



International Conference on Medical Humanities

11-12 March 2023

Birkbeck, University of London / Online

Abstracts

London Centre for Interdisciplinary Research

Programme

Saturday, 11 March
(In-person Sessions, Birkbeck)

9:00-10:30 Session 1. Mindful Medicine: Aspects of Objectivity

Chair: Joana Almeida

Pia Anderson, American University of Sharjah (UAE)

“Man is a Microcosm”: An Anthropological Examination of Paracelsus

Martina Guzzetti, Università degli Studi di Milano (Italy)

Challenging Medical Misogyny in British Suffrage Newspapers (1907-1914)

Maryam Khan, University of Texas, Austin (USA)

Ethics in Early Medical Education: Learning to Avoid Performative Morality

Adrian Matt Zytoskee, American University of Sharjah (UAE)

Writing Illness Narratives: A Case Study in Psychosocial Medical Education

10:00-10:30 Discussion

10:30-10:45 Tea/Coffee

10:45-12:00 Session 2. Projections: Physicality in Life and Social Construct

Chair: Eva M. Pérez-Rodríguez

Alvaro Gonzalez Montero, University of Leeds (UK)

Queering Tuberculosis: Jaime Gil de Biedma and the Antibourgeois Illness

Sinchana Appachoo, University of Auckland (New Zealand)

‘Sport Sex’: Testosterone and the Construction of Athletic Femininity

Giulia Campaioli, Universitat Rovira I Virgili (Spain)

The Shadow Pandemic: Feminist Networks Tackling Cyberviolence

11:30-12:00 Discussion

12:00-12:30 Lunch

12:30-13:45 Session 3. Beyond Measure: The Nature of Embodied Knowledge

Chair: Kelby Bibler

Sarah Ash Combs, Children's National Hospital / George Washington School of Medicine (USA)

When "Going Viral" Takes on New Meaning: Using the Medical Humanities and Your Own Communication Skills to Combat a "Disinfodemic"

Melanie Portman, Undoapp.com (Estonia)

A Gap-bridging App to Recover the Broken BodyMind Connection Using Sensory Wisdom

Laura McKenna, Joshua Lyne, Benjamin Olden, Ruadhan Dolan, Sean O'Connell, University College Cork (Ireland)

Looking with Intent: Visual Culture of Medicine

13:15-13:45 Discussion

13:45-14:00 Tea/Coffee

14:00-15:15 Session 4. Inner Image: Envisioning Health

Chair: Sarah Ash Combs

Kelby Bibler, University of Memphis (USA)

Is Mind Alteration Therapeutic? Intertwining Phenomenology and Psychedelic Therapy

Ayami Umemura, Nagoya University (Japan)

Becoming a "Good Doctor" Owing You: Uniqueness and Ethics of Faces in Gross Anatomy Practices in Japan

Irina Terekhova, University of Lausanne/ Institute of Humanities in Medicine (Switzerland)

A Study of Affinity Phenomena between Altered Iconography of Egon Schiele and Face and Body Illusions Inherent in Schizophrenia

14:45-15:15 Discussion

15:30-16:45 Session 5. Awakenings: Mortality in Focus

Chair: Maryam Khan

Kevin Thomas, University of Texas at Austin (USA)

The Social Consequences of Surviving Epidemics: An Examination of Ebola Survivors and Their Return to Community Life in Liberia and Sierra Leone

Mona Baie, Institute for Medical Humanities, University of Fribourg (Switzerland)

The Trauma of Illness: Reading and Teaching Sarah Manguso's *The Two Kinds of Decay* (2008)

Eva M. Pérez-Rodríguez, University of the Balearic Islands, Palma (Spain)

David Lodge's Latest Novels: Health, Death-obsession and Consciousness

16:15-16:45 Discussion

Sunday, 12 March

(Zoom Sessions)

8:00-9:15 Session 6. Words of Wisdom: Healing as Narrative

Chair: Konrad Gunesch

Alessandra Donati, University of Milan (Italy)

Rhetorics of a Cultural Syndrome: Verbal Treatments Against *Mal de Ojo* in Spain

Zahra Ahmad, Patna University (India)

The Portrayal of Disease and Sickness in Literature

V. Kousalya, Marie Josephine Aruna, Kanchi Mamunivar Government Institute for Postgraduate Studies and Research (India)

Mira Bartok's *The Memory Palace*: A Reading in Medical Humanities

8:45-9:15 Discussion

9:30-10:45 Session 7. Gender Profile: Reflections of the Self

Chair: Joana Almeida (TBC)

Megan Rosser, University of Bristol, University of Birmingham (UK)

Que(E)rying Epistemic Injustice in Healthcare: A Discussion of Bisexuality and Epistemic Injustice in Healthcare Settings

Susan Hogan, University of Derby (UK)

Birth Shock!

Marta Koziej and Agnieszka Nawara, University of Warsaw (Poland)

ADHD in Adult Women – Obstacles to Obtaining the Diagnosis. An Ethnographic Study

10:15-10:45 Discussion

11:00-12:30 Session 8. Epic and the Arts: Health in Creative Context

Chair: Alessandra Donati

J. Javier Torres-Fernández, University of Almería (Spain)

Cultural Narratives of Stigma in AIDS Literature: Angels in America by Tony Kushner

Konrad Gunesch, London Centre for Interdisciplinary Research (UK)

Medicine Men and Rainforest Saints as the White (Wo)Man's Burden in Hollywood Action Films: Why Not Let Natives Swing from their Indigenous Trees, and Steal the Thunder and the Scenery Instead?

Karim Mukhida, S. Sedighi, C. Hart, Dalhousie University (Canada)

Popcorn in the Pain Clinic: Depictions of Chronic Pain in Hollywood Movies and Implications for Cinemeducation for Medical Trainees

Wansah Alshammari, Glasgow University (UK)

The Representation of the Lived Experience of Mental Illness in Contemporary British Drama

12:00-12:30 Discussion

13:00-14:15 Session 9. Global Vision: Perspectives on Diversity

Chair: Agnieszka Nawara

Owen Hallauer, Emory University (USA)

Medical Education: A Global Perspective

Hitesh Gautam, Artship Foundation San Francisco (USA)

Single Goal Many Approaches

Uldis Vēgners, University of Latvia (Latvia)

Hesitant Bodies: Phenomenological Analysis of the Embodied Experience of COVID-19 Vaccine Hesitancy

13:45-14:15 Discussion

14:30-15:45 Session 10. Silent Nights: The Journey of Isolation

Chair: Dianela Perdomo

Trini Stickle and Dana Le, Western Kentucky University (USA)

Reducing the Effects of Loneliness in the Elderly Through Activities from the Humanities

Pragya Dev, Binod Mishra, Indian Institute of Technology, Roorkee (India)

Dependency and Materialities of Care in Stephen Chbosky's *The Perks of Being a Wallflower*

Shahd Alshammari, Gulf University for Science and Technology (Kuwait)

Common Themes in Illness Narratives from Kuwait

15:15-15:45 Discussion

16:00-17:30 Session 11. Literary License: Symbologies of Illness

Chair: Zahra Ahmad

Aathira A S, A. Poongodi, SRM Institute of Science and Technology (India)

The Scarred Skin and a Decaying Society in G.V. Kakkanadan's *Vasoori*

Umas CL Jin, University of Exeter (UK)

On Being Ill: Virginia Woolf and Illness Narratives

Cynthia Wing Nga Lam, Western University (Canada)

