and, second, how to make cross-disciplinary collaborations between libraries, the humanities, and the health sciences successful. This workshop will be helpful for those working to embed discussions of health and healthcare as products of culture in curriculum, and how to engage students with history both as part of health humanities and as part of clinical practice and medical research.

PP9 Barriers, Borders, and Breaking Free (paper session)

HIV Out Loud: Narratives from South Texas (Paper presentation)

Rachel Pearson, faculty in academic medical center, University of Texas Health Science Center at San Antonio; Rachel Pearson, UT Health San Antonio, PI, Joshua Carrasco, UCSF intern and founding member of HIV Out Loud; Yolanda Crous, UT Health San Antonio intern and founding member of HIV Out Loud, Kimberly Nguyen, UT Health San Antonio student and listener with HIV Out Loud

Current medication for HIV infection can bring the virus to such low levels in the blood that it is "undetectable." When undetectable, HIV cannot be transmitted through sexual activity. But many people living with HIV avoid seeking diagnosis or ongoing care, in part because of stigma. Stigma—a major barrier to ending the HIV epidemic—may respond to interventions with modalities from the humanities. HIV Out Loud is a partnership between a community-based organization (the End Stigma End HIV Alliance, or ESEHA) and a humanities center within an academic medical center. ESEHA identified storytelling as a key modality for reducing stigma. HIV Out Loud pairs carefully trained student listeners with people living with HIV, as well as advocates and loved ones, to build an oral history of HIV in South Texas. The oral history will be digitally accessible and permanently archived. By focusing on stories from South Texas it addresses current gaps in popular narratives of HIV, which do not adequately address the experience of non-coastal and Latinx communities. HIV Out Loud is being integrated into the medical school curriculum to ensure that the oral history continues to grow.

This paper explores how an academic medical center can partner with community-based organizations to serve community-identified needs through humanities interventions, how humanities modalities may confront stigma in healthcare spaces, and how storyteller-listener dyads build relationships of trust over time by engaging in the storytelling process. The presentation will include audio from the archive and testimony from student listeners.

Health Professionals as Border Control Officers in Edwidge Danticat's *Brother, I'm Dying* (Paper presentation)

Phillip Barrish, TT Faculty, University of Texas-Austin

Haitian American writer Edwidge Danticat's transnational family memoir, *Brother, I'm Dying,* is replete with depictions of health care experiences, health care spaces, and health care personnel in both Haiti and the United States. At the same time, some of the book's most charged scenes involve characters trying to cross over the border between Haiti and the United States. In such sequences, health care spaces often function as, in effect, border zones between the two nations, which leaves health care personnel to serve as de facto border control officers. I will argue that the way in which Danticat overlays attempts to cross from Haiti to the U.S. with depictions of health care staff amd spaces offers her readers complex insights into the role that colonial and post-colonial violence—violence that over time has been physical, economic, structural, and symbolic—has played, and continues to play, in constituting modern Haiti, including Haiti's past and present relationship with the United States.

I focus on two examples, both centered on Danticat's Uncle Joseph. The first example opens difficult questions about the role that American medical philanthropy has played in Haiti in the long wake of the U.S.'s 1915 military invasion and twenty-year occupation. The second example renders vivid and visceral the history of exclusionary laws, policies, and practices that the U.S. government has directed against Haitian refugees and migrants since the late 1970s; these have been the most severe and punitive since, at least, those imposed on migrants from China in in the late nineteenth and early twentieth centuries.

Controlling Foot and Mouth Disease at the Mexico-United States Border in the mid-20th Century (Paper presentation)

Rebecca Kaplan, tenure track assistant professor, Oklahoma State University

Livestock and livestock products routinely cross the Mexico-United States border but they are not alone. These animals and their byproducts can carry bacteria, viruses, and parasites with them on their journeys and the outbreak of a disease in one country can halt normal livestock trade to the other to prevent the spread of these organisms. During the 1940s and 1950s, outbreaks of foot and mouth disease in Mexico resulted in border closures, importation bans, and a push to build an animal-proof fence across the border by the U.S. In an effort to eradicate the disease and lift the quarantines, officials in both countries worked together to enact eradication policies and study the virus.

Veterinarians, livestock owners, politicians, and government officials in both Mexico and the United States debated how to prevent foot-and-mouth disease from spreading and restore the normal movement of non-human animals between the nations. These discussions raised larger questions about strategies and policies to eradicate foot-and-mouth disease, different modes of intergovernmental cooperation, sovereignty, the Mexico-U.S. border, human and non-human animal connections, and the relationship between the Mexican government and indigenous communities in the country.

PP6 Narratives of Contagion and Consequence (paper session)

Overcoming Fear: Examples from Polio Epidemics (paper presentation)

Brittany Acors, Doctoral candidate, University of Virginia

Medical professionals and historians of medicine alike often point to polio epidemics as occurring in a different era, one in which communities were close-knit, raised funds to support the care of patients, and lined up for the vaccine when it was available. A ground-level look through the eyes of survivors, however, reveals a different reality—one of fear, isolation, and depression—that combats this public health nostalgia. By telling the stories of people who survived polio and lived with resulting impairments in a time even less accommodating for people with disabilities, this paper considers how polio disrupted social ties, fostered anxiety within communities, and affected the mental health of patients during the acute stage of the disease and into their recovery. It will also explore moments of uplift, in which an action, connection, or intervention overcame the fear of the disease and reestablished relationships between a survivor and their community. More specifically, this presentation will consider the ways that reading and writing offered patients with polio ways of experiencing the world beyond their isolation and means for processing and sharing their experiences. Whether reading literature or writing their own, polio survivors engaged the humanities to reestablish both social connections and their own sense of self-worth.

Graphic Pandemic Diaries: Imagining a Way Out of Isolation (Paper presentation)

Victoria Lupascu, Assistant Professor (TT), University of Montréal

This presentation explores the ways in which the diary genre has offered a pivotal insight into the structures of isolation and inclusion during the COVID-19 pandemic and its aftermath. While businesses, schools and entire cities, for that matter, went into lockdown as the new virus was spreading everywhere at very high speed, isolation posed challenges to mental health and to social cohesion, to name just a few areas. However, by the end of April 2020, the first diaries appeared online documenting the virus' impact on the body, its manifestations, the hardships of social isolation, the impact of solitude on mental health etc. Driven by a need to connect with an audience, by an understanding that this historical moment had to be documented in its most minute details, by a desire for social inclusion, the pandemic diary acts as an archive that reinforces the importance of stories and testimonies to the construction, maintenance and development of the concept of public health.

This paper analyzes the multivalent types of isolation represented in graphic diaries such as Elise Engler's *A Diary of the Plague Year,* Boileau and Johnson's *Covid Chronicles,* and Rachel Smith's *Quarantine Comix.* Consequently, I show the implicit mechanics of inclusion proposed in these diaries and argue that they are crucial for our current conceptualization of social connections and their position in public health.

“We Were Warned, but We Didn’t Listen:” Event 201, the Outbreak Narrative, and Community Engagement (Paper presentation)

Stefan Krecsy, Graduate Student, University of Toronto

Scenarios – plausible stories about possible futures – are regularly used to prepare for uncertain and catastrophic events, up to and including global pandemics. This paper will explore “Event 201,” an influential outbreak scenario from 2019 that imagined the possibility of a global coronavirus pandemic. Co-produced by the Johns Hopkins School of Public Health and the Bill and Melinda Gates Foundation, “Event 201” was designed to represent the “difficult, true-to-life dilemmas associated with response to a hypothetical, but scientifically plausible, pandemic.” “Event 201” produces a vision of a global community of health care professionals, government liaisons, and c-suite executives that acts on behalf of an otherwise passive, undifferentiated global population while excluding the perspective of those peoples and communities most impacted by public health emergencies. This paper argues “Event 201” rigorously excludes any and all community representation due to an over-reliance on the outbreak narrative. First theorized by literary scholar Priscilla Wald (2007), the outbreak narrative suggests that a global pandemic can be resolved through top-down, technical interventions. By extension, I contend that “Event 201” fails to represent communities because the outbreak narrative itself frames communities as a passive medium through which microbes spread. Ultimately, I will argue that genre and narrative limits and constrains the way we prepare for – and imagine – pandemics.

Event 201: A Global Pandemic Exercise. The Johns Hopkins Center for Health Security, 2019. https://www.centerforhealthsecurity.org/event201/.

Translational Medical Humanities (Panel)

Kirsten Ostherr, Professor, Rice University, Professor and Director of Medical Humanities Research Institute; moderator and participant
Eivind Engebretsen, University of Oslo & Circle U. European University Alliance, professor of interdisciplinary health science, Dean of the Circle U. Open Campus, Head of the Sustainable Health Unit, University of Oslo; panel participant
Sanjoy Bhattacharya; University of Leeds, UK, Head of the School of History, and Professor of Medical and Global Health Histories; panel participant
Rebecca Garden; Associate Professor, Public Health & Preventive Medicine, SUNY Upstate Medical University; panel participant

This panel is a follow-up to a workshop held at the Health Humanities Consortium conference in 2023, also called, "Translational Medical Humanities." The participants in that workshop had been engaged over several years in research, writing, and digital projects that explored the concept of "translation" as a critical and generative conceptual framing for future directions in medical and health humanities. The workshop participants represented an internationally diverse set of scholars, and the audience discussion was substantial and lively. Based on the success of that workshop, we propose a follow-up panel for the 2024 conference, including two of the original participants and two new participants who have engaged in extensive Health or Medical Humanities translational work.

Through diverse methodologies and focus areas, the work of this group collectively demonstrates that the concept of translation is a powerful yet underestimated instrument for relating to alterity in different forms and epistemological contexts. Moreover, as a key trope in both the life sciences and the humanities, this group proposes that translation is an ideal site for exploring, challenging, and developing notions and experiences of health and disease beyond prejudicial and normative notions of identity, language, gender, sex, race, nationality, and ability. As some of the participants in this panel have argued in recent publications, the translational lens – one that is concerned with diversity by definition – can help us focus upon, and ideally expand, areas of perspectival change in the health and medical humanities as we endeavor to explore the (non-)physical locations, societal implications, and cultural constructions of health and disease in both human and non-human bodies. This approach has implications for our understanding of notions of ecology and sustainability as it will allow us to analyze health and disease against the backdrop of human and non-human societies.

