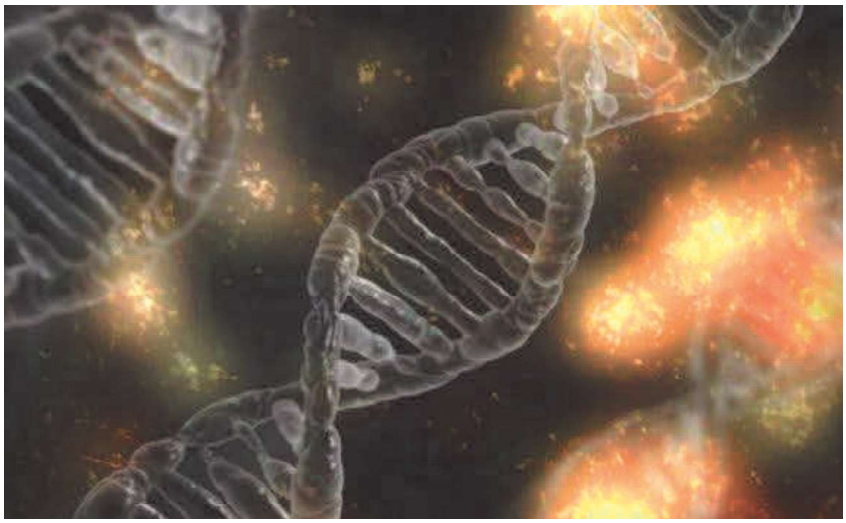

International Conference on Medical Humanities

9-10 March 2024
Birkbeck, University of London / Online

Programme & Abstracts

London Centre for Interdisciplinary Research

Saturday, 9 March
(In-person Sessions, Birkbeck)

9:00-10:30 Session 1. Inner Worlds: Journeys of the Self
Chair: Joana Almeida

Adam Bedford, University of Calgary (Canada)
Mythologies of Madness: Religion, Mental Health, and Medicine's Epistemological Project

Evelina Wilson, Åbo Akademi University (Finland)
"A Real and Quite Dangerous Homesickness." How to Interpret and Understand Mental Disorder in the Early 19th Century Based on the Case of Carl AF Schultén

Sepehr Hafizi, University of Cambridge (UK)
Mental Illness and Lived Experience in the Works of Antonia White

Victoria Lupascu, University of Montréal (Canada)
Visualizing Lockdowns: Being Ill in Isolation

10:30-10:45 Tea/Coffee

10:45-12:15 Session 2. Climate of Care: On Progress and Inclusion
Chair: Adam Bedford

Jessica Polkey, University of Glasgow (UK)
How and Why Did Understandings of Homosexuality as a Psychopathology Persist After 1974 in Britain, and to What Extent Did This Influence Wider Medical and Political Views on Non-Heterosexuality and Childhood Education in the Following Decade?

Arulini Nirmalaraj, Maaya Modha, King's College London – GKT School of Medical Education (UK)
Designing LGBTQ+ Teaching in the Medical Curriculum

Joely Malone, Maaya Modha, King's College London (UK)
Integrating LGBTQ+ Content in the MBBS Curriculum

Mara Pieri, University of Coimbra (Portugal)
Academia, Healthcare and LGBTQ+ Ageing People: Constructing Interdisciplinary Knowledge and Inclusive Practices

12:15-12:45 Lunch

12:45-14:15 Session 3. Opening Doors: Advancing Gender Equity
Chair: Evelina Wilson

Alison Fletcher, Juniata College, Pennsylvania (USA)
"My Good Lady, Go Home and Sit Still!" British Women Doctors in Salonica in WW1

Cecille Quansah, Maaya Modha-Patel, King's College London (UK)
Uncovering the Influence of Social Determinants of Health on Black Women's Maternal Well-being during Childbirth: Disparities, Dangers and Recommendations

Robyn Powell, Imperial College London (UK)
Closing the Gender Pain Gap: Understanding Female Pain in a Medical Setting Through Phenomenology

Melinda Dabis, Pázmány Péter Catholic University (Hungary)
The Faces of Endometriosis: Redrawing the Patient Profile

14:15-14:30 Tea/Coffee

14:30-16:00 Session 4. Artistic License: New Views on Traditional Practice
Chair: Anika Sahni

Jennifer Peterson, Manchester University NHS Foundation Trust (UK)
Adam Hoverman, University of Washington School of Public Health (USA) / Wellington Medical Clinic (UK)
Elizabeth Lahti, OHSU School of Medicine (USA)
Eden Bainter, The Foundation for Medical Excellence (USA)
Building Capacity for Narrative Competence Through Narrative Medicine Communities of Practice

Maaya Modha-Patel, King's College London (UK)
What Do Undergraduate Medical Students Think about Researching Non-Medical Interventions? Evaluating the Impact of a Scholarly Project Focused on Creative Health on Medical Students' Understanding and Perceptions of This Field

Katie Brooks, Emily Hall, Yvonne Moulds, Euan McKenzie, NHS Ayrshire and Arran / University of Glasgow (UK)
Medical Students' Experiences of Producing a Creative Reflection in Response to Their Placement in the Emergency Department

Arya Aryan, Heinrich Heine University (Germany)
The Medicalisation of Love in Contemporary Fiction

16:00-16:15 Tea/Coffee

16:15-17:45 Session 5. Panorama: The Value of Innovation
Chair: Sepehr Hafizi

Alexandra Fine, Occidental College, Los Angeles, CA (USA)
Regulating Notions of Health and Home for Refugees in Cyprus

Anika Sahni, Imperial College London (UK)
Best Interests or Not?: The Legal and Ethical Appropriateness of the Best Interests Test to Determine Whether an Adult's Life-Supporting Treatment Should Be Withdrawn

Faiza Amjid, Maaya Modha, King's College London (UK)
The Effect of Black Seed Oil on Cardiovascular Risk Factors in the Prevention of Cardiovascular Disease

Jasmine Kang, Maaya Modha-Patel, King's College London (UK)
Evaluating the Impact of Music-Based Interventions on Motor Control in Chronic Stroke Patients: A Pilot Study Proposal

Sunday, 10 March
(Zoom Sessions)

10:00-11:15 Session 6. Embodiments: Pain and Personification in Historical Context
Chair: Konrad Gunesch

Angelos Mavropoulos, Dublin City University (Ireland)
The Role of Bodily Pain and Its Medical Relief in Christianity

Melody May, University of Waikato (New Zealand)
Apparitions of Chronic Invisible Pain: Haunting and the Haunted in the Film *Cake*

Jessica Byrne (Australia)
Side by Side: Placing Milton Mayeroff's *On Caring* and Mary Shelley's *Frankenstein* Together

11:40-12:30 Session 7. Metaphorical Journey: Aspects of "Nourishment"
Chair: Melody May

Kim Grego, University of Milan (Italy)
From 'Health Remedies' Ads to Directives 92/28/ EEC and 2001/83/EC: Advertising Medicinal Products in the Press (19th - 21st C.)