Rethinking Sickness: Virginia Woolf's Literary Interpretation of Illness

Kathy O'Shea, Monroe Community College (USA)

Book Reading and Discussion of "So Much More Than a Headache: Understanding Migraine Through Literature"

17:00-17:30 Discussion

17:45-19:00 Session 12. Regeneration: Pioneering Progress

Chair: Hitesh Gautam

Rosemary O'Mahony, Eleni Condouriotis, Columbia University (USA)

"As Herself and Not Herself:" Reclamation of the Pregnant Experience in Narratives of Medicalized Birth

Dianela Perdomo, Johns Hopkins School of Medicine (USA)

A Pilot Randomized Controlled Trial of Group-based Indoor Gardening and Art Activities Demonstrates Therapeutic Benefits to Healthy Women

Lorna Fitzsimmons, California State University Dominguez Hills (USA)

Teaching Gastrointestinal Intelligence through International Exchange Teamwork: Engaging Media Representations of Weight Loss Surgery from Feminist, Cognitive, and Medical Tourism Perspectives

18:30-19:00 Discussion

Saturday, 11 March
(In-person Sessions, Birkbeck)

9:00-10:30 Session 1. Mindful Medicine: Aspects of Objectivity

Pia Anderson

American University of Sharjah (UAE)

“Man is a Microcosm”: An Anthropological Examination of Paracelsus

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The late German Renaissance (roughly the 15th and 16th centuries) was a period of great cultural change, developing out of the Italian Renaissance, but mediating Italian influences with unique cultural characteristics of German-speaking states. While the theological impact of the Protestant Revolution and the practical aspects of the printing press have been emphasized in the study of culture change during this period, less has been made of the concurrent cultural evolution of medicine.

A principal character in the evolving field of medicine in this region was Philippus Aureolus Theophrastus Bombastus von Hohenheim (1493-1541), who gave himself the name Paracelsus after receiving his doctoral degree. Paracelsus was an unconventional character who challenged the medical experts of his day with new theories on medicine resulting from his synthesis of empirical work based on the observation of nature and anatomy with his supernatural, alchemical, and religious beliefs. Paracelsus further stood out from his contemporaries in his collection of medicinal remedies, not from the classics like Galen and Avicenna, but from folk remedies collected from midwives, barber-surgeons, bathhouse attendants, and other “peasant” healers.

This paper examines Paracelsus through the lens of historical anthropology, a subfield of anthropology that examines past cultures from an anthropological perspective. An anthropological approach offers new insights into the cultures in which he operated – both the scholarly culture in which he was trained and the peasant culture from which he collected information. This in turn offers a new perspective on his impact on the study of medicine from the German Renaissance, through the Enlightenment, and into the modern age.

Martina Guzzetti

Università degli Studi di Milano (Italy)

Challenging Medical Misogyny in British Suffrage Newspapers (1907-1914)

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Victorian and Edwardian ideologies of womanhood saw it as coincident with sickness, weakness, and madness, and women’s (supposed) physical frailty was associated with a series of “feminine” attributes like nurturance, emotionality, and sensitivity that became pathological signs of invalidism. Though this was due to highly prescriptive ideas of femininity and to rigid social views on gender roles, these ideologies were reflected, validated, and constructed by medicine as well, so much so that a true epidemic of nervous disorders in women was diagnosed at the turn of the century. More precisely, the quintessentially female malady called hysteria became synonymous with deranged feminine

behaviours and emotions: women were seen as erratic, deviant, deceptive, and devious, and the defiance of their nature could only lead to mental breakdown. To demonstrate how women responded to this medical misogyny, this contribution considers a corpus of 715 articles taken from three main suffrage periodicals of the early 1900s (Votes for Women, The Vote, and Common Cause): the analysis of the discourses built around the word hysteria in each context will show how this theme was represented in feminist newspapers and how suffrage campaigners replied to those physicians who labelled them as “shrieking women” and “silly viragos” by constructing counter-discourses that were aimed at debunking gendered ideas about health. The “words as deeds” approach of this study will also relate to the broader role of language in dismantling popular beliefs promoted by those with power and authority against the “weaker” groups of society.

Maryam Khan

University of Texas, Austin (USA)

Ethics in Early Medical Education: Learning to Avoid Performative Morality

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The early years of medical education highly depend on gaining experience from mock patient encounters and clinical scenarios. Students follow a script akin to theatre, where there are set phrases that guide the conversation with patients. While the guidelines help establish parameters of clinical encounters, many students mistakenly hone skills of performative morality. Knowing the ‘right’ words to say does not necessarily train students to develop empathy or listening skills, and may lead to physician burnout and decreased patient rapport down the line. In this paper, I explore various ways performative morality begins to present itself in student-to-student, student-to-professor, and student-to-patient encounters, and expound on methods that help students explore authentic ways of considering unique ethical and moral situations they may encounter, without increasing burden to their workload.

Adrian Matt Zytoskee

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Writing Illness Narratives:

A Case Study in Psychosocial Medical Education

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In the spring of 2019, medical humanities researcher Dr. Adrian Zytoskee designed and facilitated an illness narrative writing project with sixty-six second-year medical students at the University of Nevada, Reno School of Medicine. While form and style varied, the focus of the illness narratives students were asked to write involved accounts of serious illness/injury they either experienced personally or alongside someone whose illness/injury affected them emotionally—typically, family or friends. The goals of this project were to: 1) develop empathy for patients and oneself; 2) uncover possible shame regarding illness; 3) reveal inherent biases; 4) expose students to the types of discomfort in communication they will encounter while providing health care; 5) help students avoid confusing their own narratives with those of patients; and 5) encourage students to consider the psychosocial realities of illness beyond a *biomedical* framework. Grounded in student feedback, student

writing, facilitator reflections, and theoretical frameworks from narrative medicine and composition studies, this paper explores student experiences with the writing and sharing of vulnerable narratives and provides educators with a pedagogical framework for navigating the more challenging aspects of facilitating vulnerable writing. Ultimately, the paper makes an argument for the value of composing illness narratives during medical training as a means for engendering a more humanistic approach to medical education.

10:45-12:00 Session 2. Projections: Physicality in Life and Social Construct

Alvaro Gonzalez Montero

University of Leeds (UK)

Queering Tuberculosis: Jaime Gil de Biedma and the Antiburgeois Illness

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Jaime Gil de Biedma remains a popular Spanish poet. However, his autobiographical work has not received as much attention as his lyrical one. An important part of his diaristic production focusses on his suffering of illness, in particular tuberculosis and HIV/AIDS. This paper will examine how Gil de Biedma conceptualises tuberculosis in his life-writing production. It will also delve into the implications of illness and queerness in Gil de Biedma's diaries and the impact of illness in the construction of the author's identity. Illness, with a strong link with ageing and the passing of time, gathers together important themes throughout the author's personal diaries: his sexuality, social class and relationship to the colonial other are intertwined in his notions and feelings around his often-ill body and mind. By utilising the author's personal diaries, this paper explores the personal narration of lived experiences of illness, providing insight into the author's strategies to construct and project his authorial identity in the light of his suffering of tuberculosis and in his particular historical and social context. Ultimately, this paper argues that Jaime Gil de Biedma projects a political view of illness that lies in the dichotomy of bourgeois versus working class. The author's use of tuberculosis as a bio-political tool in his life-writing production enables Gil de Biedma to oppose his bourgeois family, thus queering traditional views on the suffering of illness.

