



*Creating Space IX*  
**CULTURAL HUMILITY AND CONTEMPORARY MEDICAL PRACTICE: (HOW) CAN  
THE HUMANITIES HELP?**

**Abstracts**

**Friday April 12<sup>th</sup>, 2019**

**THEME – RESEARCH PAPERS: DISABILITY**

**Understanding Intolerable Suffering: Cross-Cultural Humility and End of Life**

*Rajam Raghunathan*

When Bill C-14 was assented to on June 17, 2016, it extended medical assistance in dying to individuals with a "grievous and irremediable medical condition" causing them "enduring and intolerable suffering."<sup>1</sup> Intolerable suffering is, thus, a reliable warrant by which a request for medical assistance in dying must be adjudicated. Bill C-14 does not entirely qualify what such suffering could encompass, placing the onus on individuals to argue for their condition as intolerable, and for the adjudicating body to recognize it as such. The structure of these obligations points to an inherent unfairness which can preclude individuals from having the resources to communicate their experience. This paper explores intolerable suffering along with injustice that can arise from it. First, I articulate the necessary and sufficient conditions which must be met to assert intolerable suffering. Second, I interrogate the philosophical concept of *duhkha* within Indian Buddhist epistemology as a vehicle through which to recognize the universality of suffering while maintaining its irreducible particularity. Finally, I argue that is precisely the uncertainty and heterogeneity that surround 'intolerable suffering' that fosters an ethical and epistemic obligation for ongoing critical engagement.

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**HIV Negotiation: Using Contemporary Theory to Rethink the Biomedical HIV Risk Paradigm**

*Rodney Rousseau*

HIV prevention approaches to date have emerged against a backdrop of biomedical binary categorization of bodies as either HIV-infected or HIV-uninfected. It is now known with extensive detail the biomedical mechanisms of HIV transmission between the infected and the uninfected, allowing for the emergence of educational and biomedical interventions to prevent many infections. Despite a great deal of success in reducing the incidence of new infections, this biomedical paradigm of HIV transmission between bodies has to date not enabled a comprehensive understanding of how incidents of transmission occur between individuals. Why exactly do people take *risks*? What is being defended through these decision-making processes? Employing tools from several subdomains of contemporary theory makes it possible to consider how HIV infection happens, providing insight into how best to intervene and interact with those of us living with HIV. To this end, this work proposes to develop the concept of HIV negotiation as a set of processes that occur both consciously and unconsciously by individuals, as they manage their own HIV risk-related conduct. What modulates HIV risk management? While the broader project from which this work is abstracted aims to demonstrate the utility of theoretical tools spanning Lacanian Psychoanalysis to Foucauldian Genealogy, the application of affect theory is the focus here. This work centers lived experience with HIV, and has the goal of challenging the audience to think critically about HIV, decision-making, and subject position. Building on critiques by Lauren Berlant and Jasbir Puar, this work considers how existence in a neoliberal society of constant value extraction produces consequent affective decisions, as a response to lack of control that may be against one's best interest. By considering the relationships between society, resource distribution and affective decision-making vis-à-vis HIV risk negotiation, it becomes possible to reimagine the terms that produce HIV-positive and HIV-negative subjects.

Citations:

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- Brennan, Teresa. 2004. *The transmission of affect*. Ithaca: Cornell University Press.
- Ruti, Mari. 2018. *Penis envy and other bad feelings*. New York, NY: Columbia University Press.
- Puar, Jasbir K. 2017. "The right to maim debility, capacity, disability." In *Anima*. Durham: Duke University Press.
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## Exploring the Poetry and Poetics Chronic Illness: Precarity, Care, Collective Affinity

Emilia Nielsen

The notable anthology, *Beauty is a Verb: A New Poetry of Disability* (2011), included "poets with a visible disability" (p. 15) stressing while HIV/AIDS or cancer fit within a social model of disability "they could be arguably classified as illness" (p. 16). As such, no poet writing about chronic illness was included. *Dissonant Disabilities: Women with Chronic Illness Explore Their Lives* (2008) was the first anthology dedicated to explorations in prose which now provides an opportunity to address the poetry and poetics of chronic illness. In this paper then, I seek to explicate why chronic illnesses are "dissonant disabilities" (Driedger & Owen, 2008) by turning to contemporary autobiographical poetry written by women and published in Canada. Therefore, I will argue that the poetry and poetics of chronic illness provides a critical site to explore feminist, crip and queer experience by effectively talking back to contemporary medical practice. The poetry and poetics of chronic illness can also be understood to answer the call "How can the humanities help?," by relating both deeply personal and political experiences in healthcare not to mention clinical encounters lacking in cultural humility. Specifically, I will turn to Fionncara MacEoin's "the next room over" section from her collection, *Not the First Thing I've Missed*, (2014); Leah Lakshmi Piepzna-Samarasinha's "crip world" section of her book *Bodymap* (2015); Anna Swanson's "Between Sleep and Sleep" from her collection, *The Nights Also* (2010) in order to illustrate how poetry about chronic illness provides a poignant site to explore individual precarity as well as "collective affinity" (Kafer, 2013). In fact, poetry as a genre is able to illustrate why chronic illness is a dissonant disability by experimenting with formal techniques on the page to show both what can be said and what is left unsaid about the disabling effects of disease.

Citations:

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- Driedger, D., & Owen M. (Eds.). (2008). *Dissonant disabilities: Women with chronic illnesses explore their lives*. Toronto: Canadian Scholars' Press/Women's Press
- Kafer, A. (2013). *Feminist, queer, crip*. Indiana University Press.
- Kuppers, P. (2007). Performing determinism: Disability culture poetry. *Text and performance quarterly*, 27(2), 89-106.
- Kuppers, P. (2006). Disability culture poetry: The sound of the bones. A literary essay. *Disability studies quarterly*, 26(4).
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- McRuer, R. (2006). *Crip theory: Cultural signs of queerness and disability*. New York: New York University Press.
- Moss, P. & Dyck, I. (2002). *Women, body, illness: Space and identity in the everyday lives of women with chronic illness*. Lanham: Rowman and Littlefield.
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- Swanson, Anna. *The Nights Also*. Toronto: Tightrope Books, 2010.
- Wendell, S. (2001). Unhealthy disabled: Treating chronic illnesses as disabilities. *Hypatia: A journal of feminist philosophy*, 16(4), 17-33.
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## Storycare: Integrating a story-based care model into a Palliative Care Unit

Melissa Tafler, Anna Berall, Dan Yashinsky, Laura McMaster, Rosalind Sham, Guilia Perri

Historically, the practice of storytelling has been used to connect people together, to educate, and to relive and validate experiences. Storytelling refers to, "...the social and cultural activity of sharing stories."<sup>1</sup> In healthcare, storytelling has played a role for reflection and healing.<sup>2-3</sup> The literature has also shown how storytelling helps families and patients share information with clinical teams in a number of ways. Storytelling can inform healthcare providers of experience with illness and guide them in the delivery of care.

At Baycrest Health Sciences, we have developed and implemented Storycare, an approach to supporting and encouraging the use of stories in clinical and non-clinical encounters. Our storyteller-in-residence program has created a heightened awareness of the role of storytelling, and motivates practitioners to make room for stories to be told, heard and shared. Anecdotally, we have seen these non-medical model exchanges lead to enhanced empathy, and understanding of the patient narrative, promote reflection and provide a more holistic and nuanced understanding of the patient and family experience. In 2017 we undertook an evaluation study with ethics approval to further understand and articulate the impact of storytelling on our Palliative Care Unit. The study collected data from patients, staff and the debriefs between the storyteller-in-residence and the recreation therapist after joint story sessions occurred at the bedside. This presentation will share the experience of building the Storycare approach and the preliminary results of our study. A case study will be presented to showcase the applications of the intervention.

Learners will:

- a) Understand how storytelling can be integrated into a health care setting.
- b) Appreciate storytelling as a vehicle for cultivating empathy and reflection
- c) Gain strategies to integrate storytelling techniques into their own work.