Taking this broad perspective as our starting point, this roundtable will explore the meanings and methods opened up by the concept of translational medical humanities. We will consider translation in its many forms: from bench to bedside, from the humanities to the sciences, from lived experience to data, across languages, cultures, and nations, across diverse forms of mediated narration, across perspectives and positions of power or powerlessness, across human and more-than-human species, across the individual and the planetary, across academic and community-based sites of knowledge creation, across biospheres. Building on the translational ethos that has long characterized work that bridges from the humanities and the arts into medicine, public health, and life sciences, this roundtable will discuss the ways that the idea of translation can open up new forms of intervention for researchers, teachers, and practitioners in the health humanities. The format will emphasize dialogue amongst the panelists and with the audience. Each participant will spend 5-10 minutes describing the kinds of translational projects they have undertaken, and then the panel chair will serve as moderator, posing a series of questions to the group about methodologies, collaborations, and challenges, before opening up the discussion to the audience for the remaining 20 minutes of the session.

Virtual-CC1 Soundscapes and Song

SoundRx - A Vocal Loop Performance (Creative presentation)

Lindsay Irwin, Medical Student, VCU School of Medicine

As I matured and embarked on my journey of becoming a classical coloratura soprano opera singer before my journey to medical school, I remained fascinated by the remarkable capability of the human vocal cords. It continues to amaze me how these small, delicate structures located in the larynx could generate such exquisite and resonant melodies, with the capability to reach impressively high frequencies. The human voice, a remarkably versatile instrument, can additionally mimic an array of percussive beats, rhythms, and sound effects, creating an auditory spectacle that pushes the boundaries of creativity and expression. Beatboxers can skillfully manipulate their vocal cords, lips, tongue, and breath to emulate the classic bass, snare, and hi-hat sounds of traditional drum kits.

Whilst on my expected path of becoming an opera singer with the side gig of being a beatboxer for my college a cappella group, I began work as a volunteer singer at a local hospital. Just looking for volunteer experience in the community, I did not expect to experience a transformative journey that kindled my desire to pursue a career in medicine. Each week, as I sang to patients facing physical and emotional challenges, I witnessed the remarkable power of music to provide solace, uplift spirits, and create moments of profound connection. This experience revealed the parallels between the healing qualities of music and the compassion-driven field of medicine. I realized that I wanted to be a part of a profession that combined my passion for healing with the profound connections forged in times of vulnerability. This singing volunteer experience not only enriched the lives of those I sang to but also became the cornerstone of my determination to pursue medical school, where I can further channel my commitment to healing and human connection into a lifelong journey of patient care.

Today, in the demanding journey of becoming a medical student, stress becomes an ever-present companion. The immense volume of knowledge, long hours of study, and the responsibility of patient care can weigh heavily on those pursuing a career in medicine. In this context, music emerges as a powerful therapeutic tool, offering solace, comfort, and a path to coping with the pressures of medical education.

This performance will showcase the capabilities of the human voice, the potential of vocal loopers as a therapeutic tool, and highlight the profound role music plays in the healing process. Music therapy, an integrative approach in healthcare, has long been recognized for its ability to enhance patient well-being. Vocal loopers, a modern technology that allows artists and clinicians to layer and manipulate vocal sounds, present a novel avenue to harness the healing power of music. This performance presents the intersection of vocal looping and medicine, exploring how this innovative tool can foster healing and emotional well-being. By considering its applications in pain management, stress reduction, emotional release, and patient engagement, this performance elucidates the transformative synergy between music, medicine, and vocal looping in promoting health and well-being.

Walking with Dryads: A Sonic Journey (Creative presentation)

Elizabeth (Liz) Baxmeyer, Full-Time Lecturer of Humanities, California Northstate University College of Health Sciences

In Walking with Dryads: A Sonic Journey, I will simulate natural experiences with sound to explore the importance of ecological landscapes for human healing. I intend to weave together environmental sounds with narratives of people's climate-related experiences using stories, comments, or poems, as they apply to physical health and mental wellbeing to create a fifteen-minute immersive sound composition.

The Dryads of Ancient Greece were tree spirits brought to life by peoples' need to connect intimately with the land. In Walking with Dryads, I will include sound entities to represent these mythical beings, which will eventually, in the audio, become one with the human voices (perhaps stemming from them in the first place). In addition to human voices, this 'sound story' will include birdsong, forest ambiance, tree sounds, human sounds, and musical tones selected for their ability to affect the body and mind in positive ways. I shall include, as counternarrative, processed sound to represent human interventions in nature - for better or worse. Much of my research as both a lecturer and Ph.D. student revolves around bodily resonance and the therapeutic effects of music and sound. Aside from being a (hopefully) engaging piece to listen to, I wish to choose sounds with purpose for their research-supported rhetorical attributes.

As a mindful practice, the act of Deep or Quantum Listening has grown in importance in both the health and audio fields over recent years. Pauline Oliveras: musician, sound rhetorician, and composer, asserts that "Quantum Listening is listening to more than one reality at once…[it] is listening in as many ways as possible simultaneously – changing and being changed by the listening" (Oliveras, 2010). I propose that Quantum Listening is key, in my field, to deconstructing how we look at the environment in relation to our bodies to understand and find creative interventions for climate change and human health. In my audio art, I encourage multi-dimensional listening through creating space for multiple perspectives to offer the opportunity to experience the work in different ways and encourage unique, meaningful synthesis.

As a life-long composer, sound artist, lecturer, and story rhetorician, I am committed to creating opportunities for learning through healing. In my praxis, I often delve into the part sound takes in internal and external mental and bodily resonance and health. As a transdisciplinary lecturer of mainly premed students, I include audio assignments in all my classes, whether they be writing, research, music, or health professions courses, and have witnessed the multi-faceted benefits of offering opportunities for students to explore their own environmental or health-related anxiety and grief in unconventional ways. With this piece, I not only hope to create meaningful sound art, but want to offer an outlet and a form of catharsis for those who participate, either as storytellers or listeners. As theatrical practitioner Anne Bogart purports in her recent book, *On Resonance* (2021), "Resonant art awakens and casts light into the hidden realities of our lives and of our world…and does nothing less than challenge one's own identity and assumptions about what it means to be human." This is my goal with Walking with Dryads.

Teaching Health Humanities: A Focus Group Study to Define Components of a High Quality Health Humanities Program (Panel)

Craig Klugman, Professor, DePaul University
Anna-leila Williams, Professor, Frank H. Netter MD School of Medicine at Quinnipiac University (research design, focus group facilitator, coding, analysis, writing)
Erin Gentry Lamb, Associate Professor, Case Western Reserve University School of Medicine (research design, focus group facilitator, coding, analysis, writing)
Sarah Berry, Visiting Professor, Rhodes College, (research design, focus group facilitator, coding, analysis, writing)
Patricia Luck, Assistant Professor, University of Rochester School of Medicine (research design, focus group facilitator, coding, analysis, writing)
Rita Dexter, Research Assistant, Baylor College of Medicine (focus group facilitator, coding, analysis, writing)
S. Eli McCormick, Instructor, Cleveland State University (focus group facilitator, coding, analysis, writing)
Anna Maria Marcu, Health Sciences Student, DePaul University (focus group facilitator, coding, analysis, writing)

The last decade has seen an exponential increase in the establishment of health humanities academic programs at the baccalaureate, graduate and professional school levels. As an evolving field, there have been calls to evaluate what graduates of these programs have learned. However, before we can assess, we need to establish the desired learning outcomes. To begin this process, the HHC Curriculum and Assessment committee conducted an IRB-approved series of 14 focus group interviews with self-identified health humanities educators, former educators, and alumni of health humanities academic programs. The purpose of the focus groups was to garner broad perspectives on what are considered the ideal core knowledge, skills, and values of graduates that define high-quality health humanities education. In addition, participants were asked questions about what makes a health humanities education unique from other programs of study. The 87 focus group participants (74.4% of people who expressed an interest) were located in 33 U.S. states and 1 Canadian province. Focus groups transcripts were coded and analyzed within an Action Research qualitative framework.

In this panel, several of the investigators will report on the study findings, identifying common themes and ideas that are translatable into health humanities learning outcomes. We will also report unexpected findings such as institutional and political factors that impact the structure of academic health humanities programs. The first speaker will introduce the project and describe the research methodology. Subsequent speakers will explore the themes (codes) and further describe the analysis in greater detail. At least 30 minutes of the session time will be devoted to a structured conversation with the audience addressing whether the findings ring true to their experience, whether the project missed any important ideas, and what “next steps” would be of greatest value to health humanities educators.

PP11 Novel Approaches to Community Engagement & Community Health

Jamming for Health: An Emancipatory Research Approach for Engaging Equity-Deserving Communities in Game-based Storytelling (Paper presentation)

Sandra Danilovic, tenure-track assistant professor, Wilfrid Laurier University

This methodological paper explores the ‘Game Jam’ as an emancipatory research approach for supporting equity-deserving communities while investigating life experiences with illness and disability. A game jam is a creative workshop where people gather to make digital games and share lived experiences in a non-clinical community setting. Game jams can engage equity-deserving communities in game-based storytelling, giving voice to autobiographical illness and disability narratives, harnessing digital games for knowledge dissemination, fighting stigma, and conveying health inequities through games and play. First, I introduce the broader promise of game jams for the health humanities, noting their complicated roots in the game industry and strengths in assigning decision-making power to communities. Secondly, I ground game jams in participatory and arts-based strategies for co-creating knowledge with end-users who stand to gain the most from this process. Third, I reflect on the ethics of collaborating with high-risk health populations in a game jam and the aesthetics of organizing inclusive game jams that teach game-making using open-source software. I also address the generation of processual game artifacts during a game jam in conjunction with conventional data collection practices. Finally, I list the limitations of game jams and conclude with their implications for community health, including their potential to contribute to the flourishing of equity-deserving groups. This paper draws from my extensive experience organizing multiple community-driven game jams between 2014 and 2022 for young adults with psychosocial disabilities, students with disabilities, and adults living with opioid addiction.