Farzana Habib, Mahbuba Najnin, Jagannath University, Dhaka (Bangladesh)
Culinary Culture and Human Psychology: Uncovering the Intriguing Link Between Food Choices and Mental Health in the Heart of Dhaka City People, Bangladesh

13:00-13:50 Session 8. Mindful Matters: On Health and Objectivity
Chair: Farzana Habib

Māra Grīnfelde, University of Latvia (Latvia)
The Role of Bodily Certainty in Vaccine Hesitancy: Phenomenologically Grounded Approach

Kalina Kukielko, University of Szczecin (Poland); Artur Lorens, World Hearing Center (Poland); Krzysztof Tomanek, Jagiellonian University (Poland)
Not a Quiet Place

14:10-15:00 Session 9. Body and Self: The Future of Wellness
Chair: Kalina Kukielko

Adam Hoverman, University of Washington School of Public Health, Northwest Narrative Medicine Collaborative (USA)
Jennifer Peterson, Manchester University NHS Foundation Trust (UK)
Difference, Indifference, and the Health Advocate Role: Narrative Is the Medicine

Konrad Gunesch, London Centre for Interdisciplinary Research (UK)
Art Imitating Life in Most Scary Ways, and Failure to Prevent Albeit Duly Foretold: Novels and Movies Dramatizing Global Pandemics, Quakes and Floods, and Still All Surprised when They Then Occur

Saturday, 9 March
(In-person Sessions, Birkbeck)

9:00-10:30 Session 1. Inner Worlds: Journeys of the Self

Adam Bedford
University of Calgary (Canada)
Mythologies of Madness: Religion, Mental Health, and Medicine's Epistemological Project
adam.bedford@ucalgary.ca

My paper interrogates the instrumentalisation of religion/spirituality in mental healthcare. Contemporary attempts to deploy religion/spirituality within biomedicine are inhibited by the conflict between competing notions of the subject operative in these discourses. My paper proposes that a redescribed philosophical account of subjectivity in healthcare establishes a more fruitful dialogue between religion and biomedicine, which will lead to better healthcare outcomes. Biomedicine's underdeveloped account of the subject plays out with particular potency in mental healthcare, where the health sciences confront the intrinsically existential nature of illness and suffering. I compare this model with competing models of selfhood and subjectivity derived from religion to reveal how medicine and religion function as contested sites of meaning in the lives of patients. I demonstrate that religious traditions offer divergent, meaningful accounts of subjectivity for which 'health' is not the ultimate good, but part of a richer understanding of flourishing. Considering religious models of subjectivity as a cultural dimension of health in the lives of patients allows for a redescription of the role of religion/spirituality in mental healthcare. The therapeutic-analytic power of religion can thus be harnessed in the service of developing a more complete model of subjectivity in biomedicine. This can initiate more generous and effective interdisciplinary practice between religion and healthcare, contributing to richer understandings and practices of wellness and flourishing in mental health.

Evelina Wilson
Åbo Akademi University (Finland)
"A Real and Quite Dangerous Homesickness." How to Interpret and Understand Mental Disorder in the Early 19th Century Based on the Case of Carl AF Schultén
evelina.wilson@abo.fi

In 1814 and 1818, the young student and nobleman Carl af Schultén (1795–1854) fell seriously ill. He lived with his sister and brother-in-law in Uppsala, Sweden, while his parents lived in Turku, Finland. His symptoms were for example fever, a lack of appetite, insomnia, hallucinations, talk of suicide and strong fits of anger. His

physicians diagnosed him with homesickness and hypochondria, and his worried family tried to understand what was happening to him as well as make up a plan on how to cure him. His illness affected them a great deal, both on an emotional and practical level as they cared for him.

Through vivid and detailed descriptions written by several family members in their letters, I show how an illness such as Carl af Schultén's was understood in the beginning of the 19th century. I also show how Carl af Schultén himself experienced his illness and the way it affected him and his family. The descriptions show the medical knowledge shared within this family, how they made sense out of an illness that seemed to have both physical and psychological causes and how they chose to treat it. The case is particularly interesting thanks to the different perspectives from several family members and the way it gives us researchers clues not only to the way this family perceived illness and health but also to their culture as a family. It shows how closely connected illness is with the culture and context within which it is experienced.

Sepehr Hafizi
University of Cambridge (UK)
Mental Illness and Lived Experience in the Works of Antonia White
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Antonia White was a 20th century British author whose fictional works often included autobiographical elements. During her adult life she suffered from periods of mental disturbance including admission to Bethlem Hospital. She was given a diagnosis of schizophrenia, but recent studies suggest she may have actually suffered from a mood disorder, most likely bipolar disorder. Some of her fiction includes aspects of her lived experience and her struggles with mental illness.

An analysis of her writing shows that she included detailed descriptions of psychotic phenomena such as delusions of reference and neologism, as well as symptoms relating to disturbances in her mod and associated suicidal thinking. These can be found in some of her short stories from the collection called 'Strangers' as well as in some of her novels – for example her experiences of depression in *The Sugar House* and of psychosis in *Beyond the Glass*. In addition, her diaries shed great light on her sense of self as a woman, mother and artist as well as on her relationship with her father, her Catholic faith and her sexuality. Her diary writing was often focused on openings, the present moment and the search for meaning.