Citations:

Beyond Intractability. (n.d.). Retrieved October 12, 2017, from <http://www.beyondintractability.org/essay/narratives>

Briant, K. J., Halter, A., Marchello, N., Escareño, M., & Thompson, B. (2016). The Power of Digital Storytelling as a Culturally Relevant Health Promotion Tool. *Health Promotion Practice*, 17(6), 793-801. doi:10.1177/1524839916658023

Romanoff, B. D. (2006). Meaning Construction in Palliative Care: The Use of Narrative, Ritual, and the Expressive Arts. *American Journal of Hospice and Palliative Medicine*, 23(4), 309-316. doi:10.1177/1049909106290246

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## **THEME – RESEARCH PAPERS: COLONIZATION**

### **Implications of clinical service divisions on residents' finalization of patients and their families: a Bakhtinian analysis**

*Clare Whitehead, Brett Schrewe, Jeffrey Hyman, Ayelet Kuper*

Colonialism and structural violence have deep and multifaceted impacts across Canadian society; however, these effects are not often considered in the structure of academic hospitals. At our study site, patients are admitted to three general paediatrics services: Services B and C admit children from the province's south, while Service A admits patients from remote, and isolated (frequently indigenous) northern communities. In this abstract we focus on the effects that this separation of inpatients into services based on sociodemographics has on resident education on Service A.

Using instrumental case study methodology, we conducted semi-structured interviews of current paediatric residents to examine differences in their descriptions of patients and families between the three inpatient services. As our theoretical lens, we used Russian literary theorist Mikhail Bakhtin's concept of finalization, a process by which people come to be seen as stereotypes rather than as individuals with nuanced identities. We iteratively coded and analyzed interview transcripts to understand the educational impact of separating northern/remote (frequently Indigenous) patients onto Service A.

We found that paediatric residents quickly learn to finalize the families of the patients admitted to Service A. They become seen as a homogeneous group who are physically absent from the hospital, disengaged from their child's care, and not understanding what is happening. This finalization has negative consequences for resident perceptions of effective communication (often not seen as possible) and for advocacy for systems change (within the hospital or more broadly).

Residents are deeply troubled by their sense of this finalization and its implications. They are aware of colonial legacies that may be contributing, yet do not know how to move beyond them within the constraints of their context. Although we are exploring potential educational interventions, our findings suggest the need for structural change in clinical practice to address unwanted educational effects.

Citations:

Bakhtin, Mikhail. 1984. *Problems of Dostoevsky's Poetics*. First edition. University Of Minnesota Press.

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## **Decolonizing Birth: A history of Indigenous political activism and reclaiming women's health**

*Neha Malhotra*

**Background:** Increasing attention has been given to Indigenous midwifery to improve the health of Indigenous mothers and babies in Canada. These programs have met needs in rural and remote communities, whilst also providing a model of culturally appropriate care.

**Objective:** To describe the emergence of Indigenous women's political advocacy and understand its impact on revitalizing Indigenous midwifery practices in Canada.

**Methods:** A socio-historical orientation was taken to review academic articles, newspaper media, and archival reports to investigate the revitalization of Indigenous midwifery practice in Canada. In particular, colonial policies, social movements, and professional activism were examined.

**Results:** Colonial policies deliberately focused on Indigenous women's social status and birthing to undermine the sovereignty, self-determination, and knowledge of Indigenous women, and ultimately communities, in Canada. The oppression of Indigenous women initiated widespread movements in Canada to reclaim their social positions that existed prior to settler colonialism. During this time, birth activism was also growing amongst Indigenous and non-Indigenous women as an act of resistance to the power maintained by the medical establishment. By challenging contemporary medical practices that promoted hospital-based birth, these advocacy efforts mobilized diverse stakeholders, including midwives, physicians, health researchers, and policy makers. Ultimately, Indigenous women and activist groups have revitalized midwifery practices and brought back traditional birthing practices to Indigenous communities.

**Discussion:** I suggest that in an effort to reclaim Indigenous traditions and knowledge, many women saw birth as a symbol of resistance and liberation. This investigation highlights the importance of community grassroots activism in addressing health inequities, and introducing culturally appropriate health care. As a discipline, the history of medicine provides valuable insights on the actors, structures and forces that give rise to health inequities amongst oppressed groups. By engaging with these histories, health professionals may appreciate the complexities of practicing cultural humility.

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## **Enhancing Indigenous Health Promotion Research through Two-Eyed Seeing: A Hermeneutic Relational Process**

*Richard Hovey, Treena Delormier, Alex M. McComber, Lucie Lévesque, Debbie Martin*

The intention of this presentation is to demonstrate how Indigenous and allied health promotion researchers learned to work together through a process of Two-Eyed Seeing. This process was first introduced as a philosophical hermeneutic research project on diabetes prevention within an Indigenous community in Quebec Canada. We, as a research team, became aware that hermeneutics and the principles of Haudenosaunee decision making were characteristic of Two-Eyed Seeing. This presentation describes our experiences while working with each other. Our

learning from these interactions emphasized the relational aspects needed to ensure that we became a highly functional research team while working together and becoming Two-Eyed Seeing partners.

Citations:

Hovey R, Delormier T, McComber A, Martin D, & Levesque L (2017). Enhancing Indigenous health promotion research through two-eyed seeing: A relational process. *Journal of Qualitative Health Research*. doi: [10.1177/1049732317697948](https://doi.org/10.1177/1049732317697948)

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## Graphic Medicine, Ethics of Care and Politics of Friendship

*Ebru Ustundag*

Creating a distinct space for voices and experiences that may typically go unrecognized and silenced, graphic medicine expands the boundaries of how scholars, medical practitioners and patients talk about what constitutes valid medical knowledge and health experiences. In this paper, I explore the significance of graphic medicine to engage with and capture disparate ontologies and epistemologies, especially those that may traditionally be rendered invisible by medical practices. The recently published graphic novel “*Lissa A story about medical promise, friendship, and revolution*: (2017) explores an unlikely friendship in Cairo that crosses class, cultural and religious divides complicated by medical crises. By analyzing Lissa, I will argue how can geo-humanities-based epistemologies assist professional learners and practitioners to embrace difference, empathy and intersectional ethics of care.

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## Understanding Moral Empathy: A Verbatim Theatre Exploration

*Dilshan Pieris, Connie Lam, Joyce Zazulak, Hartley Jafine, Ellen Amster, Lawrence Grierson*

**Background:** Empathy is essential to forming strong patient-physician relationships, and has been implicated in helping physicians provide support, build trust, and promote the disclosure of concerns and adherence to treatments.<sup>1-4</sup> However, while the significance of empathy in medicine is well-accepted, there are still poorly understood areas with respect to its developmental trajectory during medical training. In this regard, medical education literature describes empathy in terms of cognitive, affective, behavioural, and moral domains.<sup>5</sup> While our understanding of many of these domains is supported by research, conceptualizations of moral empathy are challenged by a lack of empirically-supported evidence; largely because there are few methods available to measure and study this construct. This study addresses this gap by leveraging the humanities-relevant verbatim theatre design.<sup>6-7</sup>

**Methods:** Medical residents from various specialties participated in unstructured interviews concerning their experiences with moral empathy in training, the transcripts of which were analyzed in accordance with an inductive phenomenological approach.<sup>8-9</sup> The identified themes were then used to inform the generation of a script for a verbatim theatre play, which was performed for an audience of residents, preceptors, and medical education scholars. Following the play, audience members completed a short survey that served as a member-check of the themes in order to determine their broader resonance.

**Results:** The results of this verbatim theatre project yielded themes pertaining to time with patients, mentorship of junior learners, and desire to understand patients’ experiences, and provided the foundation for a conceptualization of the development of moral empathy through resident training.

**Discussion:** The findings of this study will be discussed with respect to the role of humanities-based approaches to understanding the empathy development in medical learners, and will highlight the ways in which witnessing the stories of others as an audience member to a verbatim theatre piece affords the practice of cultural humility.

Citations:

Del Canale, S., Louis, D. Z., Maio, V., Wang, X., Rossi, G., Hojat, M., & Gonnella, J. S. (2012). The relationship between physician empathy and disease complications: an empirical study of primary care physicians and their diabetic patients in Parma, Italy. *Academic Medicine*, 87(9), 1243-1249.