Let’s Put On a Show: Building Relationships with Community Organizations to Enhance Creative Collaboration (Paper presentation)

Katherine Burke, Faculty, Cleveland Clinic Lerner College of Medicine

Urban anchor institution hospitals play an important role in the well-being of the communities they inhabit. Historically, however, nonprofit hospitals in many US urban areas have disenfranchised, invaded, and/or replaced surrounding low-income neighborhoods, leaving communities behind while the hospitals have flourished. Such is the case in Cleveland, where the highly rated Cleveland Clinic is sandwiched between the marginalized neighborhoods of Fairfax and Hough. Increasingly, hospitals have a vested interest in improving the well-being of the surrounding neighborhoods, and benefit from close working relationships with their nearby neighbors. Communities can likewise benefit when anchor institutions leverage their status to improve community amenities and health. Enhancing the health of the community while repairing the relationship between hospital and neighborhoods requires ongoing, trusting communication, followed by meaningful action.

Community-based participatory arts interventions have the capacity to engage neighborhoods and hospital representatives in dialogue and relationship-building. In particular, applied theatre has properties that can engage people in live, public problem-solving and brainstorming, raising awareness and enhancing collaboration. However, engaging in a community-based participatory art project takes a great deal of coordination among many organizations and invested individuals, including hospital departments, community arts organizations, and funders. In this paper I examine the process and challenges of building relationships to plan and implement ongoing applied theatre community conversations that are productive, collaborative, and meaningful.

Close Listening in The Community: Narrative Power and Oral Health Justice (Paper presentation)

Michelle Moncrieffe Foreman: Principal Investigator, Lecturer & Director of The NAME Project, University of Maryland, Department of English; Sheryl Syme, Associate Professor, Division of Periodontics, University of Maryland School of Dentistry

Engaging narrative power offers unique and important insights from underserved communities, whose voices often go unheard in the data-driven well of health disparities. By bringing together over 1000 individuals at public libraries in four states, we were able to create community and facilitate a mechanism for sharing stories.

Oral health fairs were hosted across the United States, where we collected stories about the challenges faced by underserved communities, as well as the experiences of trainee dentists and dental hygiene students. By conducting focus groups at public libraries, we gathered these stories, and this qualitative data was coded and analyzed. The answer(s) to addressing oral health disparities may well lie in close listening to community members and facilitating their engagement with trainee clinicians.

Community health fairs are arguably an outdated concept in the age of social media. But in this recent pandemic era, this type of community engagement was a resounding success, because as one participant said: "I just needed someone to talk to."

While the logistics of hosting successful community engaged events are complex, the results in this case were positive. We will present the winning formula for this type of community-engaged activity and the multi-disciplinary approach that is essential to supporting underserved individuals and preparing the next generation of health professionals.

This presentation will present narrative excerpts from the community to guide curriculum development in health professional schools, and to support clinical practice that is embedded in the principles of social justice.

PP12 Care For and Across Generations (paper session)

Healing the Relationship between the Healthcare System and the Elderly Community Through Humanities Workshops (Paper presentation)

Madeline Blatt, Undergraduate Student, Arizona State University; Hana Roushdy, Arizona State University, co-author; Estefana Bcharah, Arizona State University, co-author; Dean Olga Davis, PhD, Arizona State University, Faculty mentor

The humanities stand out as a useful tool to approach complex emotional and psychological issues surrounding healthcare. However, conversations among patients often take place separately from conversations among providers. This disconnect can lead to a lack of trust, miscommunication, and an injured patient-provider bond.

Pre-health students have come together to address this need within the elderly population, who tend to lean more heavily on the healthcare system. The elderly's growing reliance is commonly joined with feelings of isolation and fear. However, when approached correctly, these circumstances, along with years of life experience, can make them a rich and willing source of interlocutors for discussions about healthcare humanities.

We work with the residents of the Mirabella retirement community by hosting round-table, interactive workshops focused on healthcare-related issues. We bridge the gap that normally exists between complex healthcare establishments and the elderly population with the humanities, including narrative, poetry, and other visual art.

We believe that our seminar-style workshops promote the understanding of others' perspective, ideas, and the human condition. Engaging in intellectual discussion about humanities and healthcare with an often underappreciated and isolated demographic is both therapeutic for the residents, as patients, as well as shapes us facilitators as compassionate future healthcare workers. Our workshops further encourage the residents to learn from one another and allow undergraduate members to gain new perspectives about the residents' diverse experiences within healthcare. We will support the success of our workshop goals through the implementation of pre-/post-surveys and statistical analysi

The Integration of Relational Caring and Sociology of Childhood in the Study of Intergenerational Relations in Long-term Care (Paper presentation)

Melanie Lalani, graduate student, University of Toronto

The COVID-19 pandemic brought strict visitation protocols to long-term care (LTC) homes as part of infection prevention and control policies. In Ontario, Canada, such protocols continue to evolve, but remain restrictive to children under the age of sixteen during outbreak conditions. Entering the third year of visiting restrictions, outbreaks of COVID-19, acute respiratory infections and influenza have formed a 'tripledemic', resulting in prolonged periods when children are unable to visit loved ones in LTC, many of whom live with dementia. The perspectives that may underlie the rationales for the restrictions that constrain relationships between our oldest and youngest members of society have yet to be explored. Additionally, the rendering of these intergenerational relationships as invisible has resulted in extraordinarily limited understandings of their possibilities. In this paper, I propose relational caring and lived childhoods theories as a way to explore and challenge assumptions underlying visitation restrictions affecting loved ones living with dementia in LTC and young children. Providing insights from narrative inquiry, I then explore opportunities for intergenerational relationships to flourish when visits are permitted. Stories drawn from this approach enable us to see a complexity and richness of caring that challenge taken-for-granted assumptions about people living with dementia in LTC and young children. To this end, exploring experiences of intergenerational caring through stories offers a powerful resource to challenge prevalent perspectives, potentially transform the dominant culture of LTC, and contribute new understandings of the very nature of caring.

Use of an Activity Placemat to Enhance Elder Care in a Hospital Setting: Impact on Medical Student Volunteer's Knowledge, Attitudes, and Skills (Paper presentation)

Cynthia Standley, Professor, Director of Art in Medicine, University of Arizona College of Medicine-Phoenix; Maeliss Gelas, UA COM-P, 3rd year medical student; Kevin Vo, UA COM-P, 3rd year medical student; Rachel Russell, UA COM-P, 3rd year medical student; Jahnavi Shriram, UA COM-P, 4th year medical student; Taaha Adamji, UA COM-P, 2nd year medical student – PRESENTER; James Kelbert, UA COM-P, 2nd year medical student; Nimit Agarwal MD, UA COM-P, Associate Clinical Professor; Anita Rasheed MD, UA COM-P, Geriatric Medicine Specialist

Delirium is an acute disturbance in attention, awareness, and cognition that cannot be explained by other underlying medical conditions. It is known that delirium is a significant predictor of post discharge morbidity and mortality for elderly adults. For this reason, the Hospital Elder Life Program (HELP) was developed at the Yale School of Medicine and provides protocols for reducing rates of delirium. This approach successfully reduced the number of patients who developed new delirium by 34 percent compared to a control group and modified programs have been instituted in hundreds of hospitals throughout the globe. No such program is currently in place at Banner University Medical Center Phoenix. Thus, this project consists of a quality improvement study designed to introduce an intervention by way of an activity placemat to hospitalized patients using medical student volunteers. Our hypothesis is that through a longitudinal volunteer intervention program, we can improve student metrics in knowledge, attitudes, and skills pertaining to geriatric care.

While the Yale approach included conversation and word games to address this risk factor, our aim is to develop and validate a structured conversational tool that can be standardized across HELP interventions. This tool, known as the "placemat", was designed by a team of medical students, physicians, and neuroscientists to include mentally stimulating tasks that can be completed in brief intervention sessions. Students engaged in a 30 - 60-minute encounter during a patient's mealtime while filling out an activity placemat. Visits took place on average every 72 hours up until discharge. Patients were selected according to demographics such as age, NOVAD/CAM scores, and length of hospitalization. Students were assessed on their knowledge, attitudes, and skills using a 20-question survey. This survey was modeled after published studies which examine the impact of delirium knowledge and training in geriatric ICU management. Prior to interacting with patients, student volunteers participated in an orientation which provided education on delirium and relevant training. During this orientation, students completed a Likert-based questionnaire, and these responses were compared to those following the intervention and this served as the qualitative improvement quantitative measure.

Results to data show that this unique, interactive intervention can positively impact a health trainee's confidence in caring for the older adult. Student survey scores in skills and attitudes suggested students' positive perceptions of working with elderly patients, knowledge about delirium, and confidence level in assisting in the provision of geriatric care. Next steps will be to assess confusion assessment methods (CAM) scores and length of stay to see if the number of days with diagnosed delirium decreases in hospitalized patients following the placemat intervention.

In summary, this study aimed to address the gap in education for geriatric care within the medical school curriculum by providing students with information, resources, and tools focused on helping elderly patients and validate a tool that can be adopted and administered by various members of the hospital care team.