Sinchana Appachoo

University of Auckland (New Zealand)

'Sport Sex': Testosterone and the Construction of Athletic Femininity

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Eligibility Regulations that govern entry into women's sporting events are justified as necessary – even if discriminatory – measures to ensure fairness. Current regulations focus on the level of testosterone in the body to determine femininity, premised on the understanding of testosterone as 'precision' technology capable of enhancing athletic performance. However, these regulations, which make the participation of transgendered female athletes and intersexed athletes conditional upon them reducing their testosterone

to below the permissible limit, remain contentious and have been the subject of legal challenges in the Court of Arbitration for Sport (CAS).

I analyse the court proceedings from two such cases – Dutee Chand v International Association of Athletics Federation and Athletics Federation of India, and Caster Semenya and Athletics South Africa v IAAF. In these cases, the CAS attempted to resolve the tensions between competing legal imperatives of non-discrimination and ensuring the protection of ‘female’ athletes by relying on the available scientific evidence linking testosterone to athletic performance. In characterizing testosterone as a key determiner of athletic performance, the IAAF collapses the distinction between endogenous and exogenously administered testosterone to argue that the hormone that can effectively enhance athletic performance even in women with naturally high endogenous testosterone levels. In contrast, experts for the athletes highlight the complexities of the functioning of testosterone in the body as it is controlled through the body’s complex endocrinological feedback loop. I analyse the CAS panel’s evaluation of these competing constructions of testosterone and its implications for the regulation of non-normatively gendered athletes.

Giulia Campaioli

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The Shadow Pandemic: Feminist Networks Tackling Cyberviolence

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Gender-based violence individuates violence enacted on someone because of their gender and/or sexuality and is largely discussed as a global public health issue. It was 1994 when Lori Heise wrote the article "Gender-based abuse: The global epidemic", in which the author denounced the pervasiveness of the issue, advocating the important role of the public health sector to reduce the effects of abuse, but also arguing its social and structural roots. Almost 30 years later, and particularly during the Covid-19 pandemic, increases of gender-based violence cases have been configured by different international organizations and actors as a *shadow pandemic* of domestic violence and online gender-based violence. Since the early 2000s, ICTs have increasingly become medium and spaces of technology-facilitated intimate partner violence, gender-based harassment, hate speech and disinformation campaigns, which particularly target public figures such as politicians, journalists, and activists who work to defend women's rights and human rights. Starting with an analysis of the use of the 'shadow pandemic' narrative in popular press and advocacy campaigns, and looking at governmental responses to gender-based violence in selected countries, I bring attention to the issue of online gender-based violence. The recent increases of online gender-based violence and its impact make this an urgent issue that needs to be addressed on the level of internet policies, ethics, and design of new technologies, while the role of the health sector with respect to online violence is less explored. I will outline the existing gaps in the research on online gender-based violence, describe the aims of this participatory ethnographic study, and present preliminary findings. Online violence has been particularly virulent in countries, like Brazil, where anti-rights discourses have been a central theme of the neoconservative right that have arisen in the past ten years and gained institutional legitimization with the election of Jair Bolsonaro in 2018. However, this wave of online-offline violence met the response of an alliance between individuals, collectives, and non-governmental organizations through online and offline action.

12:30-13:45 Session 3. Beyond Measure: The Nature of Embodied Knowledge

Sarah Ash Combs

Children's National Hospital / George Washington School of Medicine (USA)

**When “Going Viral” Takes on New Meaning: Using the Medical Humanities
and Your Own Communication Skills to Combat a “Disinfodemic”**

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COVID-19 began its worldwide spread at a time when sociopolitical unrest, cries of Fake News, and Social Media notoriety had already taken hold. Thus began the era of the COVID-19 Disinfodemic, where political agendas, Twitter celebrity status, and inflammatory rhetoric often overshadows – if not outright contradicts – accurate reporting of objective scientific data and public health advisories.

Amidst this landscape, honing and asserting your own communication skills has never been more important. In this highly interactive session, we will open with a discussion of how popular media influences the public's perceptions of, and decisions within, the healthcare realm. Based on my own experience working in medical journalism and healthcare messaging with both my hospital's PR team and the American Academy of Pediatrics (AAP), I will present techniques for approaching traditional media interviews (on-camera; live; pre-recorded; radio) and crafting Social Media campaigns. We will then break out into a small group workshop format in which participants will use these techniques to formulate their own key message(s) on a topical medical issue. Coming back together, each group will present to the room in a simulated live interview format, inviting feedback and further discussion from the group as a whole.

Melanie Portman

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**A Gap-bridging App to Recover the Broken BodyMind Connection Using
Sensory Wisdom**

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Trauma and stress are part of the lived experience of modern society. That experience is one of increasing physical/psychological instability, confusion and fragmentation, in which the mind finds itself divided and dissociated from the body, resulting in anxiety, fear, depression and chronic pain. But instead of being separate and opposing, the mind is embodied, bodymind is a unity that defines the very core of our existence. To resolve their distress, people are seeking help by tuning into online meditation apps. All offer mental relaxation or mind training techniques that find their origins mostly in Mindfulness and other religious approaches. But these have overlooked the bodymind disconnect, failing to understand two important details: 1. disconnection is the underlying cause of all distress; and 2. the innate healing force within the body can be activated naturally to re-connect and overcome all distress. We offer Undo, a fourteen-chapter meditation app based on the life work of Matthew Zoltan, the objective of which is to help the user to re-connect bodymind and resolve distress. The user is educated about cultural and social influences as well as about a multitude of other issues and their destabilising effects on the human body. The user

is guided through natural meditation, effecting the bodymind re-connect. This is a process of feeling deep into the sensory capacities of the body, beneath the influence of thought. Essentially, the Undo app presents fundamental understandings of human function not widely known, yet vital for navigating effectively every aspect of life.

**Laura McKenna, Joshua Lyne, Benjamin Olden,
Ruadhan Dolan, Sean O'Connell**
University College Cork (Ireland)
Looking with Intent: Visual Culture of Medicine
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The role of visual art in medical humanities has attracted increasing attention in undergraduate teaching. Much is focused on visual literacy in group formats such as Visual Thinking Strategies (VTS) which promotes close looking and critical thinking skills among other potential outcomes.

This paper considers the question of what a broader engagement with visual media in the undergraduate curriculum could look like. In addition, it considers what this might offer medical students beyond the remit of current visual arts programmes.

The presentation is a descriptive overview a new 12-week module in the Visual Culture of Medicine and Health offered to 2nd year medical undergraduates at University College Cork. Ten students enrolled on the course. Drawing on ideas from art history, cultural studies, media studies and sociology students were encouraged to engage with and discuss critically different forms of visual media. These included representations of health, medicine, illness and the body in fine art, film, advertisements, infographics, and medical imaging. Students considered the role of politics, power and wider culture in both the production and reception of images.

Guest lecturers included contributions on the social history and ethical implications of retention of nineteenth century “medical moulages” in the university archives and from art history, a discussion on the representation on PTSD in art (Dadaism) in the Weimar years. Weekly exercises included visual tasks such as submitting photographs on themes (lines and angles; public health advertisements) or short written pieces (reflective, critical or poetic responses).

This paper will include illustrative excerpts from four of the students’ final presentations. Finally, in addition to feedback and evaluation from the class, my own evaluation will include reflections on what worked, what did not and ideas for the next year.