- Derksen, F., Bensing, J., & Lagro-Janssen, A. (2013). Effectiveness of empathy in general practice: a systematic review. *Br J Gen Pract*, 63(606), e76-e84.
- Ha, J. F., & Longnecker, N. (2010). Doctor-patient communication: a review. *The Ochsner Journal*, 10(1), 38-43.
- Hojat, M., Louis, D. Z., Markham, F. W., Wender, R., Rabinowitz, C., & Gonnella, J. S. (2011). Physicians' empathy and clinical outcomes for diabetic patients. *Academic Medicine*, 86(3), 359-364.
- Sulzer, S. H., Feinstein, N. W., & Wendland, C. L. (2016). Assessing empathy development in medical education: a systematic review. *Medical education*, 50(3), 300-310.
- Paget, D. (1987). 'Verbatim Theatre': Oral History and Documentary Techniques. *New Theatre Quarterly*, 3(12), 317-336.
- Leavy, P. (2015). *Method Meets Art: Arts-Based Research Practice* (2nd ed., pp. vii-ix, 1-32, 173-200, 290-304). New York City: The Guilford Press.
- Starks, H., & Brown Trinidad, S. (2007). Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative health research*, 17(10), 1372-1380.
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## **The Face of Oasis**

*Mark Gilbert, Wendy Stewart*

There are significant concerns regarding the increasing prevalence of mental health issues in New Brunswick youth (Community Health Needs Assessment of New Brunswick, 2014). Unidentified or unmanaged conditions like anxiety, depression, conduct disorder and attention difficulties in youth, can significantly impact adult functioning later in life (Copeland et al., 2015).

Previous research has demonstrated that the creation of images humanizes, gives voice and empowers the people and communities pictured (Gilbert et al., 2016). This innovative project combined portraiture and transcribed dialogue to explore the experience of youth attending KV Oasis Youth Centre.

The researchers recruited 20 youth aged 13-25 years of age, registered at the KV Oasis Youth Centre. Project data included the artists field note journal chronicling the portraiture process. The interactions between the artist and participant were recorded, and upon completion of their portrait(s), a 45-60-minute semi-structured interview conducted and recorded. The portraits and transcribed dialogue and interviews were analyzed using phenomenology. Analysis centered on what it is like to be a youth in our local community, what types of daily stresses and challenges impact their sense of wellbeing and mental health, and the types of programming and activities they feel would be helpful to them.

The youth experiences centered around three themes: the Youth Centre itself, the mental health challenges they face on a daily basis and the portraiture process. The youth identified numerous challenges they face, including the following: sleep issues, anxiety, depression, suicidal ideation, anorexia, abusive or unhealthy relationships, and online promotion of mental illness and eating disorders.

These data provide a unique perspective on the mental health struggles for youth. The portraiture process provided a safe space to share their life experiences and formed a sense of community on completion and display. The portraits and qualitative data will be used to engage stakeholders in expanding relevant programming aimed at prevention and early identification of youth mental health issues.

### Citations:

Community Health Needs Assessments of New Brunswick - 2014

[http://en.horizonnb.ca/media/545199/executive\\_summary-sj\\_en\\_final1.pdf](http://en.horizonnb.ca/media/545199/executive_summary-sj_en_final1.pdf)

Copeland, W.E., Wolke, D., Shanahan, L., Costello, E.J. (2015) Adult Functional Outcomes of Common Childhood Psychiatric Problems: A Prospective, Longitudinal Study. *JAMA Psychiatry*. 72(9): 892-9.

Gilbert MA, Lydiatt WM, Aita VA, Robbins RE, McNeilly DM, Desmarais, MM, Portrait of a process: arts-based research in a head and neck cancer clinic, *Medical*

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## **WORKSHOP:**

### **Nothing About Us Without Us: An experience-based program to increase knowledge about Indigenous Peoples in Canada**

*Amy Montour, Lorrie Gallant, Joyce Zazulak*

The McMaster University Department of Family Medicine is committed to healing and strengthening our relationship with Indigenous people and communities, and to ensuring all aspects of our work are culturally safe, reflecting awareness of Indigenous history and experience and lived in accordance with the core principle of “nothing about us without us”. In 2018, we introduced a unique and engaging opportunity for faculty, clinicians, administrators and staff to increase their own knowledge about Indigenous peoples in Canada through visual art and cultural awareness at the Woodland Cultural Centre and the former Mohawk Institute (Brantford), one of the last remaining residential school buildings still standing in Ontario. This experience-based program has been co-created by Indigenous and non-Indigenous members of our Department and the joint efforts of Woodland Cultural Centre. Ultimately, knowledge about Indigenous history and experience in Southern Ontario and Canada will allow the members of the Department of Family Medicine to better understand and support Indigenous patients, teach and support students and colleagues, and will contribute to all in our own personal growth.

In this workshop we will describe our day-long, reflective, reflexive, experience-based program and present examples of works of art created in response to the program. Workshop participants will be given the opportunity to engage in a number of the same activities done during the day-long program aimed at increasing awareness of the longstanding impact of residential schools.

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## **WORKSHOP:**

### **Seeing the Patient: The Use of Portraiture to Explore the Challenges of Living with Epilepsy**

*Wendy Stewart, Mark Gilbert*

The diagnosis of epilepsy impacts children, their families and caregivers. Focus is often on medical treatment rather than other daily challenges. The creation of images has been shown to humanize, give voice and empower the people pictured. This workshop draws on the results of a qualitative project that combined portraiture and narrative to explore the lived experience of children with epilepsy and their caregivers.

#### **Objectives**

By the end of this workshop, participants will be able to:

1. Describe how portraiture can be used to humanize individuals and communities
2. Explain how portraiture can be used to understand the lived experience of children with epilepsy and their families
3. Apply the use of visual art to a teaching experience in their own setting.

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## **PERFORMANCE:**

### **Ecologies of Intimacy**

*Nicole Schafenacker*

*Ecologies of Intimacy* explores mental health realities through visual, textual and performative means based on autoethnographic prose-poetry and its translation into an art installation within a healthcare setting. The use of arts-based methods in this study is intended to evoke participants’ intuitive ways of knowing, leading to (re)connection with self, body, and land/place: in short, to resilience. This project was designed to be culturally sensitive given the high incidence of violence impacting Indigenous women and girls in northern British Columbia. The broadest

question of the research is: can practices anchored in creative/performative autoethnography and body-attuned narrative help women in northern landscapes attend to healing? In part aligning with the recent Truth and Reconciliation Report (2015), this work aims to 1) create an empowering avenue for northern Indigenous and non-Indigenous women to gain tools for managing their individual health, and 2) further determining what their specific needs are in receiving holistic and culturally respectful care for often marginalized populations within healthcare settings. This performance is interdisciplinary in nature and will showcase the work created on site at the University Hospital of Northern British Columbia.

Citations:

Adams, T. E., Jones, S. H., & Ellis, C. (2015). *Autoethnography: Understanding Qualitative Research*. New York, NY: Oxford University press.

Clandinin, D. J., & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research*. San Francisco: Jossey-Bass Inc.

Diamond, David. (2007). *Theatre for Living: The Art and Science of Community Based Dialogue*. Victoria, BC: Trafford Publishing.

Native Women's Association of Canada (2010). *Fact Sheet: Missing and Murdered Aboriginal Women and Girls in British Columbia*.

Truth and Reconciliation Canada. (2015). *Honouring the truth, reconciling for the future: Summary of the final report of the Truth and Reconciliation Commission of Canada*. Winnipeg: Truth and Reconciliation Commission of Canada.

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## PANEL DISCUSSION:

### **Pet Peeves, Inspirational Moments, and Illuminating Failures: A Health Humanities Pedagogy Panel**

*Panelists: Joyce Zazulak, Sujane Kandasamy, Jacalyn Duffin*

In a review of the scholarly essay collection *Medicine, Health, and the Arts: Approaches to the Medical Humanities* that appeared in the *CMAJ*, Allan Peterkin writes, "Some of the established critiques and pet peeves of scholars within the medical humanities field will need to be revisited . . ." (1249). In this wide-ranging panel that pairs a young scholar in the health humanities with two senior scholars, each panelist will "revisit" a mix of their own pet peeves and illuminating failures from their experience when working as educators and researchers. In particular, the panelists will, using the origin story of the Creating Space conference itself, think through the many structural barriers to health humanities work and share successful strategies that they have used to overcome these barriers. Though the pet peeves are a reality, the panelists also have a few inspirational moments to share that suggest a way through the peevey thicket. The panelists will each deliver a short address of about 7-8 minutes, and after a brief directed conversation with one another, the floor will be given to the audience to ask questions about the discussion. Questions will be taken in a written format as the presentation proceeds and given to the moderators to pose to the panelists.

Citations:

Bates, Victoria, Alan Bleakley, and Sam Goodman, editors. *Medicine, Health, and the Arts: Approaches to the Medical Humanities*. Routledge, 2014.

Peterkin, Allan. "A robust future." *Canadian Medical Association Journal* 186.16 (2014): 1249.