Unlike with Virginia Woolf, White's fictional works and diaries have not received as much attention. I contend that exploration and analysis of White's works would generate rich material for those interested in studying the depths of lived experience when it comes to mental illness.

Victoria Lupascu
University of Montréal (Canada)
Visualizing Lockdowns: Being Ill in Isolation
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This presentation explores the ways in which the diary genre reflects on the experience of being ill and offers a pivotal insight into the structures of isolation during the COVID-19 pandemic and its aftermath. Starting in March 2020, while businesses, schools and entire cities 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 others and to share the experience of being affected by the same virus, 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 concepts such as public health and medicine.

This paper analyzes the multivalent types of isolation and disease's manifestations 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 importance of visual mechanics proposed in these diaries and argue that they are crucial for our current conceptualization of social connections and their significance in public health and medicine.

10:45-12:15 Session 2. Climate of Care: On Progress and Inclusion

Jessica Polkey
University of Glasgow (UK)
How and Why Did Understandings of Homosexuality as a Psychopathology Persist After 1974 in Britain, and to What Extent Did This Influence Wider Medical and Political Views on Non-Heterosexuality and Childhood Education in the Following Decade?
Jessica.polkey@ggc.scot.nhs.uk

Existing scholarship around the de-medicalisation of homosexuality, describes LGBT+ people 'treated' by psychiatrists and events surrounding removal of the diagnosis from the Diagnostic Statistical Manual in 1974. This research further illuminates psychoanalytic pathological understandings of homosexuality persisting until the 1980s in Britain. It examines whether this was impactful amongst medical professionals and what role this played in the political backlash against LGBT+ people

culminating in the passing of Section 28 which prohibited 'promotion' of homosexuality in education. Primary research from psychiatrist and analyst Ismond Rosen's archive is supplemented and contextualised using the other sources including contemporary medical journals and commons debates records.

This research found that theories of homosexuality as a psychopathology understood by psychoanalysis had initial professional enthusiasm in 1974, when work on Rosen's 2nd edition of his book *Sexual Deviation* began. Subsequently evidence from the book's development, publication and lectures, shows interest waned in the late 80s, though Rosen's status remained valued. As medical interest dwindled, the idea gained some political strength. Firstly, because these theories were similar, and at times evident, in existing political discourse on homosexuality and education. Secondly, because these analysts were actively publicising the view to Thatcher's government and society.

In Conclusion these sources depict a medical profession becoming divided, with prominent views being that considering homosexuality an illness was irrelevant or unethical. However, a vocal, pathologising, minority view remained. In politics, growing anti-LGBT+ discussions around childhood education created an acceptable space for increased visibility of these ideas to politicians and public.

Arulini Nirmalaraj, Maaya Modha
King's College London – GKT School of Medical Education (UK)
Designing LGBTQ+ Teaching in the Medical Curriculum
K21007350@kcl.ac.uk

My essay centers on designing teaching for the MBBS curriculum that addresses the health disparities experienced by LGBTQ+ adolescents, particularly focusing on mental and sexual health.

LGBTQ+ youth are particularly susceptible to mental health issues with a higher incidence of depression, anxiety and substance misuse found amongst the LGBTQ+ community. Furthermore, LGBTQ+ patients are prone to prejudice and discrimination in all aspects of care due to their gender identity and/or sexuality. This discrimination, whether intentional or otherwise, can lead to issues with accessing healthcare.

Comprehensive education on LGBTQ+ topics should include a focus on sexual and reproductive health, given the increasing prevalence of sexually transmitted infections (STIs) within the LGBTQ+ community. Moreover, it is vital that LGBTQ+ adolescents are provided with the most up-to-date information, such as details about HIV and PrEP, to ensure that they are well-equipped to make decisions about their own health.

To meet the identified health inequities, I have designed two simulated patient scenarios. These have been designed to give medical students an opportunity to cultivate conversation skills with simulated LGBTQ+ patients, focusing on the use of

gender-neutral language and avoiding stereotyping. Supplemental online learning resources will also be provided to students before these sessions to ensure that students have an in-depth understanding of LGBTQ+ topics, such as gender-affirming care.

By offering these resources, the goal is to equip medical students with the knowledge and sensitivity required to navigate LGBTQ+ health issues. This proactive approach contributes to the development of culturally competent healthcare professionals.

Joely Malone, Maaya Modha
King's College London (UK)
Integrating LGBTQ+ Content in the MBBS Curriculum
Joely.malone@kcl.ac.uk

It is well documented that across the UK, medical schools fail to provide adequate teachings on LGBTQ+ healthcare. This paper will focus on trans health, as this is an area of LGBTQ+ teaching that is frequently neglected, leading to students lacking confidence in treating transgender patients. This paper will discuss the downfalls of interventions currently in place to increase LGBTQ+ content in medical curricula, focusing on how methods to assess students' skill-level post-teaching can be improved.

Simulations have been incorporated in medical curricula across the UK and have been shown to increase learning in clinical skills, cultural competency, and pharmacology. Utilising simulations to teach trans health is an effective and interactive way for students to advance their knowledge when dealing with this demographic of patients.

Using a six-step approach to incorporating simulations into the curricula, provides universities across the UK with a standardised template for creating trans specific scenarios. This paper will include two teaching samples, created by following the six-step approach. Debriefing is the most effective way of reinforcing the key takeaways from simulation teaching and is emphasised in the teaching templates.

To evaluate the efficacy of these simulations, this paper will advocate for the incorporation of trans-specific health stations into OSCE's. Creating an environment in which students will be examined on content taught in the simulations will foster greater learning and easy evaluation of how well simulations are working to teach students.