Kelby Bibler

University of Memphis (USA)

**Is Mind Alteration Therapeutic? Intertwining Phenomenology
and Psychedelic Therapy**

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An interesting problem in some contemporary medical discussions is whether mind alteration can be therapeutic. More strongly, scholars have maintained that, in certain therapeutic contexts, mind alteration is *necessary* for the endowment of particular therapeutic benefit (Carhartt-Harris and Friston 2010). Specifically, in therapies that utilize psychedelic drugs, some clinicians emphasize the role of the psychedelic *experience*—or altered state of mind—while others hypothesize that the molecule itself, irrespective of the experience, produces therapeutic benefits (Olson 2021, Rodriguiz et al. 2021). In philosophy, we find a rich history of dealing with problems like these and, I argue, discover a way forward in a return to phenomenology.

As far back as René Descartes, one finds a duality between the mind and the body that precludes an alteration of mind affecting the body—though, even Descartes recognizes some problems with this (Descartes 2000, Descartes 2012, Lindenboom 1979). Leaping forward, the concurrent arising of phenomenology and psychoanalysis in the late 19th century, takes issue with Descartes' dualism in fulfillment of understanding experience and/or pathology through a fundamental relation between mind and body (Merleau-Ponty 1964, Merleau-Ponty 2012). Now, we see these same problems resurging in the philosophy of mind and, in particular interests to my presentation, the neuroscience of drug experiences. My presentation argues that a qualified return to phenomenological description reveals the potential necessity of mind alteration for therapeutic import, qualified by the designation of a determinant goal (intention) for the therapy. Such an argument clarifies the history and future of the relationship between mind alteration and therapy, and prescribes an interpretive lens for questions in psychiatry, psychology, and philosophy of mind.

Ayami Umemura

Nagoya University (Japan)

**Becoming a “Good Doctor” Owing You: Uniqueness and Ethics
of Faces in Gross Anatomy Practices in Japan**

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All of the cadavers dissected in gross anatomy practice, without any exception, have a face and a name, and are bodies that have survived a unique life, laughing and talking with family and friends. Although medical education aims to teach generalized medical knowledge that is universally applicable to all human bodies, it relies on irreplaceable, indefeasible uniqueness or singularity. Although the cadavers dissected in the gross anatomy practice are anonymized and do not move or speak with their eyes closed, they would build special relationships with medical students based on their uniqueness there. This presentation will call it another ethics.

It aims to consider the process of forming a responsible subject in negotiations with others described from students' memoirs of a gross anatomy practice in Japan, based on Emmanuel Lévinas' discussions on *the ethics of faces the others* and on Martin Buber' *I-Thou*. There, we see the students calling out to the corpse, being called out to, being encouraged, superimposing the cadavers on their own immediate family, regretting parting and shedding tears. As a person who received the anonymous gift of a voluntary body donation, he made a chance encounter inevitable, and pledged to fulfil his inescapable duty to become a "good doctor". This presentation aims to present another ethics based on uniqueness come from faces of the others embedded in each context, which is different from "routine" and "institutionalized" ethics.

Irina Terekhova

University of Lausanne/ Institute of Humanities in Medicine (Switzerland)

**A Study of Affinity Phenomena between Altered Iconography
of Egon Schiele and Face and Body Illusions Inherent in Schizophrenia**

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This thesis employ an interdisciplinary approach to the study of Egon Schiele's art in context of delusional thinking, providing investigation simultaneously from two fields: History of Art and History of Medicine (more precisely History of Psychiatry). This study presents an interplay between science, medicine and art to achieve more comprehensive and synthetic interpretations of analogous mechanisms of delusional thinking in psychopathology and modern art. The turn of the century erupted with major changes in art, resulting in its broadcasting a profoundly altered conception of aesthetic mutation and offering new bizarre oneiric language that manifest striking resemblance with dream and hallucinatory imagery content. This work investigates relation between modern graphical language of Egon Schiele and the schizophrenia's altered language of perception. It must be stressed that both processes of face and body illusions in schizophrenia, which is a state of maximal involuntarily regress from reality, and Schiele's art which is a maximal deliberate regress from classicism - display an aberration of face and figure in a strikingly similar way. I hypothesize that modern aesthetics of Egon Schiele's portraiture relate to psychopathology exclusively through exposure to same mechanisms of alteration in coding face and body. His iconography summon profound and complex alterations of waking consciousness reality in terms of his portraiture and figurative representations, same way as figures and bodies distorted through face and body illusions in schizophrenics experiences; which offers a possibility of a comparative enlightenment, enabling a better conception of the passes of alteration of human face and figure in pathological states.

Kevin Thomas

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The Social Consequences of Surviving Epidemics: An Examination of Ebola Survivors and Their Return to Community Life in Liberia and Sierra Leone

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The main objective of this project to provide a critical examination of the social life of Ebola survivors (i.e., persons infected with Ebola but who recovered from the disease) following the end of the 2014 epidemic in West Africa. In pursuing this objective, the study will use data from interviews conducted in Liberia and Sierra Leone, as well as data from other sources, to answer the following research questions. (1) What were the individual- and contextual-level factors that have influenced the recovery of Ebola survivors during the epidemic? (2) To what extent do these survivors continue to experience long-term health consequences of infections after the end of the epidemic (3) In what ways does the stigma of Ebola affect the ability of survivors to be successfully re-integrated into the social lives of their community? On the basis of its analysis, the study will discuss the larger implications of its findings for understand how we should prepare to respond to the social consequences of recent epidemics.

Mona Baie

Institute for Medical Humanities, University of Fribourg (Switzerland)

**The Trauma of Illness: Reading and Teaching Sarah Manguso's
The Two Kinds of Decay (2008)**

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Illness, especially severe and chronic illness, has for a long time been recognized as a 'biographical disruption' (Bury 1982). Following from that, certain illness experiences can be considered traumatic – they present as a sudden, overwhelming force, they radically alter a person's life course, and their repercussions are felt long after the 'actual' event of (bodily) disease. This paper looks at a recent American illness memoir, Sarah Manguso's *The Two Kinds of Decay* (2008), in which the author/narrator falls ill with a rare neurological disease that leaves her bedridden and dependent on (hospital) treatment for years – at the age of only 21. It argues that considering this 'autopathography' through the lens of trauma theory allows for new insights for both literary scholarship and narrative medicine: from the perspective of literary studies, it opens the genre of illness writing to new ways of interpretation that focus less on the physical, acute realities of disease, but on its psychological, long-term effects. *The Two Kinds of Decay*, as I will illustrate, uses narrative strategies such as unreliable narration and montage to explore the traumatic experience of illness as well as the (im)possibility of its representation through language. From the perspective of narrative medicine (here understood as using literary texts in medical education), the text allows its readers to explore topics such as illness as biographical disruption, trauma and traumatic memory, different ways and meanings of 'healing', and the ethics of bearing witness.

Eva M. Pérez-Rodríguez

University of the Balearic Islands, Palma (Spain)

David Lodge's Latest Novels: Health, Death-obsession and Consciousness

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Therapy (1995), *Thinks...* (2001) and *Deaf Sentence* (2008) may be grouped as David Lodge's three latest novels, with the exception of the bio-novel *Author, Author*, based on the life of Henry James. The reason for my selection of that narrative triad, apart from the chronological one, is that in them Lodge reveals an obsession with the decaying process of ageing, and with the frailty of both the physical and the psychological soundness of a person. Lodge explores how these concerns, in turn, trigger in us conflicting tensions of religion and spirituality, that is, the human dimension not dominated entirely by physical or material processes. As an author who has focused almost obsessively throughout his long career on consciousness, sexuality, and religion, Lodge uses these three novels to explore innovations in artificial intelligence and human cognition, and literature's responses to all of the above.