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## THEME – RESEARCH PAPERS: PHILOSOPHY OF MEDICINE

### **Heterotopias beyond a Heteronormative Imaginary: An Analysis of Rahul Mehta's "The Better Person" as a Queer Diasporic Fiction**

*Pooja Varman*

In this project, I analyze a moving work of queer diasporic fiction: Rahul Mehta's short story, "The Better Person." The story transgresses heteronormative and nationalist confines and ultimately creates space for people at the

margins to be valued subjects. I organize my analysis with Michel Foucault's concept of heterotopia, a place where many layers of meaning convene across time and space. I identify three heterotopias: physical home, phone call, and queer night club. The physical home for a queer child of diaspora can defy traditional notions of home. For Deepu and Frank—queer, male, interracial lovers—their cohabitation invites questions about nostalgia for and alienation from homeland. There is space in this story to explore homeland as nation and as heterosexuality. Next, the space of the phone call also functions as a heterotopia. It is through phone calls that Deepu and his brother Rajiv reflect on dying relationships. Though only involving sound, this space has an incredible capacity for expansion. It can open and close in an instant and hold so much in between. Finally, the queer night club can be viewed as a problematic “heterotopia of deviation,” where Foucault places “others.” A vision for queer liberation resides in the queer night club: we can dance and mingle with whomever we want here. Here is also where Deepu's speech, positionality, and intimacy all undergo a painful rupture. Considering queer existence as resistance in an oppressively heteronormative world, I propose “heterotopia of resistance” as an alternative framework in which queer people of diaspora can thrive. I urge the use of stories like this one in medical humanities education because it encourages reflection on complex spaces. Understanding heterotopia in the context of fiction offers medical students an ideological entry into the puzzling heterotopia we will someday work in: the hospital.

Citations:

Foucault, Michel. “Of Other Spaces: Utopias and Heterotopias.” *Architecture /Mouvement/ Continuité* no.5. 1984, translated by Jay Miskowiec in *Diacritics* 16, no.1, 1986.

Gopinath, Gayatri. *Impossible Desires: Queer Diasporas and South Asian Public Cultures*. Durham, NC: Duke University Press, 2005.

Mehta, Rahul. “The Better Person.” *The Caravan*. Published April 1, 2010. Accessed March 6, 2018.

<http://www.caravanmagazine.in/fiction/better-person/4>.

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### **Heteroglossia in the Psychiatric Case History: Can We Recover “The Patient's View”?**

*Benjamin Chin-Ye, Pablo Diaz, Ayelet Kuper*

Since Roy Porter's seminal article, “The Patient's View: Doing Medical History from Below” (1985), a debate has emerged surrounding the possibility of achieving Porter's avowed aim of a “patient-oriented” history of medicine. Postmodern critics have raised doubts that “The Patient's View” can be recovered, contending that the modern “patient” is a construct of the “medical gaze,” and that their subjectivity and experience cannot be reconstituted outside of socio-historical discourses of knowledge and power (Foucault 1982; Cooter 2007). Scholars point to several theoretical and methodological obstacles which prevent the full realization of Porter's project (Condrau 2007). Psychiatry in the mid-twentieth century presents a particular challenge for conducting “patient-oriented” history, in part because the asylum is often seen as the very paradigm of a “total institution,” responsible for subsuming and reconstructing patient identities (Goffman 1961). As such, limited case studies exist which attempt to restore the patient's voice to this critical period in the history of psychiatry (Majerus 2015). Our study contributes to this research by examining inpatient records from the Verdun Protestant Hospital (Verdun, Québec) during the 1950s at the time of the introduction of the first antipsychotic, chlorpromazine, into clinical practice. To overcome the above-mentioned challenges, we employ a methodology of dialogical narrative analysis, inspired by philosopher and linguist Mikhail Bakhtin (Bakhtin 1986, Frank 2010). This approach recognizes heteroglossia—the co-existence of multiple voices within a single text—allowing for the identification of patients' voices and their expression of resistance and compliance within the psychiatric institution. Importantly, this approach does not attempt to erase contemporary power relations but rather explores how dialogue is embedded within complex socio-historical and cultural contexts. We present preliminary findings from our study, and demonstrate how dialogical narrative analysis may help address historiographical challenges arising from recovery of “The Patient's View” in the history of medicine.

Citations:

Bakhtin, M. M. (1986). *Speech Genres and Other Late Essays*. (M. Holquist & C. Emerson, Eds.) University of Texas Press.

Condrau, F. (2007). The Patient's View Meets the Clinical Gaze. *Social History of Medicine*, 20(3), 525–540

Cooter, R. (2007). After Death/After-“Life”: The Social History of Medicine in Post-Postmodernity. *Social History of Medicine*, 20(3), 441–464.

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## **Exercises in Humility: Religious and Cultural Resources for Training the Imagination**

*Tinu Ruparell*

No real change in the world is possible without a trained imagination. In healthcare, as with all human endeavors, envisioning different possible worlds is the first step towards creating new realities. The wisdom traditions of the world have a long history of developing ‘imaginative technologies’, that is, tools, exercises and systems for training the imagination towards personal transformation, including, notably, developing the virtue of appropriate humility. Leveraging these imaginative technologies in the context of healthcare – both in their practice and their pedagogies – would be a singular, practical contribution of the humanities towards a transformed health humanities. Using specific examples drawn from diverse wisdom traditions, this paper considers how such technologies could be used to train the imaginations of patients and healthcare professionals towards a more humble, contextualized and hermeneutically sensitive engagement.

Few, if any, of these tools have been utilized to their full capacity in the context of healthcare/education. For instance, the recent interest in mindfulness training, while an example of an imaginative technology, has been instrumentalized into merely a part of self-help pop psychology. In its proper Buddhist context, mindfulness is a tool for self-forgetting, not self-enhancement. As such it is a powerful technology for building humility, empathy and promoting ethical conduct. Other imaginative technologies include the Exercises of Ignatius Loyola, aspects of Patanjali’s Yoga and Chan/Zen meditation. These exercises are powerful means to train the imagination but, as Heidegger noted, they also have the capacity to ‘grab’ the user, thus transforming the individual in a broader sense. Failure to change often arises from a failure of imagination. I will argue that the trained imagination resulting from these tried and true psychological, epistemic and moral technologies have to capacity to transform individuals, redescribe healthcare relationships and contribute to ongoing medical education.

Citations:

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- 

## **The Rhetoric of Compassion: A critical thematic analysis of the uses of the term ‘compassion’ in the General Practice Literature**

*J. Christian Rangel, Carrie Cartmill, Cynthia Whitehead, Jocelyn Bennett, Brian D. Hodges*

The term compassion evokes what could be described as a self-evident truth of value-based and humanistic medical practice. Yet, its excess can lead healthcare providers to experience emotional and physical burnout, what has been termed as compassion fatigue. Despite its prominence in medicine’s humanistic discourse, our current study reveals that compassion is a poorly developed and understood concept. This is a problem for researchers, teachers and practitioners alike; if we do not understand ‘compassion’ in a systematic and consistent fashion – how can we teach, assess, and practice it? Our research maps the uses and the meanings of the term ‘compassion’ in the academic literature in general practice.

A combination of MeSH terms and key words were used to identify articles in MedLINE with relevance to the topic of compassion. Articles were categorized through an in-depth reading and coding for article type, methodology,

explicit and implicit definitions and concepts related to compassion, sources of tension with compassion, and rhetorical devices invoked. Direct content analysis was used to count codes within each coding category.

There has been an increasing use of the construct ‘compassion’ throughout the literature studies. The major concentration occurs in research or empirical literature (42), followed by opinion pieces (32) and finally by pieces focusing on conceptual discussion or development (9). Despite this upward trend, compassion is rarely defined as a concept, operationalized in research, or measured. What emerges is a multiplicity of implicit meanings of the term, which makes systematic research and evaluation difficult. Despite this problem in terms of systematicity, our interpretative analysis suggest that ‘compassion’ serves as a rhetorical device to draw attention to emotional labour and the cognitive flexibility between evidence-based and value-based medicine.