Mara Pieri
University of Coimbra (Portugal)
Academia, Healthcare and LGBTQ+ Ageing People: Constructing Interdisciplinary Knowledge and Inclusive Practices
marapieri@ces.uc.pt

LGBTQ+ people in later life tend to have poorer health and often harder experiences in healthcare than the rest of the population. Also, they show higher risks of chronic illnesses, dementia and/or mental health issues, as the effect of cumulative discrimination in life.
The paper analyses the process of creation of the first toolkit on LGBTQ+ health in later life, created for healthcare providers in Portugal. The toolkit followed the inputs collected during the project "REMEMBER – Experiences of older LGBTQ+ in Democratic Portugal (1974-2020)". In the first phase, through XX biographical interviews with LGBTQ+ ageing people, we identified key issues to be addressed with healthcare providers and suggestions stemming from lived experiences. Second, we analysed examples of guidelines, toolkits and learning frameworks from different countries and identified additional topics of interest. Third, we constructed a toolkit in which personal experiences generate guidelines. The toolkit uses an accessible language and is available both online and on paper. Finally, the toolkit was tested and reviewed by a group of participants to the studies and healthcare workers, who collaborated in guiding the final version.

In the paper, we advance that the process that led to the creation of the toolkit is an example of co-constructed scientific knowledge in healthcare. The interdisciplinary triangulation between academia, healthcare providers and LGBTQ+ people is fundamental to generating a positive impact on the practices of healthcare.

12:45-14:15 Session 3. Opening Doors: Advancing Gender Equity

Alison Fletcher
Juniata College, Pennsylvania (USA)
"My Good Lady, Go Home and Sit Still!" British Women Doctors in Salonica in WW1
fletcher@juniata.edu

By 1914, after a long struggle to become doctors, there were about 1000 medically qualified woman in Britain. At the start of the war, those who had volunteered to work with the Scottish Women's Hospitals for Foreign Service (SWH), requested service with the British army. After this offer was turned down, the French and Serbian armies welcomed their help, and they served in a range of fronts including France, Serbia, and Russia. In December of 1915, a unit of the SWH that had been attached to the Serbian Army was ordered to retreat as the Bulgarians advanced. The

unit set up a tent hospital on flat ground near the sea overlooking the bay of Salonica and remained there until the last months of the war, facing considerable medical challenges. The Salonica Front was not considered militarily crucial, it was however an extremely challenging front for medical staff, especially in summer when malaria and dysentery were endemic. The medical staff consisted of five British women doctors and a radiologist accompanied by female nurses, orderlies, and cooks. Their patients were mainly from the French army, but included colonial soldiers from Vietnam, Algeria, Senegal, and Madagascar. This paper argues that under adverse conditions and with limited supplies they used innovative and successful methods for treating their patients. This included using X-ray prior to surgery to increase a successful outcome, using up-to-date methods for treating dysentery and malaria, skillfully managing infection, and, importantly, providing rehabilitation treatments for their patients.

Cecille Quansah, Maaya Modha-Patel
King's College London (UK)

Uncovering the Influence of Social Determinants of Health on Black Women's Maternal Well-being during Childbirth: Disparities, Dangers and Recommendations

Cecille.quansah@kcl.ac.uk

In the UK Black women are nearly four times more likely to die in childbirth than a white woman with a high percentage being from deprived areas. Employment, housing areas, homelessness are examples of the Social Determinants of Health (SDoH), derived from structural racism. The NHS strives for equity, yet research focused on these disparities and consequently their implementations are sparce. To combat this, research was conducted on how the SDoH have contributed to the disparities and dangers of black women in childbirth. A comprehensive search on Ovid which used *'Embase', 'Ovid MEDLINE(R) ALL', 'Global Health', 'APA PsycInfo', 'HMIC', 'Journals@Ovid Full Text', 'MIDRIS'* with the key words: *"black", "women", "pregnancy", "childbirth", "labour"*. The exclusion criteria were no abstract, not systemically reviewed, not published in 2013-2023 and not focused on proposed question i.e., "Different speciality in medicine" or "specific to neonates instead of the mothers. The proposed action plans are from MBRRACE-UK. The organisation surveillances UK women deaths from obstetric haemorrhage, amniotic fluid embolism, anaesthetic causes, infection, general medical and surgical disorders and epilepsy and stroke and provide recommendations and solutions These recommendations will be trialled at hospitals through a multidisciplinary team. The data will be reviewed in 3 years' time when the next MBRRACE-UK report is compiled. Then the report will be qualitatively analysed to assess the implementations effectiveness. Ultimately, just the proposal of changes and acknowledgement of structural racism has proven to be effective in battling disparities in healthcare in other literature. Therefore, this will be an ongoing project.

Robyn Powell
Imperial College London (UK)
Closing the Gender Pain Gap: Understanding Female Pain in a Medical Setting Through Phenomenology
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The phenomenon of female patients' pain remaining underestimated and undertreated in comparison to their male counterparts is widely reported in the literature and mainstream media alike. Despite many papers documenting and seeking to explicate this disparity in medical care, an understanding of how medical professionals can better recognise female pain to reduce this imbalance remain limited. Thus, a new perspective for understanding female pain is warranted.

A systematic search of the website Care Opinion was conducted from October to November 2022, using the key search terms "pain", "ignored", and "untreated". This search yielded 157 reviews, from which the three most descriptive narratives were selected. A close literary analysis using a phenomenological framework of the selected first-person narratives from was then conducted, extracting the main shared themes of these narratives. Such approach was employed due to its ability to elicit the subjective lived experience of pain, instead of an objective clinical assessment.

Within the context of medical humanities' literature, discussions around patient-centred care often conclude that the patient perspective can be diminished within the binary framework of medical science. This paper successfully bridges the gap in understanding between patient and physician by suggesting a phenomenological framework to better recognise and respond to female pain within the medical setting.

Melinda Dabis
Pázmány Péter Catholic University (Hungary)
The Faces of Endometriosis: Redrawing the Patient Profile
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Endometriosis, a progressive and chronic condition characterized by the presence of endometrial tissue beyond the uterus, affects approximately 70 million women globally. Common symptoms encompass pelvic pain, dysmenorrhea, dyspareunia, and it is often associated with infertility. Despite the extensive research on the condition and the growing knowledge base, the *subject* of the diagnosis, treatment and research, the woman with endometriosis, is consistently considered as a certain type of woman. The prevailing perception, e.g. white, educated, childless, dominates both in diagnostics and in treatment, frequently emphasizing childbearing. This enduring characterization limits diagnostic possibilities, treatment, and patients' psychological support. As part of an ongoing research on the quality of life in women with endometriosis, this paper challenges the conventional patient profile. Drawing

from in-depth interviews conducted with women undergoing laparoscopic surgery for the condition, the study investigates their perceptions, coping strategies, and future expectations related to endometriosis. Findings diverge from the traditional patient archetype, offering insights that contest prevailing assumptions. By recognizing the pivotal role of patient profiling in treatment, support, and communication, this research aims to contribute to more tailored and comprehensive care for women with endometriosis.