My paper therefore analyses how David Lodge approaches characterisation, humour and narrative pace with an obvious preoccupation with ageing, and physical and mental deterioration, which is more than a passing reflection of his own concerns. At the same time, and since he never sheds his "campus novelist" mantle, two of the three novels showcase the responses of academia to developments in computing, the new social challenges and interests of students, and the demands on the teaching profession. All three novels, finally, offer a captivating glimpse of England from post-war to post-modern and post-humanist times, dealing with such master narratives as the aftermath of the Holocaust, the austerity years, or ecocriticism, to name a few.

Sunday, 12 March

(Zoom Sessions)

8:00-9:15 Session 6. Words of Wisdom: Healing as Narrative

Alessandra Donati

University of Milan (Italy)

Rhetorics of a Cultural Syndrome: Verbal Treatments Against

***Mal de Ojo* in Spain**

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Folk illnesses are diseases widespread within a specific culture but not recognised by official medicine. Since the 16th century, in Spain there has been *mal de ojo* (evil eye), whose psycho-physical malaise, incurable by traditional medicine, is attributed to the fact that a person may, intentionally or not, hurt someone by talking or thinking about him/her with envy (Baer et alii, 2006). Among the treatments, passed down orally by *entendidas*, there are specifically-created prayers (Salvador, 2015). This folk illness has been previously studied from a medical-anthropological standpoint (Erkoreka, 2014). This intervention focuses on a new perspective on the matter: the power assumed by words, whose semantics is enriched with a pragmatic function, transforming this kind of rhetoric into the instrument of cure. For this reason, the macro-linguistic, linguistic and semantic analysis of some

prayers reported in various anthropological studies on the subject (Leblic, 1977; Blasquez, 1986; Salillas, 2000 and others) is proposed. The analysis focuses on the macro-structure of prayers (stanzas, verses) and each individual stanza from phonetic (rhymes, musicality, sound rhetorical figures), syntactic, lexical (dialectalisms, verb tenses, syntactic rhetorical figures) and semantic (content, themes, recurring symbols and characters, semantic rhetorical figures, culturally-specific elements) point of view, taking into consideration the influence of the pragmatic purpose and the oral context (Díaz, Sevilla, 1980; López, 2005; Salvador, 2015). In the field of medical humanities, this study can contribute to expanding knowledge of the medical-anthropological and culturally-specific phenomenon of mal de ojo by offering a linguistic perspective.

Zahra Ahmad

Patna University (India)

The Portrayal of Disease and Sickness in Literature

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Since time immemorial, disease and sickness have troubled human civilization throughout the world. The world wars had massive impacts both physically and mentally leading to several types of sickness. Apart from this, numerous contagions led to pandemics wiping the human population. Immense sickness, illness and death occurred globally. The sick and diseased bodies created in large numbers however were a marginalised lot. The peripheral position given to them was witnessed even during the current Covid19 pandemic. Literature has always played a significant role in depicting the picture of society. The early 20th century was a troubling time for many. The lack of development of medical sciences was also responsible for such catastrophic effects. Some of the prominent works like T. S Eliot's *The Wasteland* (1922), Thomas Mann's *The Magic Mountain* (1924), Virginia Woolf's *Mrs Dalloway* (1925), Albert Camus's *The Plague* (1947) etc by modernist writers are impregnated with themes of diseases and sickness. Many of the authors also used writing as self-healing. This led to the questioning of the subaltern position of the sick and their stereotyping. This paper intends to analyse some of these narratives to depict the illness showcased in them thus bringing it to the mainstream. The research also plans to explore and portray the severe influences on society and its mental health. It also aims to compare the past illnesses, types, circumstances, with the present scenario caused by the coronavirus.

V. Kousalya, Marie Josephine Aruna

Kanchi Mamunivar Government Institute for Postgraduate Studies and Research (India)

Mira Bartok's *The Memory Palace: A Reading in Medical Humanities*

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Unlike medical discourse, culture shares a leading role in constructing and shaping illness. As such, culture marks off boundaries and determines the notion of illness characteristics, the nature of being ill and treatment as well. In other words the core principles and values of society channelize and tune the psyche of an individual in openly acknowledging and describing the symptoms in a way that is culturally appropriate. The intrusion of culture poses great threats and challenges to both patient and provider of healthcare practice, especially when it comes to psychological disorders. Culture perceives

and brands psychological illnesses as something infirm and morally unsound therefore women tend to express only the somatic symptoms and eschew emotional aspect which is the bedrock of psychological disorders and makes it hard for the physicians to diagnose the illness. Set against this backdrop, this paper is an endeavor to analyze the memoir, Mira Bartok's *The Memory Palace*, from a Medical Humanities perspective. The text is a representation of Norma's mental illness wherein she conceals it for fear of social stigma. Prioritizing reputation Norma's parents incline towards parental neglect that ultimately destroys her life. With the intersection of culture and health care as a theoretical framework this paper examines the trauma and injustice meted out to Norma, who wastes away her life and ends up as the victim of cultural stigmatization

9:30-10:45 Session 7. Gender Profile: Reflections of the Self

Megan Rosser

University of Bristol, University of Birmingham (UK)

Que(E)rying Epistemic Injustice in Healthcare: A Discussion of Bisexuality and Epistemic Injustice in Healthcare Settings

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This work explores the claim that bisexual persons are uniquely vulnerable to epistemic injustice within healthcare. It begins with a wider discussion of epistemic injustice in healthcare settings, demonstrating these areas as likely to generate such injustice. Next, research on bisexual health is discussed, highlighting that bisexual persons experience several worse health outcomes compared to their heterosexual and homosexual counterparts. These health differences are considered along with the theory that experiencing unique forms of minority stress contribute to them. Overall, this section argues that bisexual individuals face unique negative-identity prejudices, for example being stereotyped as unstable, confused, or hypersexual, and that these prejudices contribute to their increased health risks. Next, using patient testimony, negative healthcare experiences of bisexual persons are conceptualised in terms of epistemic injustice. Forms of testimonial and hermeneutical injustice are highlighted, along with stereotypes and structural components within healthcare that generate them. The harms of experiencing such injustice are also considered. These range from epistemic harms due to a failure to treat bisexual persons as credible knowers regarding their own behaviours, feelings and identity to psychological or physical harms resulting from marginalisation in medical research and practice. The work concludes by suggesting ways to combat this identified injustice.

Susan Hogan

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Birth Shock!

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This will be a paper and short film screening of the 8-minute-long film entitled *Birth Shock!* The film is one of a series that explore how creative practice can promote the kinds of connectedness and reciprocity that support 'mutual recovery'. They focus on experiences of mental health and wellbeing among new mothers and maternity service staff engaged in

facilitated, structured arts workshops. One of the key concerns of the project has been to frame, through the films, the iatrogenic effects of routine hospital practices, and the distress that can be caused in the provision of ‘routine’ care, for both new parents and for care providers. In the films, this distress is framed as understandable, rather than as pathological or irrational, and audiences are presented with an opportunity to reflect on how institutional norms, routines and practices may be problematic. The project has been about de-pathologising women’s experiences of distress and trauma, rather than contributing to a dominant, gendered rhetoric of women’s instability and inadequacy.

In trial viewings of the project films, trainee healthcare practitioners found the films “eye opening”, and initial feedback suggested these films have the potential to be a stimulating and accessible resource for trainee professional audiences.

The aim was to produce films as resources which can be used in the training of health professionals, such as midwives and health visitors, including those who might end up treating women defined as suffering from trauma or post-natal depression. The films are available via links from *The Birth Project* website & directly from YouTube.