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## **Tripping on Metaphor: A Humanist’s Perspective on Psychedelics**

*Jeffery Donaldson*

Michael Pollan’s new book *How to Change Your Mind: What the New Science of Psychedelics Teaches Us About Consciousness, Dying, Addiction, Depression, and Transcendence* speaks of medical practitioners’ renewed interest in the beneficial effects of psychedelic drugs in palliative care and in the treatment of depression. Pollan argues that, in their desire to heal and cure, health care professionals have not sufficiently attended to the state of mind of the suffering individual and how positive outcomes are related as much to that state as to the individual’s physical recovery. Much of our suffering, Pollan writes, has to do with a kind of familiar or habitual consciousness that serves us well in everyday life but can prove constraining and even disabling in times of crisis. Recent medical research into the health benefits of LSD and psilocybin (magic mushrooms) in one-time treatments have shown promising results in end-of-life and depression therapies. Subjects who have experienced a psychedelic “trip” describe a suppression of subject/object awareness, a loss of ego and subjectivity, and varieties of synesthesia, whereby more parts of the brain are available to itself all at once. The sense of renewed spiritual wellbeing has been remarked throughout.

As I read Pollan’s book, I became acutely aware of how closely the language of psychedelic experience is aligned with theories of imaginative cognition in literary studies. Most particularly I felt that the experiences that Pollan describes mirror those of metaphoric thinking. In my book *Missing Link: the Evolution of Metaphor and the Metaphor of Evolution*, I had occasion to study our cognitive experience of metaphor and how that experience is itself a kind of “trip” of expanding consciousness whereby the subject/object divide falls away and everything is potentially related to everything else. All things become possible.

It may be that modern medicine is discovering a kind of pharmacological equivalent of a state of mind that, from a humanities perspective, is available to us through this unique and transforming initiative in language itself, in metaphoric thinking, and in poetry. My hunch is that there are symmetries here to be identified between our two practices that might prove mutually beneficial in our search for wellbeing.

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## **THEME – RESEARCH PAPERS: REFLECTIONS**

### **Changing Practitioners’ Perspectives: Using first-person perspective in 360-video to cultivate compassion in health professionals**

*Matthew Strang, Martel, S., Marwaha, S., Bruno, B., Shariff, S., Sharma, A., Singh, N., Dayes, S. Prakesh, V.*

There is a deficit of empathy-based training and patient-experience education in the current medical education curriculum. This is in part due to a curricular focus on objective, scientific competencies rather than more subjective interpersonal skills. Medical education and training tends to focus on outcome-based thinking, but it is often unclear if the stated competencies observed in empathy and communication translate to real world ability. However, patients and families greatly value a doctor’s ability to provide empathetic care, so the endeavor of training medical learners to be compassionate practitioners is an important one the health humanities takes on in particular. Our research

project, entitled *Translating Patient Experiences into Immersive Video for Medical Education on Compassionate Care: A Pilot Study*, attempts to address gaps in empathy training by using new media – immersive 360-video – to enhance student understanding of what it is like to be a patient through an embodied patient simulation. The project explores how taking on a patient’s first-person perspective in a narrative vignette could enhance practitioners’ reflection on patient experience and encourage a process-based thinking aligned with a person-centered care approach. This pilot is unique both in the method used to create the scenarios from patient feedback and the ‘flipped-perspective’ structure of the scenarios generated. This presentation will discuss the study’s design and method, and insights from focus groups with medical students with whom the video was screened. The presentation will also highlight some of the challenges and opportunities in designing an immersive patient experience video, with recommendations for future research.

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## **Enmeshed in Metaphor: The Scientific, Philosophical, and Satirical Essays of Samuel Vaisrub, MD**

*Alan Blum*

The “triple threat” physician—inspiring teacher, skilled clinician, and prolific author—has long been in decline. But the renaissance of physician-essayists such as Atul Gawande, Abraham Verghese, and Jerome Groopman suggests that there is both interest and value in learning from literary physicians. Another medical literary exemplar is Samuel Vaisrub, MD (1906-1980), who wrote over 250 witty and often provocative essays as editor of the *Manitoba Medical Review* and as senior editor of *JAMA*.

Vaisrub attributed his talent for editorial writing to his peripatetic reading—from the *Talmud* to *TIME* and from Plato to *Playboy*. Although English was his third language after Russian and Yiddish, his editorials are rich in mythological, historical, and religious metaphors and also reflect the eternal values, ethical imperatives, and guiding principles of the Bible.

Vaisrub disliked authors who suppress humour and editors who delete it. His own light (and sometimes bawdy) touch is everywhere in his writing. As a linguistic conscience of sorts, he objected to clumsy grammar and the use of jargon but chose to thank “those authors whose flawless prose gives the overworked editorial digits a well-deserved rest.”

Believing that medicine was ever “precariously balanced on the edge of uncertainty,” he reminded the physician-reader of the necessity of making decisions based on clinical judgment rather than primarily on endless sophisticated tests. Sensing technology was being substituted for compassion and testing for talk, he wondered whether the patient would have to be the compassionate one! And he chidingly suggested that genetic engineering could never be entirely successful until “sociobiologists assign a locus on the DNA strand to compassion and respect for life’s sanctity.” Vaisrub constantly reminded us that the physician is an equal member of society: a friend, a co-religionist, an advisor, and above all a human being—but never a super-god.

Citations:

Vaisrub S: *Medicine’s Metaphors: Messages & Menaces*. Oradell, New Jersey: Medical Economics Books, 1977.

Blum A: Remembering Sam Vaisrub. *CHEST* 1982;81:134-135.

Blum A: Samuel Vaisrub, MD: clinician, editor, “amateur.” *Arch Intern Med*. 1982;142:449-450.

Blum A: Vaisrub: good language with a light touch. *CMAJ* 1982;127:307-308.

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## **E.P. Scarlett: A Physician Humanist for all Seasons**

*Tom Rosenal*

Allow me to introduce Dr. Earl P. Scarlett, a Calgary cardiologist in the mid-20<sup>th</sup> century, medical historian and author of over 450 papers on what we now call health humanities. Were he alive, a Creating Space organizing committee might tempt him away from Alberta to give a compelling keynote address on humanism, humanities and humility.

Seriously wounded exactly 100 years ago in a WWI battle, his life intersected with that of Osler, Cushing and Cabot. Shortly after setting up practice in Calgary in 1930, Scarlett initiated monthly meetings of the Medical History Society at his group practice of twelve, encouraging his colleagues there to publish papers on the topic. His commitment to academic writing on a wide range of medical and humanities subjects could have been foreseen from his medical school days when he initiated the western world's first ever medical student journal. His life also exemplifies an ideal of the physician as community leader. As early as five years into practice, he began to extend his community engagement by joining the city's Library Board. His writing addresses a trend that was just beginning to accelerate - the difficulty physicians faced achieving and maintain both clinical expertise and a balanced life while burdened by shifts in the medical culture to larger clinical groups, large organized healthcare delivery systems and increasing specialization. His writings from which I intend to quote liberally, suggest some solutions.

Citations:

Scarlett, E.P. *Medicine and Poetry*. CMAJ 1936 pp 676-682 and 1937 pp 73-79.

Musselwhite F.W. *A Study in Scarlett*. Canadian Medical Lives No. 9 in *Citymakers*, 1991. Dundurn Press, Toronto.

Scarlett E.P. fonds. Glenbow Museum Archives. Last accessed 2019 January 4.

Multiple papers by Dr. Scarlett to be commented on during presentation

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## **Accepting Non-Medical Professionals as Equals**

*Carol Nash*

A recent review [Halman, Baker and Ng 2017] suggests that medical professionals participating in multidisciplinary approaches may in these situations be willing to consider non-medical professionals equal to them, but they can become overwhelmed with the amount of new material to learn related to how to relinquish power to non-medical professionals. These reviewers found articles where the feelings medical professionals have in this type of situation are described as anxiety provoking and requiring a taxingly large cognitive investment, feelings that are reinforced when those medical professionals engaged in multidisciplinary programs have limited access to structural supports for their reinterpretation of privilege. This can lead medical professions to become emotionally distanced in relation to multidisciplinary approaches established to enhance their reinterpretation of privilege. For medical professionals relinquishing power and privilege, it has been suggested that there are two key collaborative strategies: either solution focussed approaches or mentor assisted learning [Snowden and Halsall 2014]. With little current research on the effectiveness of multi-disciplinary approaches in relinquishing power and privilege for medical professionals, the University of Toronto Health Narratives Research Group (HeNReG) — an inter-professional and multi-discipline group utilizing mentorship and a solution-focused approach in developing narratives — in actively encouraging a particular strategy for considering non-medical professionals equal to medical professionals, provides results that can inform research in this area. The most recent year's results of the HeNReG will be presented with respect to medical professionals' participation. The findings reinforce that medical professionals, although supportive of the idea of relinquishing power to non-medical professionals, find the practice of doing so both anxiety provoking and requiring too great a cognitive investment when they have limited access to structural supports. It is those medical professionals well-acquainted with the narrative process who have the skills to successfully transition to accepting non-medical professionals as equals.