Somatics, Belonging, and Graphic Medicine (Interactive workshop)

Rocio Pichon-Riviere, Assistant Professor, University of California, Irvine

Here is a simplified version of available research that can explain why drawing together is a healing intervention. The simplicity of these statements will be examined later. We know from the available research that making art for 20 minutes can decrease cortisol levels, and that 20 minutes of journaling about emotionally meaningful events induces the same decrease in stress hormones, and after a couple of weeks of daily journaling, participants' immune response also becomes stronger and their visits to the doctor, less frequent. Being with other people and caring for one another's stories also has a chemical effect on our bodyminds that can be healing. Being held by a community often provides closure to our stress response allowing our body to go into the state often called "rest and repair." In contrast, people who are chronically alone have a shorter lifespan, comparable to that of tobacco smokers.

All these previous statements are somehow true and yet can be held to a more nuanced standard of analysis. The research on social isolation is often summarized in simplified oppositions between loneliness and community. We know that social interactions can be filled with ambiguity, as our bodies respond to words and non-verbal cues with a myriad of emotions that may complicate the idea of belonging. Moreover, for those in the care professions or in caretaking roles, tending to others can lead to burnout and other forms of exhaustion that often promote a reactive impulse to flee social interactions. Even art making can be stressful, as any professional artist working on a deadline can assess. So any interventions that seek to mobilize the power of being together and the healing potential of art making can benefit from understanding and hopefully preventing these possibilities.

In this workshop, we will discuss these nuanced and ambivalent experiences of being with other people not so much by talking but through moving our pens and brushes on paper, following expressive writing and art making prompts. Participants will be invited to draw a series of short comics to visually reflect on the embodied experience of social interactions and the non-verbal elements that may contribute to foster or diminish a sense of belonging. In light of these visual stories, we will discuss the somatic experience of belonging, as it is figured on the page when we let our hands tell the stories of our bodies. How are our bodies showing up in spaces? What are the reactions that may not be entirely conscious that can make someone shrink or dissimulate authentic responses? What are the cultural norms that may be implicitly telling some populations to take up more or less space, to tone it down, to disappear? How can we foster true belonging and authenticity in a society that is already organized around inequity?

Participants are encouraged but not obliged to share their work with others.
No drawing skills are required! Stick figures, doodles, and nonsensical art are welcome :)

CC2 Sharing Our Voices: A Series of Creative Readings

Happy Birthday Kelly Wisely (Creative presentation)

Melody May, Teaching Fellow / Sessional Assistant, University of Waikato

My creative and academic focus is on providing a voice for a significant but invisible section of society: women disabled by chronic pain. My academic work focuses on the problem of communicating the reality of life lived with these illnesses. Fiction has a unique ability to connect because it imagines new futures for the invisible where they are heard and seen and no longer isolated and alone.

My driving force is to give these women a voice. For my creative contribution, I offer an excerpt from my novel *Happy Birthday Kelly Wisely.* Here is a sample:

Kelly stares at the pickle jar. It is this moment. This is why she had stayed so long. She'd been scared of moments just like this. She has used every trick with the pickle jar—she banged the lid against the counter; she slid a knife up under the little bump and heard the satisfying pop of the airtight suction. But neither hand can make the right shape to grip the lid and twist it off. She considers not having pickles, but there isn't much else in the fridge that doesn't require at least thirty minutes of prep—fifty in her current, completely useless state. She can live off pickles if she can just get the jar open. She sets it on the counter—begs it to open. She can do anything—she can keep going if she knows it will eventually work. One more go. She closes her eyes against the screaming protest in her fingers, each knuckle caught on the one below it, cementing them in place. One more time. She takes a deep breath and grunts. But when it gives, her hands can't hold it, and the jar slips. Celery seed, pickles, and juice fly all over the kitchen. She yells. This is the moment. This is why she stayed married to an addict. Yesterday she spilled a packet of strawberries all over the floor, a can of coconut milk, and boiling water from her hot water bottle, narrowly avoiding third-degree burns.

Her hands are useless. She still has them, sure, yes, she's grateful, but everything she does takes twice as long. And it's not just the hands. What if next time it's her hips or her knees or her feet, and she's stuck, lying alone on the couch, until she dies. And what if they don't find her body for three days. And why did she leave anyway? Because she deserved better. That's the answer everyone gives her. Sure whatever.

The paper towel soaks up more of the pickle juice, but the celery seeds just transfer from one spot to another. She can't get her hands to close small enough to pick up the tiny seeds. These are the moments when she doesn't care if she matters to someone. This is when she needs help. And things like respect and love seem abstract, diffuse and melted like a spatula that's been left in a hot pan with no food.

Climate Change and the Humility of the Pandemic (Creative presentation)

Priya Amin, Medical Student, Harvard Medical School

Condensation, rain, vapor, and tears carry the emotions of the COVID pandemic in my poem, “The Most Fragile Gift of Life.” The cycle of water and the many vessels it serves for disease and life became a formidable force during lockdown. By addressing individual disruptions caused by the COVID pandemic, I hope my work contrasts the intergenerational responsibility of climate change with the interpersonal responsibility of social distancing during lockdown.

As stated by Johnathan Metzl and Helena Hansen in their 2014 article, “Structural competency: Theorizing a new medical engagement with stigma and inequality,” applying a structural approach to healthcare inequalities can provide a useful framework to train growing physicians to develop a modern approach to cultural competency. They note that the “fourth component of structural competency seeks to impart recognition that structures that shape health and illness are neither timeless nor immutable, but instead reflect specific financial, legislative, or indeed cultural decisions made at particular moments in time" (130). My poem hopes to acknowledge this structural inequity during the pandemic. Droplets of particulate matter, acting on an individual level, created global change during the COVID lockdown. Meanwhile, rising global temperatures and ocean acidification still fail to inspire political responsibility. Our absence outdoors did not go unrecognized by nature, either, as wildlife were more frequently seen in urban areas and pollution was notably abated in many rivers.

My poem I will read, “The Most Fragile Gift of Life,” asks the reader: What will we lose without our humility? The insuppressible action of nature, death, and grief, despite our best and worst efforts to intervene, will always be worthy of our respect and attention. As a medical student in training, I hope to find this sense of humility throughout my clinical education.

Rhythm of Waves (Creative presentation)

Nakaweesi Katongole, graduate student, University of California San Diego

A chapter from "The Lions and Tigers in my Backyard," an account of experiences and interactions that reflect the complexity of theories and ethics weaved into moral philosophy. It is an exposition of Judith Butler's text, "Giving an Account of Oneself" and explores cultural, political, family, gender, racial history and identity, across borders between Uganda and the United States. This account sheds light on some poignant ethical questions related to health, care, privilege, misconceptions and perspectives that emerge from within specific contexts. It is not a story or narrative but rather a deliberation of an account that exhibits opacity with self, various others, cultures and communities. "The Lions and Tigers in my Backyard" is meant to be presented as a form of parrhesia, a Greek term referenced by Socrates and later Foucault, which aims to inspire a reconfiguring of self that enables better care for self and others. Concepts of recognition, misrecognition, vulnerability, relationality and dependency unveil the complications within various dialectics that bind and at times sever the bonds among humanity.

Students Framing Health Humanities for the Future (Creative presentation)

Jessica Hume, Professor and Independent scholar, Bellarmine University; Patrick Lynch, Bellarmine University Sophomore Undergraduate Student; Olivia Remmert, Bellarmine University Senior Undergraduate Student; Callie Clark, Bellarmine University Sophomore Undergraduate Student

We propose a creatively formatted informal creative presentation of 75 minutes, and we encourage students, faculty, clinicians, and anyone interested to join us. During the discussion, attendees will collaboratively generate innovative and transformative methods of engaging students in health humanities curriculam and student organizations. We know that student involvement with the health humanities promotes humane medicine, hones professional skills, and supports compassionate and just healthcare; yet some programs and organizations struggle to effectively connect with students and other stakeholders. How can we educate students and other stakeholders about the value of health humanities and the skills it imparts? How can we bring health humanities to students outside of clinical areas? What value lies in reaching out to students in other fields of study? What best practices can we share for engaging new students, faculty, and independent scholars? How do we create and maintain programs that are relevant and forward-thinking?

PP14 Reproductive Medicine and Justice (paper session)

The Right to Choose, or the Choice to Treat?: The Role of Physician Organizations in the Abortion Debate (Paper presentation)

Vishu Chandrasekhar, medical student (year 1), Case Western Reserve University

This paper focuses on the role of physician organizations and organized medicine through the movement for abortion rights by examining amicus briefs, primary sources, and works regarding the history of abortion politics. Although physicians are key decision-makers in the abortion process, with the majority opinion of *Roe v. Wade* claiming that "basic responsibility for [the abortion decision] must rest with the physician," most analyses of the abortion movement fail to consider them. Physician organizations have, since their conception, claimed to represent the "physician voice" as a powerful lobbying force. Thus, examining how organized medicine treated the abortion debate is a useful way to capture how physician views on abortion have evolved. I argue that organized medicine's eventual support of abortion was mainly due to physician organizations' desire to protect clinical autonomy, not because they wanted to protect a woman's right to choose. After extensive debate, physician organizations reasoned that legal abortion not only posed little monetary threat to their practice but also protected them from extreme state oversight. I then contend that while physician organizations are more unabashed in their support for abortion today, they still fail to provide meaningful support to abortion providers. Without supporting efforts to integrate abortion into practice or train more abortion providers, physician organizations ultimately fail to secure physicians' clinical autonomy in providing abortion care.

Adapting to IVF: Performing Dignity and Horror in Two Reproductive Medicine Remakes (Paper presentation)

Catherine Belling, Associate Professor, Northwestern University

Recently, two television versions have appeared of two classic horror films representing pregnancy, re*production, and gynecology: Polanski's Rosemary's Baby (1968) and David Cronenberg's Dead Ringers* (1988). The new versions, *American Horror Story: Delicate* (2023, from Daniele Valentine's 2023 novel, Delicate Condition), and *Dead Ringers* (2023), are both multi-episode series, allowing aspects of the original feature films to be significantly expanded and explored. This talk engages *Public Privates,* Terri Kapsalis's classic 1997 performance study of gynecology, in following two lines of comparison, diachronic and synchronic: how does each remake reflect historical changes in the practices and public perception of pregnancy, childbirth, and the role of medicine in each? How does comparing the two remakes inflect our current understanding of scary gynecology? In each remake, a reproductive technology has been added that reworks the biological and clinical anxieties of its predecessor: in vitro fertilization (IVF), signified in both by the now-iconic image of an ICSI needle piercing an ovum. But the new versions differ in their aesthetic and ideological representations of reproductive medicine. Delicate situates contemporary reproduction in old-fashioned Gothic horror; Dead Ringers more radically destabilizes horror itself, its rigorously clinical settings and convoluted comedy providing a satirical edge to its critique. Working from Kapsalis's account, I consider how horror works as a mode for representing contemporary biological reproduction, and how the clinical performance of dignity and decorum is both shored up and destabilized in these adaptations.