14:30-16:00 Session 4. Artistic License: New Views on Traditional Practice

Jennifer Peterson
Manchester University NHS Foundation Trust (UK)
Adam Hoverman
University of Washington School of Public Health (USA) / Wellington Medical Clinic (UK)
Elizabeth Lahti
OHSU School of Medicine (USA)
Eden Bainter
The Foundation for Medical Excellence (USA)

Building Capacity for Narrative Competence Through Narrative Medicine Communities of Practice

Jennifer.peterson@hotmail.co.uk

Although essential, evidence-based medicine (EBM) inadequately considers patients' unique perspective and experience. Narrative medicine (NM) strengthens healthcare by improving attention, representation, and affiliation with individuals and families through narrative competence. Narrative competence is the ability to acknowledge, absorb, interpret and act on the stories and plights of others, thus empowering practitioners to process emotional and moral responses, mitigating against burnout. Storytelling and deep listening are essential skills within healthcare and can be refined through participation in active communities of NM practice.

To effectively practice NM requires input across multidisciplinary teams, including humanities integration (i.e. literature lecturers, writers, artists). However, creating local communities of practice is time-consuming, difficult and risks failure of NM integration within clinical practice. The Northwest Narrative Medicine Collaborative (NWNMC) is an international, virtual community joined together in an effort to create community and connection that spans health and social care, education and artistic communities. The collaborative was established in 2018 and has seen significant growth since, now with 350 members worldwide across numerous professions including healthcare professionals, researchers, artists and writers, alongside patients and caregivers.

The Collaborative has a wide range of NM resources, including an accessible narrative medicine library, to support beginners and inspire experienced practitioners. The online space allows for asynchronous interaction between members and accessibility to recordings and resources, along with live communities of practice and facilitator trainings. These events establish a foundation for improved affiliation across different professional groups and patients by bridging the divides that inhibit nourishing and sustainable co-production of healthcare service.

Maaya Modha-Patel
King's College London (UK)

What Do Undergraduate Medical Students Think about Researching Non-Medical Interventions? Evaluating the Impact of a Scholarly Project Focused on Creative Health on Medical Students' Understanding and Perceptions of This Field

Maaya.modha@kcl.ac.uk

Creative health is an emerging area of medicine, seeking to support the use of non-medical interventions in improving patient health and wellbeing. Many of these practices have been used by indigenous populations for centuries, e.g. the use of turmeric for treating a sore throat, but are now being given more prominence in light of the known risks of taking medicines (i.e. side effects) and patients expressing a preference for natural/non-medical treatments. This project involved students selecting a creative practice and conducting scholarly research in to the evidence supporting its use in the treatment of a known medical condition.

Six students self-selected this project, working under the guidance of a supervisor for one day a week over a 12-week period. After finalizing their respective research questions, students followed the PRISMA process to identify published literature about the impact of a broad range of creative practices and non-medical treatments on human health including: the effect of transcendental meditation on the management of hypertension and the role of music therapy in improving the clinical outcomes for depression.

Students were tasked with conducting a critical appraisal of this published research, before designing a pilot study for the UK population based on their chosen intervention. The assessment for the module involved students producing a 3000-word essay detailing their research, findings, and recommendations.

Following this, semi-structured interviews were conducted to ascertain the impact of the module on student knowledge of Creative Health as a field, and how likely students would be to recommend non-medical interventions in their future practice. Responses were reviewed using thematic analysis using reflexive TA.

Katie Brooks, Emily Hall, Yvonne Moulds, Euan McKenzie
NHS Ayrshire and Arran / University of Glasgow (UK)
Medical Students' Experiences of Producing a Creative Reflection in Response to Their Placement in the Emergency Department
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Emily.hall@aapct.scot.nhs.uk

Background: Medical students are encouraged to engage in reflective practice throughout their time at medical school. Students are often asked to produce a written reflection at the end of their clinical block. However, students can find this difficult to engage with which can limit their reflective experience. Despite this, there is limited literature on alternative methods of reflection by medical students in response to their placement in the emergency department.

Aim: To explore medical students' experiences of producing a creative reflection in response to their placement in the emergency department.

Methodology: Final year medical students were asked to produce a creative reflection in response to their placement in the emergency department. This took place throughout the academic year. The students completed a feedback form and discussed their experiences of producing the creative reflection with other students and emergency department clinicians. The quantitative and qualitative data was then analysed.

Results: In process.

Conclusions: To follow.

Arya Aryan
Heinrich Heine University (Germany)
The Medicalisation of Love in Contemporary Fiction
Arya.aryan1981@gmail.com

A recent article entitled "Health Anxiety" (2021) argues that "coronavirus has fuelled a rise in a debilitating mental health condition known as health anxiety" which has led people to quit their jobs and feel like hypochondriacs. The comment articulates hypochondriac aspects of today's global zeitgeist although the term is no longer included in *DSM-5* due to its negative weight and, instead, "somatic symptom disorder" is now used (2022, p. 315). Health anxiety, formerly known as hypochondria, is "an excessive fear or belief that one has a serious illness based on a misinterpretation of somatic symptoms" (Fallon & Feinstein, 2001, p. 28). This culture is best evidenced in what Ryen White and Eric Horvitz (2009) call "cyberchondria" – increased anxiety about health intensified by Internet searches for medical information – and the medicalisation of global crises. Contemporary fiction, such as Lauren Oliver's *Delirium*, explores a culture which extends the medicalisation of non-medical human conditions to include love and its effect on intimate relationships. In the novel, love is

an anecdote or device to think through the medicalisation process in a new direction. I argue that the novel functions similar to exposure therapy and cognitive behavioural therapy. Through cognitive restructuring, the novel offers ways of coping with health anxiety. The novel is significant because it is usefully illustrative of some bigger trends, indicating the extension of the tradition of and tendency towards the medicalisation of everything.