Citations:

Halman M, Baker L, and Ng S. "Using Critical Consciousness to Inform Health Professions Education: A Literature Review." *Perspectives on Medical Education* 6.1 2017: 12–20.

Snowden M, Halsall JP. Community Development: A Shift in Thinking Towards Heutagogy: *International Journal of Multidisciplinary Comparative Studies*. 2014; 1(3): 81-97.

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**THEME - NOVEL EDUCATIONAL EXPERIENCES:**

## **What does it mean to “Check Our Privilege”? Lessons from Narrative Humility in Online Forums for Women Physicians**

*Aruna Dhara and Saroo Sharda*

For many women physicians, including the authors, online forums serve as a source of support, where the shared backgrounds of gender and medicine provide members with insight and community. These media may be particularly important where members may be geographically or otherwise isolated. However, we have noticed that conversations about race on such social media platforms often highlight biases among users that we are poorly equipped to examine. Despite the rise in racial diversity in the medical community, these online forums often explicitly act to silence the stories of marginalized members.

Medicine has attempted to address racialization by introducing notions such as “cultural competency” training. Such training, while well meaning, is problematic at many levels. Furthermore, while “cultural competence” is introduced as a concept that should be applied to the physician-patient relationship, it is rarely, if ever, discussed in the context of our interprofessional interactions. We endorse using the notion of “humility” vs. “competence”, but argue that in medical interactions, this must go beyond our relationships with patients.

In this paper, we explore the issue of conversations around race on online forums of women physicians through the lens of narrative humility. We present three reflections to operationalize this humility when engaging in discussions of race. We ask that:

1. Practitioners reflect upon whether they have the moral authority to speak, or the moral responsibility to listen.
2. Practitioners acknowledge and ‘see past’ their own particular privileges,
3. Practitioners recognize that this process in no way diminishes their intrinsic worth.

We argue that if we listen with these reflections in mind, we are less likely to act on our privilege and more likely to demonstrate empathy in our collegial relationships.

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## **Creating Community: The Development of a Novel Health and Humanities Conference**

*Maggie Hulbert, Ashna Asim, Hissan Butt*

On April 14 2018, the first annual Jacalyn Duffin Health and Humanities Conference was held at Queen’s University in Kingston, Ontario. It was a multi-disciplinary, one-day conference that addressed the theme “What Makes Us Human?” and was attended by students, residents, faculty and members of the greater Kingston community. As the organizers and hosts, we aim to present on the fundamental principles that this conference was built on, which include interprofessional collaboration, local community engagement, and student leadership. As well, we will discuss our perceived successes, points of improvement and reflections on the process. Lastly, we will discuss the context of this conference in relation to the greater health and humanities-related community at Queen’s University, a grassroots community that is almost entirely student-driven. Our goal is to emphasize the critical role students of all faculties can play in creating health and humanities-centered communities within medicine, and to inspire these students to lead novel health and humanities initiatives.

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## **Dumb: Living without a Voice**

*Georgia Webber*

Part memoir, part medical cautionary tale, *Dumb: Living without a Voice* tells the story of how the book’s author copes with the everyday challenges that come with voicelessness due to a chronic pain condition. Webber adroitly uses the comics medium to convey the practical hurdles she faced as well as the fear and dread that accompanied her increasingly lonely journey to regain her life. Throughout, she learns to lean on the support of her close friends, finds self-expression in creating comics, and comes to understand and appreciate how deeply her voice and identity are intertwined. In this short, educational performance, Webber induces voicelessness in the room, then takes the audience on a journey of their own to feel for themselves what deeper meanings may be found in the possession - or absence - of voice.

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## Utilization of Poetry in a Physical Therapy Education Program to Explore Pain and Develop Empathy

*Stacia Troshynski Brown*

Take a seat in a physical therapy classroom. You have spent the morning reviewing the insertions and origins of muscles throughout the lower leg. Your afternoon was comprised of memorizing the descending motor tracts of the nervous system and then practicing taking reflexes on your classmates. Your communication in performing the reflex test is an afterthought; you just really want to see if you can hit the tendon correctly! The last thing you are thinking about with this skill development and foundational memorization is whether or not this is painful for the human sitting in front of you – or even that there *is* a human sitting in front of you. You enter your last class of the day, ready to check a few emails, see what is due for tomorrow, and figure out your evening plans.

Instead, you have a poem sitting at your communal table. What?!? Your professor gives you the following instructions: Exposure to poetry regarding the construct of pain and development for empathy for an individual's story are the main objectives of this educational experience. After experiencing a variety of poems, you will be asked a few pertinent questions to continue to foster your own growth and will be challenged to add to a poem of your choosing with your own stanzas.

The use of humanities in doctor of physical therapy education is not currently wide-spread or integrated across curriculums. By identifying appropriate themes and topics to utilize the humanities, the use and integration will be able to be supported as an effective and efficient way to train physical therapists in excellent communication, empathy, and professionalism. Discussion regarding student outcomes will also conclude this educational experience in order for you to find the appropriate application in your setting.

Patricia Gabriel, Josephine Lee & Robert Taylor (2018) Evidence-based poetry: using poetic representation of phenomenological research to create an educational tool for enhancing empathy in medical trainees in the management of depression, *Journal of Poetry Therapy*, 31:2, 75-86, DOI: [10.1080/08893675.2018.1427444](https://doi.org/10.1080/08893675.2018.1427444)

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### **WORKSHOP:**

#### **Theatre, Conversations and Cultural Humility: A Debajemujig Storytellers Odyssey**

*Maurianne Reade, Joahanna Berti, Bruce Naokwegijig, Matthew Manitowabi, Tabitha Peltier, Marion Maar, Nicole Bessette, Frances Kilbertus*

Debajemujig Storytellers have a history of over 30 years of producing compelling works of art as well as being respected community-engaged collaborators & educators. Debaj will present three short theatrical pieces, ranging from traditional Anishnabek to contemporary formats. Participants will be involved in facilitated conversation around the themes of conflict, humour, and historical and contemporary relationships between Indigenous and non-Indigenous people. We will explore how using this structure can facilitate dialogue around cross cultural understanding and the implications of this for health professions practitioners and educators. Using this format, participants will be able to experience the power of the humanities, in this case theatre, in the process of understanding and developing cultural humility.

Debajemujig Storytellers was awarded the Premier's Awards for Excellence in the Arts (Arts Organization category) in 2017. The foundational mission of their outreach work is to improve the lives of Aboriginal people living in Canada, through sharing and educating about the Anishnaabeg. The process of building their stories from the resources in the community is at the heart of the effectiveness of their work. The commissioners of the Truth & Reconciliation remind us that, "creative expression supports everyday practices of resistance, healing, and commemoration at individual, community, regional, and national levels. Across the globe, the arts have provided a creative pathway to breaking silences, transforming conflicts, and mending the damaged relationships of violence, oppression, and exclusion<sup>1</sup>."

The artists at Debajehmujig recognize that they are living and working during a time of expanding awareness about the history of Indigenous relations and consider how they can contribute to positive cultural learning for native and non-native people: within health education as well as traditional theatre audiences.

Citations:

<sup>1</sup>Honouring\_the\_Truth\_Reconciling\_for\_the\_Future\_July\_23\_2015.pdf” 2016

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## LITERATURE: POETRY CORNER

### **The Spontaneous Poetry Booth**

*Ronna Bloom*

The Spontaneous Poetry Booth is where I sit at a table with a sign that says, "The Poet is In." I ask people what they need a poem for and then I write it on the spot. It is their willingness to ask that opens the door, and my willingness to open up not knowing whether I will have anything to offer that makes it work. When a poem works, it can reflect a truth that has not yet been articulated. The encounter lasts about 15 minutes.

There is risk in it for both of us. I think this is true in health care. The provider meets the asker at a crossroads and there is hope, expectation and uncertainty. There is also the possibility that the roles will be reversed.

This is not so much a performance as the story of a man who asked for a poem when I offered the booth at *Brave: A Festival of Risk and Failure* at Harbourfront Centre in 2018. It was less about performing a role, or doing a job, as risking being with him and carrying some possibly useful skills. As a poetry practitioner, I have some ideas of what offer. Presence, listening, writing. But ideas and reality aren't the same. How do I meet the person before me? With what judgements and assumptions? And what allows me to shift? This is a story with a poem and video.