Reproductive Counterstories in “Shout Your Abortion” and “Birth Monopoly" (Paper presentation)

Aryn Bartley, Faculty Instructor, Lane Community College

Two online reproductive justice projects – “Shout Your Abortion” and “Birth Monopoly” – claim discursive space for stories about pregnancy and birth that challenge dominant political, social, and medical narratives. Unlike narratives that either glorify or erase the experience of the birthing person, Birth Monopoly’s narratives about obstetric violence make visible bodily and psychological trauma. Conversely, Shout Your Abortion stories often describe a lack of bodily and psychological trauma associated with abortion.

In this presentation, I will draw upon feminist philosopher and bioethicist Hilde Lindemann’s concept of the “counterstory” to frame the discursive interventions made by these projects. Lindemann describes how counterstories “are told for the specific purpose of resisting and undermining a dominant story” that erases differences and supports marginalization and oppression (34). As online projects featuring reproductive counterstories, “Shout Your Abortion” and “Birth Monopoly” speak back against state and medical practices that position pregnant and/or birthing people as silent objects of power rather than as agential subjects. While they emphasize different types of reproductive experiences, especially in relation to trauma, both projects feature the act of narration as the assertion of individual subjectivity. Furthermore, by gathering and sharing stories within a communal space, the projects not only communicate mass solidarity; they also serve as a collective call to action.

Nelson, Hilde Lindemann. “Resistance and Insubordination.” *Hypatia,* vol. 10, no. 2, Spring 1995, pp. 23-40. https://www.jstor.org/stable/3810277

PP21 Understanding the Impact of COVID-19 (paper session)*

Making Public History: Oral Histories of COVID-19 and Rochester's African American and Black Communities (Paper presentation)

Laura Stamm, Assistant Professor of Health Humanities and Bioethics, University of Rochester

"Making Public History: Oral Histories of COVID-19 and Rochester's African American and Black Communities" seeks to provide a collection that captures the impact of COVID-19 on local community members in order to preserve the stories and experiences of those made most vulnerable by the pandemic. It is a widely accepted fact that COVID-19 disproportionately affects African American and Black communities, but there is little research available on how COVID-19 differently affects these communities. Moreover, most research on COVID-19 in marginalized communities is told from the perspective of scientific researchers, rather than by individuals who experience the everyday impact of the pandemic. Scholarship on vaccine hesitancy in the Black community, for example, typically cites survey data and theorizes about why Black people might not trust medical institutions without hearing directly from Black community members about why their experiences and understandings of history cause them to distrust medicine. This presentation explores one way of recording African American and Black communities' experiential knowledge of the COVID-19 pandemic and centering their voices in medical narratives of the virus's impact. Using community-based participatory research (CBPR) methods, this project listens to, records, and preserves the experiences of marginalized communities living in Rochester, NY, during the pandemic. Preserving these oral histories in an archival collection and digitized open-access platform affirms their historical importance and assures their existence for future generations.

“Knowing” vs. “Understanding”: Multiverse Traffic to a Public Health Diary (Paper presentation)

Luxin Yin, graduate student, The Ohio State University; Rachel Rubino, The Ohio State University, Graduate Student, Co-researcher/co-presenter

In this essay, we examine Chinese author Fang Fang’s *Wuhan Diary* (2020) to discern her audience's reactions to COVID-19, and understand how the dissemination of information might (or might not) have prompted readers to take preventive measures in the event of the public health crisis. Since the macrosocial emergences of Wuhan Diary encompass dynamic trajectories of time and place, we account for relations between 1) Fang Fang’s blog posts, written during the novel virus outbreak, 2) U.S. author Michael Berry’s pursuant translation of Fang Fang’s blog posts, and 3) the varying degrees of audience engagement with Fang Fang’s work. Given the richness of *Wuhan Diary,* we opt for a grounded theory analysis. This involves focusing upon readers' geographic regions in correlation to their online comments and the timing of regional COVID-19 outbreaks. We also compare notes from Berry’s autobiography, *Translation, Disinformation,* and *Wuhan Diary* (2022), and an interview that we conducted with him on his perceptions of risk during his translation of *Wuhan Diary*. Through our analysis, we seek to qualitatively differentiate "knowing" and "understanding" as two distinct levels of risk analysis. To achieve such a goal, we reference Aristotle's "On Rhetoric" as a theoretical framework that emphasizes correspondences between forensic, epideictic, and deliberative rhetorical genres. Our hypothesis proposes that, while "knowing" might not always lead to action, "understanding" often does.

Long COVID Among Healthcare Professionals (Paper presentation)

Maisey Schuler; University of Texas at Austin, Humanities Institute; graduate student; Pauline Strong, University of Texas at Austin; Professor of Anthropology and Women's & Gender Studies

Despite the benefits they offer to the field and their patients, disabled people remain underrepresented and under-supported as health professionals. This study assesses how disabled healthcare workers navigate their careers and conditions by examining one “invisible disability,” which are conditions not immediately apparent to others but nonetheless significantly limit activities, movement, or senses. The focus of this study is Long COVID, a chronic illness characterized by long-term and invisible symptoms that remain after COVID-19. Around 15% of American adults have reported experiencing Long COVID at some point, with approximately 26% of them indicating significant activity limitations caused by the condition. It is likely that many healthcare workers have developed Long COVID due to their increased exposure to COVID-19.

The goal of this inquiry is to better understand how disabled healthcare workers exist in a space that stigmatizes and may even invalidate their conditions through studying the experiences of those who developed Long COVID. This will be achieved through interviews with healthcare workers who have Long COVID. Major themes include why disabled healthcare professionals remain underrepresented in the field, how they navigate invalidation and stigmatization, what helps them to stay in their careers, and how Long COVID impacts their relationships with their patients, colleagues, and supervisors. Desired outcomes are improved accommodations for disabled people in healthcare, inform administrators hoping to support healthcare workers with disabilities by illuminating deficiencies in existing accommodations, and provide useful information about the experiences of disabled healthcare professionals for those considering the field as a career.

PP15 Artistic Interventions Among Marginalized Populations (paper session)

The Arts and Spirituality in Street Medicine (Paper presentation)

Doria Charlson, Visiting Assistant Professor and Chaplain, UC Davis and the Department of Public Health (San Francisco)
Kelly Ann Nelson, MarinHealth Medical Center, Chaplain

During the summer of 2021, I spent evenings walking in the Tenderloin neighborhood of San Francisco as part of my training in clinical chaplaincy. The Tenderloin (TL) comes alive at night with all sorts of activity and many people knew us, the chaplains, and would stop us to ask for cigarettes, food, socks, and prayer. Despite being a chaplain, the prayer part always felt uncomfortable to me as a non-Christian and someone whose understanding of God is dynamic. I would usually invite patients to co-create a blessing with me as a type of creative pastiche of song, rhythm, movement, and supplication. On the streets, everything is fluid; it all moves.

I now work with unsheltered and marginally housed people as a community-based chaplain with the San Francisco Dept. of Public Health's Street Medicine Palliative Care team. We provide intensive engagement with folks living on the margins who are at the end of life. Drawing from my experiences as chaplains and as practicing artists, this paper considers the role of the arts as a form of clinical intervention in community-based chaplaincy. The paper will discuss examples of how music and embodied praxes can help to cultivate trust, intimacy, and a sense of belonging that is often missing from clinical health care settings. The utilization of art and ritual can be a vital tool not only to understand a patient's worldview, wishes, and understanding of their illness, but also to increase compliance for taking medicines or attending doctor's appointments. Given that many of our patients experience medical trauma, substance use, and low medical literacy, the sense of autonomy, agency, and pride that is experienced in facilitated art praxes and professional spiritual care intervention can help to mitigate patient's anxiety and existential stress, while increasing their sense of connection and belonging.

Decolonizing Health/Care in Feminist Senegalese Urban Arts: Presence, Accessibility and the Common (Paper presentation)

Julie Van Dam, Professor of French (teaching track), University of Southern California

Bridging the work of Achille Mbembe and Felwine Sarr with that of Jean Comaroff, Jina B. Kim, Jasbir Puar and Margrit Shildrick among others, this piece will argue that contemporary Senegalese urban arts articulate and enact a radical and feminist decolonization of “health/care” in the public, or common, space. I explore here the exceedingly present and accessible collaborative arts practices of health activism, what I define as health/care, seen in graffiti, street cinema, and hip hop in urban Dakar and beyond, especially by female actors and their allies. Against a state-sponsored forced disappearance and disavowal of the ill and disabled from public spaces in combination with the neoliberal production of such bodies, these arts simultaneously name, critique and seek to reform bio-social precarity in urban spaces. Their acts of presence on/about health, bodily integrity, and vitality occur not only through bodily presence and its gestures of cultural production, but through the objects and traces left behind to continue the work via the manifold encounters of others. Ultimately, they reveal that “accessibility” is inextricable from a cultural commitment to the common (mbokk in Wolof)—at once what is shared in the public space and what, itself, constitutes a distinct and potent form of care.