16:15-17:45 Session 5. Panorama: The Value of Innovation

Alexandra Fine
Occidental College, Los Angeles, CA (USA)
Regulating Notions of Health and Home for Refugees in Cyprus
akfine@gmail.com

Crisis conditions, such as the violence of occupation, war, and displacement, negatively impact the maintenance, acquisition, or pursuit of health. The migrants and refugees who emerge from these crisis conditions, and who reside in transitional sites, experience perpetual states of precarity that significantly harm health. Since the outbreak of COVID-19, various shifts in global border policies have further exacerbated the health of migrants and refugees and the ways in which they access and receive care. In this paper, I examine the relations between public health regulations in our contemporary COVID-19 or "post-COVID" era and regulations of migrants and refugees from the Middle East in the Mediterranean, specifically in Cyprus, which has, since 2020, been referred to as a new refugee "hotspot" in the border zone between the Middle East and European Union. I explore how COVID-related public health policies, such as movement restrictions, have in turn impacted or exacerbated regulatory policies related to migration, oftentimes producing effects that seem to conflate political interests in policing these populations and maintaining control over national demographics. In questioning recent shifts in the "refugee crisis" in Cyprus, and in contextualizing Cyprus' unique history in relation to refugees, I think more broadly about Mediterranean and Levantine Arab diasporas, notions of home in a country already divided, rights to health despite and amidst overlapping crises, and how to address questions of disability, and, Jasbir Puar's "debility," to account and care for the most vulnerable within dual contexts of displacement and disease.

Anika Sahni
Imperial College London (UK)
Best Interests or Not?: The Legal and Ethical Appropriateness of the Best Interests Test to Determine Whether an Adult's Life-Supporting Treatment Should Be Withdrawn
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The withdrawal of life-supporting treatment has been widely debated in medical and legal fields, with existing literature exploring legal and ethical considerations. However, these perspectives have not adequately addressed the use of the best interests principle in the removal of life-supporting treatment. This paper aims to address the issues with the application and effectiveness of the best interests principle in the context of life-supporting treatment through analyzing legal framework, case law, and ethical debates. The judgment of the Supreme Court in An NHS Trust v Y [2018] means that life-supporting treatment can be removed without court oversight if the treatment is deemed to not be in a patient's best interests. 'Best interests', as it is expressed in the Mental Capacity Act 2005, is the statutory framework used to decide to remove life-supporting treatment. However, while the principles of the MCA seek to promote autonomy, its application in the context of life-supporting treatment can be ineffective. The differing interpretations of what constitutes 'best interests' and how to weigh these factors up may mean decisions regarding life-supporting treatment are being made fortuitously. This paper also considers the ethical debate surrounding the omission and commission of life-supporting treatment, while considering our lack of understanding of Prolonged disorders of Consciousnesss (PDOC). I argue that the inadequacy of the best interests principle coupled with the removal of mandatory court oversight puts the rights and interests of cognitively impaired individuals at risk, whilst threatening regression to paternalistic models of medicine.

Faiza Amjid, Maaya Modha
King's College London (UK)
The Effect of Black Seed Oil on Cardiovascular Risk Factors in the Prevention of Cardiovascular Disease
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Cardiovascular disease (CVD) poses a pervasive threat, comprising a staggering quarter of all deaths in the UK, with a life claimed every three minutes. This presentation researches the potential of Black Seed Oil, or Nigella Sativa (N. sativa), as a strategic intervention to address modifiable risk factors – diabetes, dyslipidaemia, hypertension, and smoking – that play pivotal roles in the CVD landscape.

N. sativa, a seed teeming with antioxidants and bioactive compounds such as thymoquinone (TQ), proteins, and fatty acids emerges as a compelling candidate for

mitigating cardiovascular risk. Antioxidants, acknowledged for their role in enhancing endothelial function, offer a promising avenue for improving CVD risk factors.

Preliminary studies suggest a daily regimen of 500mg of N. sativa oil capsules may serve as a preventative measure against the progression of vascular dysfunction and atherosclerosis, hence potentially lowering the rate of CVD. The presentation navigates through the intricate pathways linking black seed oil consumption to the attenuation of cardiovascular risk factors, shedding light on the potential mechanisms that underlie its preventive effects.

This presentation will work to unravel the multifaceted relationship between N. sativa and cardiovascular health, aiming to illuminate pathways for preventive strategies and broaden our understanding of the nuanced interplay between bioactive compounds and CVD risk factors.

Jasmine Kang, Maaya Modha-Patel
King's College London (UK)

Evaluating the Impact of Music-Based Interventions on Motor Control in Chronic Stroke Patients: A Pilot Study Proposal

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Engagement in music has been shown to induce neuroplastic changes within the brain. Stroke is identified as a leading cause of disability worldwide, with neuroplasticity being a pivotal mechanism in recovery from the motor deficit. Only the minority of patients will receive the recommended therapeutic dose of rehabilitation, and there is a poor translation of care from acute to community settings. Considering that neuroplastic capacity is retained even in the long-term, there is potential for optimisation of current practice to improve motor outcomes in the chronic (6-month to 5-years) period. Preliminary research demonstrates the ability of music to improve compliance and 'massed practise' through being inherently motivational. The primary objective of this pilot study proposal is assessing its efficacy in the longer term. This study will employ a randomized control design with three parallel arms: a control group receiving only standard rehabilitation as per NICE guidelines, a group receiving rhythmic auditory cueing adjuvant to physical therapy, and a group engaging in practitioner-led instrumental music making sessions. The study will be conducted over a twelve-week period with a total of 60 participants recruited from local stroke rehabilitation units after discharge, with individuals randomly assigned to one arm. Motor function will be assessed at baseline before the study and at 6- and 12-weeks post-intervention using assessment scales including the Motor Assessment and Fugl-Meyer scoring, with statistical analysis performed on the data. Results of this research will provide further insight into how music could be tailored for the UK population in the community.