Citations:

Link to event: BRAVE-A Festival of Risk and Failure

[http://www.harbourfrontcentre.com/brave/events/index.cfm?id=10106&festival\\_id=286](http://www.harbourfrontcentre.com/brave/events/index.cfm?id=10106&festival_id=286)

"Don't Be Superficial Cause We'll Soon Find Out"

(The story of Meeting David at the Poetry Booth)

<https://ronnabloom.com/blog/2018/dont-be-superficial-cause-well-soon-find-out>

An article on prescribing poems in hospital waiting rooms

<https://lithub.com/on-prescribing-poems-for-the-sick-the-dying-the-grief-stricken/>

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### **Soft Tissue: Poetics and Identity of Medicine**

*S. Kathleen Hughes*

As physicians, when we practice with an emphasis on social determinants of health, we emphasize the culture and identities of our patients. In doing so, we sometimes ignore the existence of our own identities and culture. We describe *medical culture* and *hospital culture* as homogenous, and largely as carried over from a time in which there was only one acceptable identity for a physician to hold - that of the straight, cisgender, white, non-disabled, middle class male.

Our analyses of class, race, gender/sexual identity, and disability status and health are from the perspective of the "neutral physician," who does not embody the marginalized status of these identities. Whether this is in fact true, we discuss identities on the margins as "other." For example, LGBTQ health is included in our curriculums, however, LGBTQ identity continues to be in many ways a taboo identity for a physician to hold (Eliason, Dibble & Robertson, 2011).

The medical humanities offer a unique opportunity for physicians to express and embody their culture and identities. In doing so, we are reminded that identities and cultures on the margins exist in and amongst our colleagues as well as our patients. This encourages us to invite cultural humility into both patient interactions and into the doctor's lounge. To further reveal these identities to patients and the public can also serve to chip away at the ivory facade enforcing the power dynamic between doctors and patients.

This collection of poems reflects the struggle in identity transition from feminist, queer, activist, poet, artist, organizer, to physician. It uses the enigma of poetics to more safely express these identities and cultures that are not always welcome in medicine, revealing the way that a marginal identity can exist both in the patient and the physician.

Citations:

Eliason, M. J., Dibble, S. L., & Robertson, P. A. (2011). Lesbian, Gay, Bisexual, and Transgender (LGBT) Physicians Experiences in the Workplace. *Journal of Homosexuality*, 58(10), 1355-1371.

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## **PERFORMANCE:**

### **Very Poor Prognosis – Experiencing Death and Dying as a Medical Student**

*Stephen Neal*

“Mokita” is a Kivila word meaning “the truth we all know but agree not to talk about.” In medicine, an important mokita is that physicians (and medical students) will see more death and dying than the vast majority of the population.

Most medical students will have had very limited experience with death prior to medical school. The prevalence of critical illness, death, and dying in hospitals comes as a shock to many medical students in clerkship, who are already burdened with the steep learning curve and uncertainty that goes with being a medical trainee on the wards. Ideally, support and debriefing are readily available to students, but this is often not the case, due to limitations of time and resources, as well as the stigma associated with acknowledging emotional difficulties and asking for help.

The author/filmmaker came to medical school after a military career and many encounters with death, but was still taken aback by his experiences in hospital and being placed in the role of the bearer of bad news. This 20 minute short film presents the author’s experiences of death and dying, both before medical school and as a clinical clerk. The film is intended for pre-clerkship students and educators in the medical professions, in the hopes of bracing the former for what they are about to be thrust into, and for reminding the latter of what their students are facing and how they might be supported.

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## **OFF-SITE WORKSHOP: Art Gallery of Hamilton**

### ***The Art of Seeing*<sup>TM</sup>: Developing Empathic Future Medical Leaders through Visual Art**

*Joyce Zazulak and Nicole Knibb*

Dr. Joyce Zazulak and Nicole Knibb will discuss McMaster University’s *The Art of Seeing*<sup>TM</sup> and offer an experiential workshop based on works of art on exhibition at the Art Gallery of Hamilton. *The Art of Seeing*<sup>TM</sup> was developed and designed in partnership between the McMaster’s Department of Family Medicine and the McMaster Museum of Art, to offset the discouraging trend of burnout, compassion fatigue, and declining levels of empathy in healthcare and healthcare education.

The program is highly experiential where in the imaginative space of the art gallery, works of art are the basis for “learning to look and then look again.” Here visual literacy techniques are enhanced by facilitated observation, discussion, and narrative writing, in order to develop greater skills in perception, critical thinking, and communication, while nurturing empathy, compassion, self-care, and wellness. These are vital skills that are transferable beyond healthcare and into the workplace.

*The Art of Seeing*<sup>TM</sup> is now part of the core curriculum in our Family Medicine Residency program--the first of its kind in a residency program in Canada.

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## Abstracts

Saturday April 13<sup>th</sup>, 2019

### THEME - NOVEL EDUCATIONAL EXPERIENCES: PEDAGOGY

#### **Cultural humility begins at home: how the health humanities can address the colonising of medical students' identities**

*Alan Bleakley*

That medicine eats its young through medical education is a conveniently ignored form of imperialism, as insidious as the oppression of First Nations peoples through serial colonisation. Medical education advertises such colonising of the medical student psyche as a necessary identity construction, but this socialising process can be seen as an over-determined, top-down engineering of character as a paradoxical education into insensibility. One would think that education of sensibility (informing diagnostic acumen) would be at the core of undergraduate medical education, but such outcomes are only achieved *à rebours* - 'against nature.' Colonising of the senses begins with a double sensory insult through cadaver dissection: exposure to death and to formaldehyde; this is followed by formulaic learning of clinical and communication skills in the bubble of simulation (the central actor being white, male SimMan). Clinical exposure leads to further education of insensibility: socialisation into hubris at the expense of a more tender, feminine and collective medicine; objectifying the body; framing medicine as war; 'managing' the natural reactions of disgust towards bodily fluids and shame towards intimate examinations; emotionally distressing pedagogies such as 'pimping;' and displacing 'hands on' bedside examination skills and warm manners by cold technologies. How will such systematic colonising and anaesthetising of the senses – traditionally a 'necessary insult' – be de-colonised, aestheticised and re-framed as an education for sensibility? This requires intervention in the undergraduate medicine curriculum through the health humanities' concerns with sensibility and sensitivity – careful and close noticing, warmth, collectivism, democratic habits (including fair re-distribution of sensory and emotional capital), thinking and feeling 'otherwise,' and excision of oppressive pedagogies. Just as medicine must adopt cultural humility for a health care embracing social justice, so hubristic medical education must de-colonise its own territory and humbly face its own ingrained habits of educating for insensibility.

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#### **Stories of Medicine: A student-driven project to incorporate more patient narrative(s) in traditional medical education and our journey through building our resource**

*Alex Pearce, Rebecca Lauwers, Serena Arora, Sarina Lalla, Emma Bridgewater, Jennifer Gordon*

Stories of Medicine ([www.storiesofmedicine.com](http://www.storiesofmedicine.com)) is a project created by a group of medical students with a passion for stories and the strong belief that medical knowledge should come from not only research and health professionals, but also our patients. Modern epistemologies support that knowledge is valued and affected differently by different knowers — who we allow to present perspectives in medical education matters, because knowledge is different based on who interprets and shares it. There is so much to celebrate and explore in the differences between how a researcher explains the natural history of multiple sclerosis and how someone living with the condition describes its effect on their life. Our project is a resource that aims to organize existing narratives created by patients into a structure that is easy to integrate with traditional medical education to facilitate students including narratives in their learning. While we continue to develop and add to this resource, it has been well received in our feedback thus far

and we continue to work with McMaster to integrate this into medical curriculum. This presentation would explain the vision behind Stories of Medicine, the process of building the resource to its current status, the response of our medical student peers, and how we see our project growing in the future.