From Normative Practices to Second Stimuli: Dismantling Ableist Paradigms of Professionalism Using the Arts (Paper presentation)

Ryan Weber, Associate Professor of Medical Humanities, Geisinger Commonwealth School of Medicine

The teaching of professionalism in health care has long promoted ableist attitudes. This has resulted in deleterious effects on medical students with disabilities as well as the patients they eventually care for. According to Shane Neilson (2020), "If medicine were to understand the independence of disability as a state of being, distinct from categories of normal and pathological, then perhaps the profession could heal from its self-injurious tendencies." But far too often, the process of professional identity formation has adopted a behaviorist lens that imposes a limited set of normative practices to socialize physicians into medicine. Therefore, in this paper, I outline strategies for dismantling ableist paradigms of professionalism using strategies from modernist artists. Doing so, I argue, moves the unstable category of disability from the periphery to the center of discourse, reduces stigma, and aids in developing an inclusive form of reflection. It also creates the capacity to change not just the self but also the concept of deviance into a valuable source of culture, thereby transforming the arts into a humanities-based intervention for the elimination of exclusionary customs. My methodology entails placing Alan Bleakley's (2021) notion of "second stimulus" into dialogue with Joseph Straus' analysis of various typologies of disability representation. Taken together, their work will serve as the foundation for developing a "restless reflexive stance" (Meeks and Neal-Boylan 2020) capable of dismantling the medical gaze that continues to marginalize disabled communities and exacerbate disparities in their health outcomes.

FF3 Flash Session

1. Tangled in the Web: Personal Experiences with Internet Use and Mental Health among Young Adults (Flash Presentation)

Tanushri Pinjala, High school student, Polygence Research Academy

The internet has woven itself deeply into the fabric of human lives, offering unprecedented connectivity and information access. Yet, amidst the ceaseless notifications and boundless cyberspace, I, like many of my peers, have often found myself ensnared in a paradoxical web: connected virtually, yet feeling profoundly isolated.

To explore this problem, I designed a website with a singular purpose: to provide users an illuminating perspective on their interactions with technology and its potential impact on their emotional health. Unlike typical platforms, this website doesn't merely present statistics or generic advice. Instead, it crafts an insightful mirror, reflecting personalized patterns and implications based on the user's input.

Users are prompted to input their digital habits: time spent online, the nature of their activities, their reactions to online stimuli, and more. The website then processes this information and presents an easy-to-understand, visually engaging overview of their digital behavior. Based on the user's feedback, the website tailors a suite of resources and actionable advice, ensuring individuals have both understanding and tools to foster a healthier digital experience.

My hope is that this website becomes a beacon, guiding people toward a positive relationship with technology. Ideally, it not only provides a snapshot of the present but also empowers users to navigate their future online journeys more mindfully. As our lives become increasingly digital, this type of self-awareness and proactive mental health care will be indispensable in ensuring that our online lives enhance, rather than diminish, our overall well-being.

2. Obstetrics Forceps: The Tools to Interrogate Interventionist Obstetrics (Flash Presentation)

Vishu Chandrasekhar, medical student (year 1), Case Western Reserve University

In 2020, 30% of births in the United States were performed via cesarean section. Given the rising evidence that lower cesarean section rates lead to better maternal and perinatal outcomes and the World Health Organization’s advocacy for a global cesarean section rate of 15% or less, there is a need to examine why the United States has adopted such an interventionist model of obstetrics. In this presentation, I argue that the origins of this model trace back to the 1700s with the invention of obstetric forceps. Before the use of forceps, surgical interventions during childbirth were limited to the extraction of the fetus to preserve the mother’s life. The normalization of using forceps for childbirth, however, ushered in the age of operative obstetrics. I will also explore how the rise of interventionism is intertwined with the dominance of the physician role during childbirth, a phenomenon likewise precipitated by the advent of forceps. Previously, childbirth was considered the domain of midwives, and physicians were only called when the fetus passed away. The normalization of forceps use during childbirth, however, necessitated the presence of a man, since women were prohibited from handling instruments by the barber-surgeon guilds. As such, a dichotomy between midwives who encouraged natural birth and physicians who claimed that instruments led to better outcomes emerged. Using this historical lens, I will conclude by reflecting on interventions that integrate midwives into obstetric care to reduce cesarean section rates and policy proposals to support this goal.

3. **Autism Beyond the Spectrum: Exploring How Autistic Individuals Engage with the Medical Model of Autism** (Flash Presentation)

Charlotte Jakes, Medical Student (MBBS Year Four), Guy's, King's and St Thomas' School of Medicine, King's College London

Traditionally, autism has been perceived through a medical lens as a neurodevelopmental disorder requiring intervention. However, the neurodiversity movement has challenged the medical model, encouraging a paradigm shift whereby autism is considered a natural facet of human diversity, and allowing autistic individuals themselves to self-define independent from a neurotypical standard. This paper utilises the direct testimony of autistic individuals to explore how the medical model of autism impacts how this group integrates autism into their identities.

Firstly, this paper examines how autistic individuals advocate for the "depathologisation" of autism, allowing them to reconceptualize autism as a value-free aspect of their identity rather than a "disorder". Secondly, this paper engages with critique of the traditional linear spectrum of autism spectrum, and analyses alternatives to this spectrum proposed by the autistic community that seek to enable individuals to better understand and accommodate their unique experiences.

Building upon this, this paper analyses the impact of autistic-only spaces, both physical and virtual, where autistic individuals can connect, communicate, and offer mutual support. These spaces allow for the fostering of a sense of belonging and understanding in this group, independent from medical hegemony.

This paper engages with existing critique of the medical model of autism by autistic individuals themselves to discuss how placing the power to define autism in the hands of autistic individuals themselves can alter its conceptualisation. Challenging the medical model of autism can help dismantle structures of medical hegemony and promote a more holistic and community-oriented perspective regarding this group.

4. Living Multiple: Enhancing Understanding of the Plural Community (Flash Presentation)

Julia Knopes, Research Scientist, non-TT, Case Western Reserve University School of Medicine

There is a growing interest in health humanities and disability studies scholarship on neurodiversity, which is the acceptance of differences in thought, behavior, and emotion that were once pathologized. While neurodiversity arose from the autism movement, there is increasing recognition of other mental health conditions as forms of meaningful social difference. One such condition is "living plural," in which someone experiences the world through multiple identities or selves, each with their own perspectives, values, social roles, and even gender identities, rather than as a “singlet,” or an individual with one personality or self. While often medicalized as dissociative identity disorder (formerly multiple personality disorder), living plural has to varying degrees been embraced within online communities, where specific language has been developed around the roles that different types of identities fill in daily life. People who live plural, or “systems,” reject stigma surrounding their condition and often deny the notion that to be psychologically fulfilled, they must utilize therapy that will fuse their multiple selves into a single identity. This presentation will briefly introduce the living plural community and review key terms and concepts, in order to enhance research and education on neurodiversity and mental health in the humanities. The presentation will argue that health humanities scholarship should widen its view of neurodiversity, and in particular, explore online spaces where people who inhabit diverse minds interact as they negotiate and define what it means to be neurodivergent.

5. Mixed Methodologies for Researching and Teaching about Health and Illness (Flash Presentation)

Sara Press, Postdoctoral Fellow, Harvard University

In *Illness as Metaphor* (1978), Susan Sontag famously wrote, “Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick.” All of us, Sontag explains, will inevitably find ourselves in the kingdom of the sick. But how do we navigate these unfamiliar territories of illness—in our own lives, and in the lives of our loved ones and community members? How do we talk about health and illness in ways that make complex ideas accessible to a mainstream population? In this presentation, I will discuss interdisciplinary research and teaching methods that fall under the umbrella of Health Humanities, and which make some of these larger questions of health and illness more palpable to college students and their communities.

I will draw on texts and methods from English literature, rhetoric of health and medicine, and narrative-based medicine to offer three examples from my own research and teaching that have explored how medical treatment and health outcomes are impacted by racism, sexism, and other intersectional modes of oppression—and how the Health Humanities can help students and the larger public make sense of this. I will also reflect on one assignment—a podcast project for my third-year English students—which I published publicly on SoundCloud and later, on UBC’s Public Humanities website (with students’ consent), and which I encouraged students to share with their families and friends. Public-facing, mixed media assignments, I will show, can be effective and energizing educational interventions for students.

6. Undergraduate student reflections of the *Out of Darkness* storytelling project on bipolar disorder stigma: A qualitative study

(Flash presentation)

Hallie Rodney, Graduate Student, McMaster University/Wurzweiler School of Social Work; Shira Taylor, York University/SExT: Sex Education by Theatre

Mental illness is prevalent amongst university-aged individuals; however, stigma makes it difficult for these individuals to reach out for support. Arts-based approaches, specifically, digital storytelling interventions, haveshown promise in addressing mental health difficulties and stigma. This study involved university students viewing a set of digital storytelling films (the *Out of Darkness* project – which were originally created for medical residents in psychiatry) and then participating in a focus group discussion to explore students' experience of watching the films. We transcribed focus group discussions and used thematic analysis to uncover student perspectives of the digital storytelling intervention. The major themes identified include a change in attitude, empathy, and compassion, encouraging conversation, recognizing the importance of support, increased understanding that mental illness is not a choice, and acknowledging the stigma that still exists. The findings of this study suggest that the *Out of Darkness* digital storytelling intervention has merit beyond the training of medical professionals and can act as a valuable tool for addressing the stigma associated with severe mental illness on university campus.

7. The Knowledge Donor Program: Innovation in Healthcare Education

(Flash presentation)

Kayla Gray, Dignity Health - St. Joseph's Hospital & Medical Center

Medical education relies on trainees performing risky procedures on live patients for the first time. The current educational model no longer aligns with modern healthcare delivery, exacerbated by the COVID-19 pandemic and healthcare worker exodus. The Knowledge Donor Program aims to create a paradigm shift in medical education by accelerating learner proficiency, facilitating experiential learning from simulated procedural complications, and improving patient safety and outcomes through pedagogical research. By providing a comprehensive training experience that includes pre-procedure preparation, debriefing, and exposure to the emotional stakes of surgery, the program equips learners with the technical skills and mental resilience needed to navigate the complexities of real-world surgical situations.