Marta Koziej and Agnieszka Nawara

University of Warsaw (Poland)

ADHD in Adult Women – Obstacles to Obtaining the Diagnosis.

An Ethnographic Study

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Attention deficit hyperactivity disorder (commonly known as ADHD) in adult women is becoming more and more recognizable in Polish medicine as a diagnosis of health problems that may disrupt one’s social, psychological and somatic wellbeing. Yet such recognition is still relatively new; in fact, this topic had not been popular even just a couple of years ago and one can still encounter doctors who confidently doubt the sole existence of said condition. By conducting an ethnographic study – in-depth interviews, online forums and social media analysis – researchers gathered stories of Polish adult women’s difficult paths to getting ADHD diagnosis.

A significant group of women with ADHD suffers in silence, in the state of constant battle with themselves that goes on inside their heads, for years unable to find helpful information or a competent healthcare professional. The authors attempt to bring those battles to the light in order to show the entanglement of social and psychological functioning situated within conventionality of understanding psychological problems and needing psychiatric healthcare. The main obstacles on the way of getting proper professional help are doubts expressed by professionals, families and close friends due to many women high functioning even into late adulthood which then leads to misdiagnosis and dealing with symptoms like depression and not with the real reason of suffering. Misconceptions and ignorance on what can be symptoms of a neurological condition create a complex mix that needs to be deconstructed.

J. Javier Torres-Fernández

University of Almería (Spain)

Cultural Narratives of Stigma in AIDS Literature:

Angels in America by Tony Kushner

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This paper explores the representation of stigma and HIV/AIDS in *Angels in America* (1995) by Tony Kushner as a cultural response to the HIV/AIDS socio-political and biomedical crisis that affected queer identities and international politics. The experiences of health and illness in the two-part play highlight the silenced and marginalized voices of those infected with HIV during the 80s and 90s. Kushner shows how HIV/AIDS-related stigma and shame marked a community as a waste to society at large. These disposable bodies are seen as deviant, following the illness as punishment metaphor, for their sexual orientation. In *Angels*, the role of religion and politics is seen as fundamental in the historical silence around this illness, which arguably persists nowadays in the lack of sexual education, and HIV awareness and prevention.

Through queer literary criticism, AIDS literature is analyzed to deepen into the stigma that haunts the community up to the present day. Originally addressed as GRID (Gay Related Immunodeficiency Disease), HIV has been considered a divine punishment in religious discourses, and as a death sentence in cultural, political, and medical terms. When exploring the stigmatizing cultural narratives around HIV/AIDS we find, first, the biomedical discourse of the individual infected with HIV, and second, the sociocultural discourse that will outcast the individual to the margins of society. Additionally, when treatment halted the virus, people stopped dying from AIDS and started to learn how to survive with HIV. As a canonical play in AIDS literature, *Angels* functions as a reminder of the HIV/AIDS genocide and the need for medical awareness and education related to this illness.

Konrad Gunesch

London Centre for Interdisciplinary Research (UK)

**Medicine Men and Rainforest Saints as the White (Wo)Man's Burden
in Hollywood Action Films: Why Not Let Natives Swing from their Indigenous
Trees, and Steal the Thunder and the Scenery Instead?**

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White (wo)men have populated nature, animal and rainforest dramas for decades, as in *Gorillas in the Mist* (1988) with Sigourney Weaver, *Medicine Man* (1992) with Sean Connery, or *Instinct* (1999) with Anthony Hopkins and Donald Sutherland. Highly popular productions, as the *Tarzan* or *Tomb Raider* instalments, *The Lion King* (1994), or *Avatar* (2009) all also feature idealistic but insistent deployments of white and Western heroes. Western-centric critique aside, this paper asks why we not employ native protagonists in their place, in the first place, busy saving their own animals, people, places and countries in the process. Marvel's 2018 *Black Panther* superhero film would be an example of such protagonists, but this research focuses on 'realistically plausible' productions. Respecting historical authenticity, such as the Western origin of scientists and activists as Jane Goodall,

Dian Fossey or Chico Mendes, or legitimate film production and business interests, I argue that the inclusion of protagonists who are culturally, geographically or linguistically more genuine might overall benefit worldwide audience interest, market value, scientific depth, cultural and linguistic authenticity, and even political correctness. I suggest for instance a stronger focus on local gamekeepers (as done in African wildlife documentaries on elephant and rhino protection) instead of poachers (or white hunters, as in *The Ghost and the Darkness*, 1994, with Michael Douglas and Val Kilmer). A strong example is *Hotel Rwanda* (2004), with Don Cheadle and Sophie Okonedo saving a community within a national genocide and with global implications, outdoing the efforts of political and armed white forces.

Karim Mukhida, S. Sedighi, C. Hart

Dalhousie University (Canada)

**Popcorn in the Pain Clinic: Depictions of Chronic Pain in Hollywood Movies
and Implications for Cinemeducation for Medical Trainees**

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The watching of films is popular and accessible to broad segments of the population. The depiction of medical conditions in films has the potential to affect the public's perception of them and contribute to stereotypes and stigma. We investigated how patients with chronic pain and their management are depicted in feature films. Films that contained characters with or references to chronic pain were searched for using databases such as the International Movie Database. Themes that emerged from the content analysis revolved around the films' depictions of characters with pain, their healthcare providers, and therapies for pain management. Patients with chronic pain were depicted in various ways, including in manners that could elicit empathy from audiences or that might contribute to the development of negative stereotypes about them. The attitudes of healthcare professionals to patients with chronic pain ranged from being compassionate to dispassionate. Pain management was typically depicted as lacking in breadth and multidisciplinary approaches with a focus on pharmacological management. The variety of topics related to chronic pain depicted in feature films lends to their use in medical education strategies to better inform health care professional trainees about chronic pain management.

Wansah Alshammari

Glasgow University (UK)

**The Representation of the Lived Experience of Mental Illness
in Contemporary British Drama**

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Recently, there has been a considerable shift in the treatment and understanding of mental illness and its dramatic depiction in theatre. In British theatre in particular, a growing body of plays has become interested in the narrative of the lived experience of mental illness, the space of madness, and the othered body. Psychotic experiences such as trauma dissociation, schizophrenia, and dissociative disorder are presented to interrupt the

characters' sense of reality. The characters on stage are presented as normal but then descend into madness. For instance, contemporary British playwrights such as Sarah Kane and Anthony Neilson try to listen to the voices of the mentally disturbed and describe those people who are placed as the 'others' of society. This project is set to examine the formal representation and dramatization of such psychotic experiences on stage. It argues that contemporary plays use formal experimentation to materialise mental illness symptoms on stage. This research also aims to think of different ways in which contemporary British drama artistically depicts the experience of mental illness and seeks to reflect on the nature of being ill. This research, by analysing characters' subjective experiences of psychosis, aims to contribute to a growing interest in hearing the voices of those who have had a first-hand experience.

13:00-14:15 Session 9. Global Vision: Perspectives on Diversity

Owen Hallauer

Emory University (USA)

Medical Education: A Global Perspective

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Medical education is integral to the prevention and treatment of disease, yet vast disparities exist in how medicine is taught throughout the world. Given the unique health needs of different countries, it is not realistic to assume a one-size-fits-all approach is the answer. However, today's medical education is failing to account for existing sociological and economic inequalities that continue to expand. Ultimately, patients suffer the consequences. Constant changes to medical education are necessary to ensure that medicine is contextualized within the greater sociological climate.