Sunday, 10 March
(Zoom Sessions)

10:00-11:15 Session 6. Embodiments: Pain and Personification in Historical Context

Angelos Mavropoulos
Dublin City University (Ireland)
The Role of Bodily Pain and Its Medical Relief in Christianity
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The relationship of Christianity with physical pain is a complicated one. On the one hand, physical suffering, pain, weariness, and eventually death did not belong to the initial condition of humans and are moral conditions, punishments, and the tragic results of the fall of Adam and Eve (Gen 3:16-19). On the other hand, however, pain is often seen positively, as it was 'beneficially bestowed' by God and is regarded as the means to a noble Christian life as well as a way to attain Him. As Apostle Paul, for example, saw, all his physical pains and weaknesses are good for they prevent him from being proud (2 Cor 12:7). Based on this biblical passage, among others, for many Christians, it is natural, and even noble, to endure bodily pains for the benefit of the soul, as an imitation of the life and death of Christ. One can say, therefore, that, in Christianity, pain and sin have been inextricably linked, since, on the one hand, the former is a result of the introduction of the latter and, on the other, the latter can be avoided and cured through the synergy of the former. All these lead to the question of what the stance of Christian moral Theology is towards pain and its medical relief. Should Christians resort to medical means in order to be relieved of the pain of their flesh or should they willfully endure and even deliberately pursue it? This is the question this paper will answer to.

Melody May
University of Waikato (New Zealand)
Apparitions of Chronic Invisible Pain: Haunting and the Haunted in the Film *Cake*
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For those of us living with chronic illness, it sometimes feels like we occupy Masahiro Mori's uncanny valley: we may look human, and have human movements, but pain contaminates our every encounter. We are human, but not in the way others are human. We are not fully alive, and not quite dead. We are ghosts. Avery Gordon says, 'The ghost or the apparition is one form by which something lost, or barely visible, or seemingly not there to our supposedly well-trained eyes, makes itself known or apparent to us'. Nina is a ghost in the film *Cake*. She forces us to examine the 'barely

visible' consequences of chronic pain. Biomedicine's "universal" protocols and Western cultural expectations regarding independence and "quality of life" relegate women suffering from chronic pain to the margins of society. They are misunderstood and often labelled as "failures" or even "liars" leaving them isolated and alone. Claire and Nina, who haunts her, both 'appear when the trouble they represent and symptomize is no longer being contained or repressed or blocked from view.' The ghosts in *Cake*, both alive and dead, provide fertile ground to examine how the ill haunt the healthy. The healthy live with the privileged myth that biomedicine has everything it needs to heal. The chronically ill are an unwanted reminder that we all die, and our bodies cannot always be controlled. Our pain is dismissed, ignored, contained, and buried. However, we are not dead. We live—buried yet alive.

Jessica Byrne
(Australia)

Side by Side: Placing Milton Mayeroff's *On Caring* and Mary Shelley's *Frankenstein* Together

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Mary Shelley's original *Frankenstein* (1818) is a classic cornerstone work in English literature that has stood the test of time. Themes in *Frankenstein* include obligations and responsibility to self and others as well as empathy.

Milton Mayeroff has a foundational framework *On Caring* (1971), used in various disciplines including nursing and education to provide a way of itemising and actualising what being caring means. Using 8 principles Mayeroff emphasises 'the other' as being intrinsically worthy and are inherently entitled to use their own agency and grow in their own way (Mayeroff 2011, p. 47).

Placing the two texts side by side will allow for an exploration of each text and how they could be applied to one another. This exploration and textural linking may provide some interesting and new insights that can be applied in practice or to other texts. It may also encourage an application and learning of a caring framework.

Reflecting on, hearing, inquiring into and observing fictional stories that people are familiar with can help transform ideas (Nayebzadah 2016, p.59). It can rejuvenate life, interest and learning potential using the value of stories already known.

References

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11:40-12:30 Session 7. Metaphorical Journey: Aspects of "Nourishment"

Kim Grego
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From 'Health Remedies' Ads to Directives 92/28/ EEC and 2001/83/EC: Advertising Medicinal Products in the Press (19th - 21st C.)
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This paper proposal intends to explore how 'products aimed at improving one's health and well-being' (from drugs to remedies of any sort) went from being widely advertised in the press, in the 19th century, to being banned at European level around the turn of this century.

In order to explore this change, British newspapers and periodicals will be consulted, to collect advertisements of medicinal and other similar products, and investigate a) what kinds of products were advertised, b) whether there were any relevant changes in the categories of products advertised, c) what linguistic strategies (at the lexical, syntactic, rhetorical and discursive level in general) were employed to advertised them.

The method employed will combine studies on domain-specific languages (medical English in particular) for the lexical aspect, but also drawing from approaches in argumentation, media studies, advertising and discourse analysis. Legal discourse considerations will also be necessary, in order to firstly define terms such as '(prescription) drug', 'medicinal product', 'remedy', etc. and, secondly, to understand the rules introduced by the European directives that started to regulate the field at the end of the 20th century.

The investigation is expected to illustrate the development of drug (and related products) advertising – and the language used to do so – in Britain, from the 19th century to the 21st century, from a linguistic perspective that attempts to bring together advertising, health dissemination, consumer protection and supranational legislation.

Farzana Habib, Mahbuba Najnin
Jagannath University, Dhaka (Bangladesh)
Culinary Culture and Human Psychology: Uncovering the Intriguing Link Between Food Choices and Mental Health in the Heart of Dhaka City People, Bangladesh
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The study seeks to understand how consuming and picking various food options relate to human psychology and mental health in Dhaka, Bangladesh. Data for this study is obtained through participant observation and in-depth interviews among the residents of Old Dhaka. In Old Dhaka, people have a long tradition of eating a variety of food not just on special occasions but every day. The variety of food people enjoy

reflects their personalities. For example, both introverted and extroverted individuals have distinct food tastes and habits. Affluent individuals often opt for fancy food to show their social status. However, some find it stress-free or comfort in preparing and eating various dishes. For many, emotions are tightly linked to their food choices, to the extent that enjoying their traditional dish, *biryani* (rice prepared with beef, lamb, or chicken curry), leaves no room for alternatives. Furthermore, their ideology of purity and pollution plays a vital role in terms of their food choices. They prefer not to eat from random places. Overall, the findings of this study demonstrate that the general notion about eating different kinds of food is not only intertwined with people's physical health but also deeply related to their mental well-being and attitudes.