PP16 Social and School-based Contexts for Health Humanities (paper session)*

Social and Economic Impacts on a Schoolwide Social Emotional Learning and Mental Health Support Program Implemented After the COVID-19 Shutdown (Paper presentation)

Karen Schlag, Postdoctoral Fellow, University of Texas Medical Branch at Galveston
Elizabeth Torres, University of Texas Medical Branch at Galveston, co-author,
Jackson W. Gasperecz, University of Texas Medical Branch at Galveston, co-author,
Shannon Guillot-Wright, UTHealth Houston, senior author

Social emotional learning (SEL) initiatives in schools can substantially benefit student well-being and learning, but there is the need for a more nuanced understanding of how SEL is systemically integrated within diverse learning environments, such as schools with higher rates of free and reduced lunch programs. Therefore, we examined factors impacting the implementation of SEL and mental health support services at an economically disadvantaged school district in the United States. School administrators, counselors, teachers, SEL coaches, and mental health specialists (n = 23) participated in interviews or focus groups about their experiences implementing schoolwide SEL services. Our study was specifically focused on the transitional period when students returned to fully in-person learning after the COVID-19 shutdown. Results from our analysis indicated that there were significant facilitators and barriers to maintaining systemic SEL programing and mental health support in the school district. Specifically, schoolwide implementation was facilitated by faculty and staff's efforts to create safe environments that promoted open communication with students and to collaborate when disseminating SEL content and mental health support. Barriers to implementation included insufficient staffing of educators and mental health specialists, student absenteeism, and teacher and student resistance to SEL practices. Findings underscore the need for future research to examine social, cultural, and economic factors influencing teacher/student responsiveness to SEL and mental health support. Interventions taking a health humanities approach should consider ways to proactively address social and economic challenges to implementing mental health support for students, teachers, and staff, including insufficient school leadership support and funding.

How GALs can Implement Cultural Stories in Family Court in the US

(Paper presentation)

Eileen Anderson, associate professor, Case Western Reserve University

Guardians *Ad Litem* (GALs) are a crucially important role for child wellbeing in the United States. GALs are a role of professionals, usually JDs, who make recommendations and decisions for children under 18 years old going through the toughest struggles of their lives in family court, juvenile justice, foster care, and contested medical decisions. Most GALs have little to no training in child and adolescent wellbeing, yet they can make life and death decisions over them with minimal training and certification. The Anderson cultural models tools have been found to improve rapidly the training and decisions of GALs. These tools are based on narrative medicine, especially the Kleinman questions, and other humanistic understandings of cultural models of child development and wellbeing.

This presentation introduces the Anderson cultural models tools, suggests how to implement them, and shows preliminary data from adaptation. The impact is showing how health humanities dramatically change legal and human behavioral outcomes for our most vulnerable populations. It shows methodological and theoretical innovations based on humanities and social sciences that can impact “real-world” legal/financial outcomes. The stakes could not be higher, with kids’ very lives and health impacted daily.

Subsidiarity, Proportionality, and Preparing PreK-12 Schools to Heal after Community Trauma (Paper presentation)

Leonard Grant, Tenure Track Assistant Professor, Syracuse University

Like many school districts across the United States, public schools in [location redacted for review] have experienced an increase in student suicides and community-based violence against students. Effects of these traumatic events ripple through communities, directly affecting students, teachers, staff, and families, and indirectly affecting pedagogy, education policy, and community cohesion. Given the tenacity of collective trauma in our educational settings, two questions merit consideration. How can the Community Engaged Health Humanities (CEHH) assist public schools (pre-K through grade 12) as they prepare for inevitable future community traumas? And how can CEHH help those affected to flourish after traumatic events, in a manner that respects local context and the lived experience? Traditionally, the medical/health humanities have taught and researched within medical/health professions schools and undergraduate institutions. CEHH extends the reach of the health humanities to PreK-12 schools. Such community-academic partnerships open up a universe of opportunities to further health humanities theory and practice. Since preparing for catastrophe and healing from trauma are localized actions to systemic public health problems, this presentation will commence by articulating the value of the bioethical principles dof subsidiarity and proportionality as they pertain to CEHH interventions.

Then, to demonstrate how these principles can be enacted, I will review two case studies of the Resilience Writing Project partnering with urban and rural public schools to train mental health personnel how to use expressive writing protocols to process community traumas. I conclude with suggestions for others to engage their local PreK-12 schools.

PP19 Narratives in Practice (paper session)

Seeing the Narrative Work in Physical Therapy Practice (Paper presentation)

Stefanie Johnson, Assistant Professor of English, AdventHealth University

Story refers to individual patient experiences, while narrative describes the ways in which we create connections between these stories. This practice of drawing connections is not the exclusive domain of narrative. Biomedical frameworks also facilitate meaningful associations between data, but these lenses value different kinds of meaning-making and locate authority with the practitioner. Narrative practices, by contrast, rely upon shared power – what Carless and Douglas (2017) call “ethical relational engagement.”

Physical therapists employ narrative reasoning to co-construct meaning with patients. Edwards et al. (2004) note that this kind of collaborative reasoning between practitioner and patient “may lead to new knowledge entirely…that emancipates either or both from previous limited or distorted perspectives” (p. 81). This complex narrative work is recognized as a feature of expert practice (Jensen et al., 2007; Higgs et al., 2019) that is often rooted in tacit knowledge and can be difficult for new practitioners to take up.

This paper describes a study framed by applied linguistics and designed to develop an initial taxonomy of narrative practices, or ways to “put narrative into action as process, method, or tool” (Lanphier, 2021, p. 212). Interviews with expert physical therapists informed the identification of four narrative practices: a) connecting stories through a “good patient” narrative; b) lending stories to expand narrative possibilities; c) making space for tension in the narrative; and d) holding narratives loosely, including the prevailing narratives of expertise. The paper describes this taxonomy along with a heuristic created to offer support for teaching and learning these practices.

Narrative interventions in medical charting: audience, narrative, and stigma (Paper presentation)

Lindsey Grubbs, Assistant Professor, Case Western Reserve University; Isabelle Toler, Case Western Reserve University, bioethics graduate student; Danielle Wilfand, Case Western Reserve University, medical student and bioethics grad student; Akshaya Ramakrishnan, Case Western Reserve University, co-author

Medical records are one of the primary genres in which clinical “stories” are passed from one person to the next. While record-keeping and communication between clinicians have long been functions of this genre, charts are now increasingly available to patients themselves as a result of 2020 Open Notes legislation and platforms like MyChart. This paper will consider how thinking of the patient as a primary audience for medical charts might shift common practices in charting. By surveying the literature on patient reception of charts and offering examples of patients’ responses to them on social media, we will discuss common points of tension in charts and offer alternatives. Second, we turn to narrative interventions suggested by the clinician audience. The necessities of the genre demand that a messy and potentially indeterminate clinical encounter be put down in words - and the shape that these clinical forms will take is often dictated by the demands of billing codes and by the interface available in electronic medical records. Too often, they are also shaped by bias, and research suggests that these stories, like many others, are subject to stereotypes about women and racial minorities–and in particular to tropes of disbelief (i.e., the patient “claims” x)--which can lead directly to diminished care. Offering potential interventions in the common language of medical charts suggested by a closer consideration of two of the genre’s many audiences, this paper will imagine ways that these documents might provide opportunities to strengthen rather than diminish the therapeutic alliance.

One is the Loneliest Number: Isolation in the Stem Cell Transplant Unit (Paper presentation)

Tiffany Bystra, PhD Student in Bioethics and Health Humanities, University of Texas Medical Branch

Loneliness has come to increased attention in healthcare settings with some asserting that loneliness ought to be measured in the same way one would a vital sign. Of particular concern for loneliness can be those within settings of isolation, either imposed upon them or necessary for health and safety. This warrants exploration into the experience of those under necessary medical isolation such as persons undergoing stem cell transplants. Largely confined to a room with restricted access to human touch beyond the glove or gown, patients undergoing stem cell transplant can offer rich narratives that shed light into the lived experience of loneliness and isolation within the stem cell transplant unit. This individual paper offers an exploration of the space and structure of isolation within transplant units, a brief synopsis of thoughts surrounding loneliness and health outcomes in stem cell transplant patients, and a review of open access cancer narratives that illuminate patient-centered concerns using humanities as a medium including art, poetry, short-story, and various other methods. Through analysis of these works, individual paper attendees will explore the embodied sense of loneliness and isolation through patient-centered humanities work and be encouraged to juxtapose this with current systems of isolation. Ideas will be explored about how loneliness may be monitored and compassionately intervened upon in systems of medically indicated isolation.

Enacting Justice, Equity, Diversity, Inclusion, and Belonging in the HHC
(Roundtable)

Melanie Gregg, Professor of Humanities, Director of Health Care and Medical Humanities Wilson College
Sarah Berry, HHC Co-President, Affiliated Faculty at Rhodes College, Institute for Health Equity and Community Justice
Pamela Brett-MacLean, University of Alberta, Associate Professor and Director of Arts & Humanities in Health & Medicine
Amanda Caleb, Geisinger Commonwealth School of Medicine, Professor of Medical Humanities
Samantha Chipman, Emory University, English PhD Student and Bioethics Certificate Candidate
Hailey Haffey, University of Utah and Wilson College, Project Manager for the Internal Medicine Pediatrics Rural Pathway Program at the University of Utah Health and Adjunct Professor in Healthcare & Medical Humanities at Wilson College
Sarah Press, Harvard University, Postdoctoral Fellow in History of Science

Members of the Justice, Equity, Diversity, Inclusion and Belonging (JEDIB) committee of the Health Humanities Consortium will engage in an open and collaborative dialogue about initiatives we are undertaking in 2023-24 to put into practice the organization's recently-adopted commitment statements. Having laid the cornerstone for transformative change, anchoring our organization in principles of justice, equity, diversity, inclusion, and belonging (JEDIB), we are now poised to act and manifest our dedication to nurturing the growth and evolution of our organization in a way that reflects our JEDIB values.