Two patients may present with the same symptoms, receive the same diagnosis, and be prescribed the same treatment; this does not equate to their conditions telling the same story. Therefore, it is essential that medical professionals account for the unique circumstances of their patients. Although changes are beginning to occur, traditional medical education devotes very little time towards understanding the perspective of the community that future medical professionals will be serving. In the United States, medical schools are seeing success in new programs such as Emory University's "CLSM" that emphasize community learning outside a clinical setting. Across the globe, medical education needs to shift its emphasis and adopt a more flexible approach to readily adapt to changes and best serve the community.

Hitesh Gautam

Artship Foundation San Francisco (USA)

Single Goal Many Approaches

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- **The paper opens with:** Ethnic customs, rituals and traditions that have always great influence on understanding and practices of health and well-being. Daily nourishment as food for special occasions and fasting in many cultures. The ancient health literacy from various parts of the world will be summarized.

- **Healing and treatments with sounds as an example:** Briefly approaching some methodologies and understating's of sound used in healing for thousands of years in various cultures. A study of brainwave and its response to sound will be included parallel to selected examples from diverse Indigenous people who use sounds for health balancing like mantras, chanting, instrumental and natural sounds.
The main focus of the paper
- **History and early understandings of Ayurvedic medicine and health care:** In this paper classic and early literatures and educational institutions of Ayurvedic medicine will be discussed. The intention is to summarize the ancient literature, oral traditions and basic practices of Ayurveda and explore the ancient roots and contemporary responses.
- **Concept of food as medicine:** This chapter evaluates the concept of Ayurvedic medicine and its direct relationship with food and nourishment. This paper will also reveal the ancient health system adopted as food education preserved and transferred from one generation to another.
- **Basic principle of Ayurveda and human association with nature:** Physical and psychological functions of individual human body and its balancing relationship to Ayurvedic fundamentals will be discussed.
- **In closing:** The paper would summarize few ancient and continuous relationships with the environment on human health.

Uldis Vēgners

University of Latvia (Latvia)

**Hesitant Bodies: Phenomenological Analysis of the Embodied Experience
of COVID-19 Vaccine Hesitancy**

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The global vaccination efforts and progress against infectious diseases are met with serious challenges, one of which is what WHO (World Health Organization) calls vaccine hesitancy, defining it as delay in acceptance or refusal of vaccines despite availability of vaccination services. The issue of understanding what lies behind vaccine hesitancy has been widely studied from sociological and psychological perspectives resulting in numerous research studies. However, none of the empirical research studies have offered a strong philosophical framework for the data gathering and analysis. I think that phenomenological philosophy offers such a framework, allowing to understand vaccine hesitancy in terms of a broader context of one's embodied life. To gain insights into the embodied experience of vaccine hesitancy in relation to COVID-19 in Latvia I have used phenomenologically informed empirical research study, based on the methodology "Phenomenological interview" (Høffding & Martiny, 2016).

Based on the conceptual framework provided by the phenomenological philosophy and interview material, I will argue that COVID-19 vaccine hesitancy is formed in one's own embodied lived context. Although it is possible to discern a number of embodied experiential aspects of vaccine hesitancy, I will address in more detail one that plays out in the intersection between the scientific, theoretical knowledge ("what one knows") and one's concrete embodied experience ("what one lives"). The conflict between what one knows and

what one lives through, coupled with the general sense of uncertainty, distrust, and even helplessness, leads to a situation where epistemic and practical priority is given to one's embodiment.

This research is funded by the Latvian Council of Science, project *Hesitant bodies: phenomenological analysis of the embodied experience of vaccine hesitancy*, project No. lzp-2021/1-0360.

14:30-15:45 Session 10. Silent Nights: The Journey of Isolation

Trini Stickle and Dana Le

Western Kentucky University (USA)

**Reducing the Effects of Loneliness in the Elderly Through Activities
from the Humanities**

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Loneliness has been defined as the result of the perception of unsatisfactory interactions and social engagement (Seemann, 2022). When social contacts wane in the lives of older persons due to such events as retirement, illness, loss of companions, extreme loneliness often results. The effects of loneliness have been linked to many physical ailments, including heart and cognitive decline, increasing early mortality by 26%; consequently, loneliness has emerged as one of the most pervasive and momentous public health issues facing older adults (Cacioppo & Cacioppo, 2018). As a member of applied linguists who focus on the linguistic and interactional patterns, practices, and challenges that aging persons face, I review the health consequences of loneliness, provide observations from conversation and discourse analysis, pair those research findings with activities from the humanities (Stickle & Segall, forthcoming), and suggest venues to share those activities with the community of older persons, clinicians, physicians, and caregivers.

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Pragya Dev, Binod Mishra

Indian Institute of Technology, Roorkee (India)

Dependency and Materialities of Care in Stephen Chbosky's

The Perks of Being a Wallflower

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A persistent understanding of care limits it to a mere response to the needs and requirements of the dependents. However, the recent 'turn to matter' resonates with the relational facet of objects, architecture, spaces, and cultural practices within care theory. The

proposed research article, liberating care from its archaic association with feminine attributes and unidirectional dependency, disseminates the relationality between humans and non-human objects. Stephen Chbosky's *The Perks of Being a Wallflower* (1999) explores the fluctuating mental health of the protagonist Charlie and establishes how dependence on care has been pathologized and stigmatized. Drawing on Rose Weitz's sociological model of mental illness, the article explores the disrupted mental condition of Charlie and the social implications that tamper with the reception of care from humans, thereby allocating the dependence on objects and spatial materialities. The article shall extend the understanding of care and also examine how 'mundane care' is inevitable in shared materialities.

Shahd Alshammari

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Common Themes in Illness Narratives from Kuwait

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Given the lack of illness narratives by Arab women, this paper offers a literary analysis of common themes that arise when an author does choose to write about illness. The trajectory of Gulf women writers who choose to write about illness is worth examining. I consider societal factors that may stop women writers from writing and publishing narratives about bodyminds. This paper looks at three texts by Kuwaiti women writers, written and translated into English, to contextualize common themes that emerge when we consider medicine, medical doctors, and the medical gaze. How can writing about illness destigmatize disability and amplify 'patient' voices? As a scholar of disability studies and a writer, I draw on my experiences of writing illness narratives and challenging the medical gaze. How can writing about illness destigmatize disability and amplify 'patient' voices? Only recently have Kuwaiti women begun writing illness narratives and this presentation aims to begin a conversation about the challenges facing writers and the effects of their texts

16:00-17:30 Session 11. Literary License: Symbolologies of Illness

Aathira A S, A. Poongodi

SRM Institute of Science and Technology (India)

The Scarred Skin and a Decaying Society in G.V. Kakkanadan's *Vasoori*

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The human body becomes one of the significant facets of discussion in the arenas of contemporary politics. The alterations on the human body plays a vital role in the social, cultural, political transformations of the society.

This paper analyses the portrayal of the diseased body and the interpretations of the speckles on the human skin as a reflection of a decaying society in the small pox narrative, *Vasoori* written by G. V. Kakkanadan. The narrative depicts the life and events of a community inflicted with small pox in a small village, in Kerala. The study explicates on the actual disfiguration of the skin upon the

infection of the disease and the reflection of the skin as a canvas shaping multiple meanings through the discourse with cross references to the concept of skin as ‘a bearer and container of meanings’ pointed out by Steven Connor in his book, *The Book of Skin*. The prospect of the unmarked skin stands for several connotations like health, youth, beauty, power, suffering and more. The various meanings attributed to the marks on the skin and its significance depends on the numerous assaults it has been subjected to, like tattooing, piercing, scarification, and the like. Kakkanadan portrays the strange musings of the villagers when the deadly disease of small pox descends on them and their transformations when gripped by the fear of death. The discernable alterations on the skin meddles with their stable pretense and sets lose their raw human tendencies without the chains of pseudo morality or social respectability.