13:00-13:50 Session 8. Mindful Matters: On Health and Objectivity

Māra Grīnfelde
University of Latvia (Latvia)

The Role of Bodily Certainty in Vaccine Hesitancy: Phenomenologically Grounded Approach

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Vaccine hesitancy, which gained a new resonance during the COVID-19 pandemic, has been approached from different perspectives, showing that it is a multi-dimensional issue, involving emotional, cultural, social, spiritual, political and cognitive factors (Dubé et al., 2013). One of the factors that has been frequently addressed within this research is the issue of trust, arguing that vaccine hesitancy is shaped by the crisis of public trust, distrust in health professionals, scientific authorities, representatives of the pharmaceutical industry, etc. (Fieselmann et. al. 2022). In this paper I will argue that next to the socio-political perspective on trust there is also an embodied perspective on trust, which needs to be considered in approaching the complex issue of vaccine hesitancy. I will make this argument by referring to the results of the phenomenologically grounded qualitative research study, which I (together with my colleagues) have conducted on embodied aspects of COVID-19 vaccine hesitancy. I will argue that vaccine hesitancy can be understood, among other things, with reference to the perceived threat to the person's sense of bodily trust (expressed in the concept of bodily certainty introduced by Havi Carel, 2016) in the face of the anticipated or actual bodily objectification after the vaccination. At the end of the paper I will make some suggestions on how the phenomenologically grounded approach to vaccine hesitancy can help to generate new insights into the existing research done on vaccine hesitancy and how it can inform communication strategies with vaccine hesitant people

Kalina Kukielko, University of Szczecin (Poland)
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Not a Quiet Place
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The Cochlear Implant (CI) has been depicted in the media space for several years now, either playing a significant or minor role in the lives of characters in movies or TV series (for example *The Silence*, *Sounds of metal*, *Black Mirror* or one of the Dr. House episodes). But its most spectacular performance came in both parts of the movie named *A Quiet Place*, where it was used as a weapon against deadly, sightless but perfect-hearing monsters. The movie contributed to a broad, and significant discussion between CI users themselves and between CI users and Deaf people (using hearing aids or sign language). Three main issues emerged from these discussions: (1) whether deafness is something that can, should, or shouldn't be "fixed", (2) how CI actually functions (it doesn't actually produce sounds), and (3) how to make the most of the potential of an electronic device that essentially replaces the damaged inner ear by direct electrical stimulation of the auditory nerve. In *A Quiet Place*, the father of the deaf heroine tried to improve her CI device in a home workshop so that she could hear any sounds (successfully: in one of the scenes, she hears her own heartbeat).

Bearing in mind these film depictions of implants and their technical capabilities, we would like to examine the actual process of their development, which is based, among others things, on applications of artificial intelligence (AI) for sound processing

14:10-15:00 Session 9. Body and Self: The Future of Wellness

Adam Hoverman
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Jennifer Peterson
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Difference, Indifference, and the Health Advocate Role: Narrative Is the Medicine
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In 2013, the Institute of Medicine report "Shorter Lives, Poorer Health", by Stephen Woolf and others highlighted two unique calls to action in the face of the United States' relative decline in life expectancy: 1) inform the public 2) learn from other countries. The COVID-19 pandemic's broad geographic increase in mortality rates and resulting life expectancy decline makes clear Woolf's directives are always applicable. To this end, a long overdue transformation of medical education is needed to better equip the health workforce to respond and adapt in advance of the next

pandemic. Hindering this transformation are long-standing disagreements on the health advocate role and the inclusion of health humanities in medical education. Fortunately, cross-country learning and the inclusion of medical humanities within healthcare professional education programmes can serve to mend such disagreements. With Alfred Korzybski's wisdom, "the map is not the territory" as a guide, this paper serves to answer: What are the limits to science when forming the life-saving narratives of our time? And, when the data alone are insufficient for the health advocate to intervene, what then? This discussion will invite a call to action for the transition needed to centre the health advocate role more fully within medical education. In so doing, the case will be established for the inclusion of narrative medicine and the medical humanities to both humanise and localise cross-national learning and improvement, as the narrative becomes the medicine and the ever applicable process for capacitating future health professionals to improve population health.

Konrad Gunesch
London Centre for Interdisciplinary Research (UK)

Art Imitating Life in Most Scary Ways, and Failure to Prevent Albeit Duly Foretold: Novels and Movies Dramatizing Global Pandemics, Quakes and Floods, and Still All Surprised when They Then Occur

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A range of fictional disaster stories on page and screen seem to have predicted, analyzed, and even shown ways of preventing and treating later indeed occurring, worldwide mediated, and lived-through disaster realities, ranging from hijacked planes over bursting river dams to planetary viral pandemics. In those stories, vaccines or defense or prevention strategies had been developed in races against time, or improving current medical or safety standards. While we stay away from conspiracy theories, we point out that often, and in uncanny ways, planetary reality later seems to have imitated earlier artistic productions, from details in catastrophes to relatively unpredictable later developments, outcomes and evaluations across social, biological, medical, and mediated dimensions. The main purpose of this research is therefore to appeal to the practical benefit of fictional research and writing, such as when putting potential future disaster scenarios or cases on page or screen, preparing populations and people for them in advance, or rather, alert stakeholders and awaken responsibilities to avoid them in the first place. As an example, the 1996 movie 'Outbreak' already bore in its title the viral epidemic that has hit our world recently, but did so a generation ago, even including infection rates, treatment challenges, and efforts for vaccine development. In a hopefully purely fictional exercise, the 2013 movie *G.I. Joe: Retaliation* lets an American president pressurize heads of state into "nuclear-free world" talks by setting those weapons into flight. With fictional dramatization of global catastrophes both entertaining and profitable, we argue to use them to improve worldwide living conditions, evaluate risk realistically, advance national education and information systems, and foster global media discussion, public awareness, political decision-making, as well as medical, social, and economic treatment and investment.