In the coming months, the JEDIB committee will be working on the following initiatives, which we are launching concurrently with the submission of this proposal; in the Roundtable, members will speak about the following:

- Establishment of an inclusive and accessible feedback mechanism for HHC members;
- Exploration of community-engaged, EDI-informed, decolonized models of scholarship;
- Construction of a Health Humanities Hub for a broader public context
    - (featuring podcasts, blogs, YouTube channels, TedTalks, and other valuable resources–all in the EDI domain);
- An accessibility audit of the HHC website and communication practices;
- Formation of research and professional interest groups for members (we will open the floor to build a "wish list");
- Ongoing communication with the Arts and Health Equity main group and Research and Writing Group.

The April 2024 HHC conference will serve as an important juncture for our committee and afford us the ideal platform to report on the progress and achievements of our projects and to invite wider participation in shaping the JEDIB initiatives within the Consortium.

Bridging the theoretical commitments of our JEDIB philosophy with our practical work connects to the overarching themes of the conference through the fostering of social and emotional health, cultural humility, and justice within the Consortium itself. The interactive format of the Round Table will also provide us a forum for gauging whether our committee aims and practices remain responsive to evolving JEDIB needs and the collective vision of HHC members.

Proposed schedule for the 75-minute Round Table:

15 minutes:
- Introductions
- Definitions of justice, equity, diversity, inclusion, and belonging
- Overview of the JEDIB Commitments and our drafting process
- for the statements

45 Minutes: The HHC JEDIB Initiatives
- Presentation of our Ongoing Projects
- Panel Discussion with Project Leads
- Audience Q & A

15 minutes: The Path Forward
- Feedback from Attendees and Brainstorming
- Takeaways

CC3 Visions of Art and Healing (creative session)

Visual Storytelling in Communication and Advocacy of Research for Health (Creative presentation)

Shelly Xie, physician-in-training, graduate student, artist, Pan American Health Organization/World Health Organization (PAHO/WHO); Co-author: Luis Gabriel Cuervo, MD, MSc, Pan American Health Organization/World Health Organization (PAHO/WHO), Senior Advisor on Research for Health

Many of us possess the intuitive understanding that advances in medical sciences and technology are responsible for the remarkable strides witnessed in recent decades. However, research for health encompasses a broad spectrum of endeavors, extending beyond medical breakthroughs to address complex public health challenges. Quite frequently, addressing a public health problem requires not just a functioning health system but also the contributions from different sectors and disciplines. As evident in the COVID-19 pandemic and previous epidemics, in addition to the functioning health systems, the economic, governmental, political, and civil engagements were vital in implementing prevention and control strategies.

By providing evidence-based foundations, research for health underpins actions against a range of issues, from strengthening health systems to reducing health disparities, particularly pertinent in the Americas. Nevertheless, the value of research for health may not be immediately apparent. Therefore, Art for Research was launched to introduce compelling artworks and narratives portraying research for health as a strategic investment catalyzing multifaceted progress.

In particular, the Transformation for Development exhibit employs sand animation to convey the impact of neglected diseases and public health challenges in the Americas. The innovative form of visual storytelling, backed by evidence, serves as a medium to illustrate how research acts as a catalyst for social and economic development. Through poignant narratives like that of the Silva family in rural Brazil, who suffer from hookworm infection (https://youtu.be/yTh-C9fuQSE?si=5c1DDhoG_90XGREk), the exhibit illuminates the intertwined relationship between research, economic growth and improved livelihoods. Additionally, the story of Alvita's struggle with sickle cell disease (https://youtu.be/TBwMSn5ePI8?si=8lIeXQm1SSlaXRc2) underscores the transformative potential of research for individuals and communities. Presented at various national and international settings, including the 52nd Directing Council and WHO-Cochrane-Cornell Summer Institutes, these visual stories transcend aesthetics and serve as a tangible manifestation of how research drives progress.

By depicting personal stories and shedding light on the human experience of significant global health challenges, this project presents a unique way of advocating for multisectoral collaboration and policies informed by evidence, ensuring a future where research continues to be a beacon of hope and a driver of positive change.

“Thrive! Healthy People • Healthy Planet”: A gently provocative health center-based exhibition (Creative presentation)

Diana Hoover, Professor Emerita, Artist, Designer, University of Wisconsin-Stevens Point; Sara L. Warber, Clinical Professor Emerita, Department of Family Medicine, University of Michigan School of Medicine; Katherine Irvine, Senior Researcher in Environment, Wellbeing and Behaviour, Aberdeen, Scotland; Elaine Sims, Director of Gifts of Art, University of Michigan Health, Michigan Medicine

Purpose:
Humans are not behaving in ways that honor nature, thereby contributing to biodiversity loss and ecological crises. Art can encourage viewers to alter their perspectives, reflect on, and even change their behaviors. Nature-centered imagery enables viewers to imagine being in the environment, generating a sense of belonging within the natural world. Placed in health centers, art can reach people of all backgrounds as they focus on issues of health. In a 20-minute presentation, we will outline the goals and challenges of realizing an international photography exhibition designed to reshape people’s understanding of the relationship between personal and planetary health. Through a 10-minute video, we will share documentation of the inaugural exhibition of “Thrive! Healthy People • Healthy Planet.”

Methods & Issues:
In 2021 an interdisciplinary group of artists, writers, exhibition specialists, social scientists, and physicians began conceptualizing an exhibition focused on planetary health. In 2022 a call went out for photography that visualized nine Essentials for Health — Air, Water, Food, Shelter, Energy, Community, Safety, Biodiversity, and Purpose. More than 500 entries were received from six countries. Through a multi-stage jurying and iterative curation process 45 photographs were chosen, five for each of the Essentials. These were arranged to create a cogent visual narrative and printed full-bleed and second surfaces mounted on clear acrylic to amplify the sense of spatial and temporal immediacy. Each grouping also included text panels, one displaying the title and concise description of the Essential, and another presenting the title translated into multiple languages. A nature soundscape accompanied the photography, and a park bench was positioned in the gallery, inviting viewers to pause, rest, and reflect. In concert with the photographs, a series of 3D installations were created. These used vintage models of flora and fauna, specimens of minerals and shells, paired with delightfully inclusive miniature human figures to evoke an expanded view of biodiversity and community. Additionally, viewers were invited to identify favorite places in nature, locate them on a regional map, and post selfies pointing to them.

Outcomes:
The physical exhibition was on display at a major medical center for three months in 2023. Designed to travel to other health-centric venues, installations are anticipated in 2024 and beyond. The companion website brings the exhibition to a broader

audience and includes invitations to actions for the environment and health. Linking time spent in nature with wellbeing has been widely studied across numerous disciplines. We plan to contribute to this body of work by facilitating additional installations, continuing our assessment of the exhibition's effects, and pursuing writing about the work through multiple disciplinary lenses.

Conclusion:

This exhibition prompts viewers to recall times in nature in order to increase a feeling of kinship within the natural world. We aspire to inform and deepen their understanding of the importance of the environment and its relationship to human health. By focusing on the essentials of health, we aim to elevate viewer's sense of community and magnify the need to respect and protect the natural world.

Art as Medicine: Collaborative Research on Creativity & Health in the Time of Covid-19 (Panel)

Soohyun Cho, Postdoc, English, Michigan State University, presenter
Natalie Phillips, Michigan State University, presenter
Simona Sarafinovska, Washington University in St. Louis, presenter
Sarah Senk, California State University Maritime Academy, presenter
Kristen Urquiza, independent scholar, presenter

This panel brings together a set of three to four talks by a team of interdisciplinary scholars from Michigan State, Washington U. of St. Louis, and California State Maritime Academy to discuss the results of a nationwide series of exhibits of pandemic artworks. These exhibits, supported by the Mellon Foundation grant Creativity in the Time of Covid-19: Art as a Tool for Combating Inequity and Injustice (CTC-19), collected creative works made during the pandemic by artists around the world. These works, and the stories that accompany them, illuminate how people used creativity to navigate uncertain times. The first talk, by scholars at MSU, will lay the groundwork by explaining the core work for CTC-19, with an emphasis on disability justice and accessibility. The second talk will discuss our creative exhibition of works from CTC-19 focused on medical humanities, including their podcast, The Responders, documenting health and wellness. The panel concludes with a talk by representatives of Marked by COVID, an augmented reality artwork that collects testimonials for people who passed during the pandemic. Our panel thus exemplifies humanities interventions in social, emotional and community health through art-making, grieving, and protest specific to Covid-19.

We particularly look forward to feedback from the community at this year's Health Humanities Consortium to directly shape a future project that is emerging out of this research. All members of this team and their work will be included in an extension of CTC-19 in a set of upcoming exhibits known as Art as Medicine, which we plan to have travel across U.S. healthcare facilities (2024-26), targeting an audience of mostly hospital visitors and healthcare workers. Our project team will have hosted an exhibit at Wash U. that focuses on themes of healthcare and health humanities as they appear in submitted art pieces (the focus of the second talk). Because our traveling exhibit seeks to further integrate health humanities and disability studies, we raise questions for the panel and its audience about how to best incorporate lessons on the historical and social implications of pandemics, other public health developments as well as practical questions about accessibility.

We actively request advice and input from attendees that will frame how we collectively proceed in creating Art as Medicine. Our goal is to have exhibit-goers make therapeutic connections between the art, the stories, and their own experiences. The artwork elicits conversations that involve healthcare professionals, hospital staff, patients, and other community members, prompting them to reflect on their roles within the broader health system. Finally, as the last talk demonstrates, the exhibits will provide a space for memorialization—of people and their shared experiences—in a setting that does not often explicitly afford space for remembrance. We hope to show how this collaborative humanities research can help emphasize art’s crucial role in pushing back against patterns of systemic discrimination and promote a new standard of accessibility for museums, universities, and other institutions.