Umas CL Jin

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On Being Ill: Virginia Woolf and Illness Narratives

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In this paper, I explore how Virginia Woolf’s treatment of illness narratives invites a literary criticism that frames illness experience as holistic, breaking down boundaries between patient and clinician. In her essay ‘On Being Ill’ (1926), she highlights it is ‘the poverty of [English] language’ that fails to describe illness. Yet, she anticipates a form of literary criticism which focuses on the experience of illness rather than pathological knowledge. Although various illness narratives, both fictional and non-fictional, have been and continues to be published since Woolf, they often remain within, borrowing from Michel Foucault, ‘the medical gaze’ that prioritises what is relevant to biomedical/ objective facts instead of aesthetic/ subjective values. Emphasising the doctors’ perspectives, or medical institutes, the medical gaze also extended clinical authority over illness that medical professionals do not necessarily experience. I will examine how Woolf’s illness narrative shows not only resilience to illness, but also her authorship as a writer over her experience of illness. Her literary criticism strongly suggests wider socio-cultural contexts of and dynamic interaction between perception and illness. I will conclude that Woolf’s literary criticism of illness narratives not only arrives at a holistic representation of clinical symptoms, but also provides a balance in the relationship between physicians and people who experience them.

Cynthia Wing Nga Lam

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Rethinking Sickness: Virginia Woolf’s Literary Interpretation of Illness

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Virginia Woolf was one of few intellectuals who had first purposefully discussed the relationships between illness and literature; particularly through her essay *On Being Ill* (1926). In the essay, Woolf revealed that there is a severe lack of awareness and discourse on diseases within literature. To Woolf, illness should be established as a serious subject of literature, in every equal right to love, jealousy and war. *On Being Ill* seems to be responding to another of Woolf’s works, *Mrs Dalloway* (1925), which was published a year prior to her

essay. In *Mrs Dalloway*, Woolf explores the failures of psychoanalysis and poses stark criticisms against it, through two narrative bodies: Clarissa Dalloway and Septimus Warren Smith - who suffer from the Spanish Flu and Post-Traumatic Stress Disorder (PTSD), respectively. It's worth noting that Septimus' mental instability is commonly discussed (and exhaustively described in the novel), whereas Clarissa's symbolism in being a recovering patient of the influenza pandemic often slips under the radar. Her significance as both a character and as a figure of meta-commentary can be further studied with a cross-reading of *On Being Ill*, examining how Clarissa's vision and perception are transformed by her illness. Ultimately, I will build a foundation upon which we see illness from another perspective, not limited to science or medicine where we view patients as a sum of their symptoms - but to go beyond and see diseases through the lens of humanities.

Kathy O'Shea

Monroe Community College (USA)

**Book Reading and Discussion of “So Much More Than a Headache:
Understanding Migraine Through Literature”**

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I propose the opportunity to read passages from my book and discuss them and their context. The book is organized around five migraine-related themes and includes writers from medieval times up to the present. All authors are/were either sufferers themselves or have created characters and personas who experience migraine.

I hope to demonstrate through this collection that, indeed, literature, like all of the arts, offers to its reader subjective and imaginative experiences that we often find difficult to describe, at least in ways that aren't clinical and objective. Those of us who live with migraine in all of its forms crave having someone understand, truly understand, what we live with-- the often excruciating pain we think no one else could possibly have endured-- the losses, loneliness, and sacrifices directly and indirectly caused by this disease.

Literature captures the essence of all forms of joy and pain, and readers of all ages and backgrounds connect with grief and struggle. Sometimes, it helps us confront fear, hopelessness, and weariness. It cracks open the door on subjects we have buried, rationalized about, or hidden from. It tackles the grey areas of life, grappling with subjects that aren't black and white, often leaving us in inevitable ambiguity rather than clear resolution.

As with literature, this state of ambiguity is where many migraineurs find themselves. There are no simple solutions for migraine and its complexity of pain and suffering; there is no “cure.” The “answers” come in fits and spurts through the right combinations of treatments, lifestyle, and support. Like my students' struggles, which are complex and multi-layered, so is life with migraine, but literature speaks to all; it does so in a way that reaches us viscerally.

Rosemary O'Mahony, Eleni Condouriotis

Columbia University (USA)

**“As Herself and Not Herself:” Reclamation of the Pregnant Experience
in Narratives of Medicalized Birth**

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From Charlotte Perkins-Gilman to Sylvia Plath, literature depicting childbirth offers an opportunity to understand women's historical sentiment towards medicalization. In this literary study, I argue that narratives of childbirth and motherhood resist a system that stripped women of their voices during the shift from midwife-led to hospital births after the Industrial Revolution. This was a dangerous time to give birth in the West, as the shift into hospitals was hurried, and birthing people suffered while the medical institution lagged behind. The female body no longer belonged to a person during medicalized childbirth: it became an obstacle for the safe travel of an infant into the world. Therefore, women were sedated, silenced, torn and cut as necessary to ensure that the child was born safely. A birth narrative acts to reclaim the body of the mother and separate it from that of the infant, reinforcing that a mother retains her own inherent value even when her autonomy is stripped away.

Not only is the telling of these birth narratives a form of resistance, but listening to these stories is also a form of returning autonomy to the patient. Adrienne Rich argues that these stories offer more than anecdotes, they are testimonies against a patriarchal system that prefers complacency. Such testimonial narratives serve as forms of resistance on both the personal and collective level, as these women create avenues for the liberation from oppressive childbirth practices simply by acknowledging the shortcomings of the system and the legacy of such practices.

Dianela Perdomo

Johns Hopkins School of Medicine (USA)

**A Pilot Randomized Controlled Trial of Group-based Indoor Gardening
and Art Activities Demonstrates Therapeutic Benefits to Healthy Women**

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Background: Mounting anecdotal and empirical evidence suggest gardening and art-making afford therapeutic benefits. Plants have been essential to the human condition, contributing to our survival and evolution. It has been proposed that this shared history programs humans to be innately attracted to plants/nature. Art-making is also considered an innate behavior with notable benefits. Our study tested whether participation in group-based indoor gardening (G) or art-making (A) activities provided quantifiably different therapeutic benefits to healthy women.

Methods: 42 volunteers were randomly assigned to G or A groups; 32 (G n=15; A n=17) completed all interventions (8 one-hour sessions). Self-reported psychometric

assessments and cardiac physiological data were gathered before, during, and post-intervention.

Results: Both gardening and art-making demonstrated improvements in mood disturbance, depression symptomatology, and perceived stress with different effect sizes and dosage responses. Gardening also resulted in improvements for indications of trait anxiety. Neither activity influenced cardiac physiological data. The therapeutic similarity between interventions may suggest a mutual aspect of their ancestral nature mediates the effect, rather than particulars of either activity.

Discussion: While other studies have showcased benefits of gardening and art-making among various *clinical* populations, our work was conceived and designed to ascertain these had therapeutic effects in *healthy* individuals. As a person becomes physically, mentally, and socially healthier, it becomes more challenging to achieve and measure consequential improvements in health. Our results provide compelling empirical support for both art and gardening as promoters of quantitatively measurable improvements in women's psychosocial health which imply potentially important public health benefits.