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### **Cultural Humility: Teaching Students to Work with Vulnerable and Marginalized Patients**

*Catherine Dhavernas*

Building on Tervalon M, Murray-García's notion of "cultural humility", Sayantani Das Gupta developed the practice of "narrative humility", an approach to help physicians honour the range of "cultural, socioeconomic, sexual, religious or idiosyncratically personal" traits that characterize their patients and their patients' stories. Narrative humility works to counter the tendency in medicine to master the patient's story by teaching clinicians the skills of "ethical narrative reading". In effect, narrative humility reveals patients' stories to be "dynamic entities" to whose ambiguity and contradiction physicians need to remain open and receptive. As such, in approaching these stories, physicians are encouraged to self-reflect and self-critique about their own role in the story, their expectations/prejudices about the story, their responsibility to the story and ways in which they identify with the story (i.e. in which it might attract or repel them) (981).

This presentation will explore practical ways to facilitate the skills of cultural/narrative humility outlined by DasGupta by focusing on a recently developed medical humanities course (The Biography Project) in Australia in which students assist long-term and palliative care patients in writing their biography. The course is intended to inculcate in students self-reflective and critical thinking skills to enhance their capacity to effectively provide care to individuals in need while offering a key service to patients. Owing to the vulnerable nature of patients involved and the array of beliefs/values that students encounter while working with them, providing students with effective cultural sensitivity training is essential. As part of this process, students undergo a three-day intensive training program which sensitizes them to the issues that underpin the principles of cultural humility. Putting into practice the skills involved in narrative humility, during such training students engage in group discussions based on readings, films and patient/biographer simulations and role plays through which they work through how best to address culturally sensitive issues. The training process will be described and critically assessed in this presentation.

Citations:

DasGupta, Sayantani. "The Art of Medicine: Narrative Humility." *Lancet*, 371 (22 March 2008): 980-981.

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### **Using Franco-Ontarian Literature to Teach Cultural Humility in Medicine**

*Jan Marta*

Franco-Ontarian literature is less well known than Quebec, Acadian (for example, Antonine Maillet) or Manitoban (for example, Gabrielle Roy) literatures. Arguably Franco-Ontarian culture is also less well known than these others. Indeed, the definition of who is Franco-Ontarian is evolving from the historical communities of French Canadians settled in Northern and Eastern Ontario, to recent French Canadian immigrants from other Canadian provinces, or French, francophone African, or francophone North African immigrants and expats. As a result, the centres of Franco-Ontarian writing are both Northern Ontario and Toronto. Yet there is a substantial body of Franco-Ontarian literature—tales, short stories, novels, poetry, plays—that explores particular and universal themes of migration, marginality, fragility, linguistic, cultural, and community identifications, memory and writing the self. These intersect with more specific health care concerns of aging, illness, death, family relationships, grieving, and loss.

This paper explores these intersecting themes, focusing on four literary works: the novel *Temps Pascal* (1982) by Daniel Poliquin, the poetry and photography collection *Blanchie* (2008) by Brigitte Haentjens, the short narrative

*Où dansent les nénuphars* (1995) by Agnès Whitfield, and the novel *La chambre à mourir* (1988) by Maurice Heurie. It demonstrates their interconnectedness to health care using specific case examples. In the process, it reinforces cultural humility about assumptions regarding Franco-Ontarians, and offers starting points to build cultural competency—that is, it encourages self-reflexion about one’s own culture(s) and one’s assumptions about Franco-Ontarian culture(s), and stimulates learning more about dimensions of Franco-Ontarian culture that may be relevant to patient care, teaching, and research, with due respect for individual expressions of self and culture. As such this paper serves as a starting point for adding Franco-Ontarian literature to the predominantly Anglo-American “Literature and Medicine” canon.

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### **Amazing Patient Journey**

*Jobin Varughese, Michelle Salfarlie, Meghan McCauley-Brown*

This is an educational experience built off the idea of ‘Amazing Race’. It has been offered to our family medicine residents to recreate experiences that patients may have to experience when shopping at the pharmacy getting “regular items” as well as “over-the-counter medical items” recommended by their health care provider. Each resident is given a shopping list, a random amount of money and a patient challenge. The challenge may be physical (smearing glasses - cataracts, pinhole glasses - low vision, backpack worn on the front - late stage pregnancy), psychological (cannot shop in an aisle if anyone else is there - social anxiety, cannot touch items - germophobe, need to put items back and take them 3 times prior to taking it - OCD), social - (all income becomes halved - divorce, initial income at the beginning is halved - low income, initial income at the beginning is doubled but cannot receive any aid from team members, or bonuses). They will shop over the course of an hour and randomly can be chosen to receive either a “Spring Forward” or “Fall Backward” cards to either help (win lottery, find money on the ground or challenge is cured) or hurt (flat tire, ticketed by police, or identity theft) their ability to shop.

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### **THEME – RESEARCH PAPERS: PHILOSOPHY OF MEDICINE**

#### **“That Makes Me Uncomfortable”: Disrupting the Health Humanities with a Pedagogy of Discomfort**

*Zahra H. Khan, Susannah M. Boyed, Franca Keicher, Ramón Martínez*

“Living with ambiguity is discomfoting,” Boler states in her book *Feeling Power: Emotions and Education*. As a field, the health humanities lends itself to a unique dynamic of ambiguity in which participants examine the self and other, often through an array of narratives within a variety of genres. Beyond entertainment or a collection of facts, there is a responsibility in the choosing and teaching of specific texts to include marginalized voices into fields related to healthcare. When a diverse set of narrative worlds are inaccessible, we risk totalizing and disregarding unique and counter-current stories that offer different experiences. With this in mind, how might an Afrofuturistic sci-fi story, a British Pakistani music video on multiculturalism, a diasporic female superhero comic, and a short story about Latina adolescence be incorporated into health humanities settings in a way that expands the current repertoire of canonical texts and challenges systemic cultural and racial inaccuracies? Through a variety of style and genre, these pieces: “Growing” by Helena Maria Viramontes, “The Evening and the Morning and the Night” by Octavia Butler, “La Borinqueña” by Edgardo Miranda, and “Englistan” by Riz Ahmed hold wide possibilities for an accessible, dynamic exploration of complex representations of race, class, gender and beyond. We draw from Megan Boler’s *Pedagogy of Discomfort* as an anchor for how we propose the above texts might be examined. It is our hope that educators and students will consider what we “stand to gain by engaging in the discomfoting process of critical inquiry regarding values and cherished beliefs, and to examine constructed self-images in relation to how one has learned to perceive others.” This paper offers narratives from four different genres and proposes a roadmap for how these texts might be taught using Boler’s concept of a pedagogy of discomfort.

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**How can humanities-based methodologies assist health professional learners and practitioners to develop cultural humility?**

Rory Crath and J. Christian Rangel

Digital and biomedical technologies have become instrumental in conceptualising and managing health systems and practices. In the wake of this technologizing turn, two incommensurate knowledge systems are in tension in the clinical encounter: on the one hand, practitioners are mandated to consistently apply EB models of clinical care; on the other, they are expected to perform culturally sensitive, value-driven and patient-centered practice. While the former focuses on population-level logics, the later focuses on clinicians' ability to comprehend and adjust according to patients' experiential knowledges, socio-cultural contexts and investments in self-care. Indeed, fueled by activism, the figure of the patient is multiple and serves a diversity of institutional purposes. Little attention has been paid in the medical education and health research literature to the ways in which technologies and technologizing logics are productive of relations between health care providers and patients, generate new embodied practices of patienthood, and effect health practice systems.

Citations:

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## Medicine in the Age of Its Technological Reproducibility

Maryam Golafshani

Walter Benjamin's seminal essay "The Work of Art in the Age of Its Technological Reproducibility" (1936) is rife with medical metaphors and even uses surgery as an analogy to explain how cameras function in this age. Moreover, Benjamin argues that the artwork's aura withers through its technological reproduction and that the significance of this process "extends far beyond the realm of art". I take Benjamin's invitation seriously to extend the significance of technological reproducibility into the realm of medicine. I argue that the contemporary Western medical model is dominated by evidence-based biomedicine and demonstrate how the technological reproducibility of this medical model destroys the patient's aura (i.e., it erases differences between unique, individual patients). I will explore how this medical model relies upon technologies to reproduce controlled medical diagnoses, treatments/therapies, research results, and ultimately even patients. Most importantly, I will reveal how this technological reproducibility has political consequences for various patient groups, especially women and refugees. Evidence-based biomedicine is the frequent target of critique from humanities scholars, but the object of their critique often ends up being a mere caricature of the dominant medical model. Moreover, philosophers of medicine have mostly used analytic philosophy to develop an apolitical medical ethics. In contrast, I use Benjamin's critical theory of art as a heuristic for better understanding and critiquing the evidence-based biomedical model in such a way that accounts for its ethical-political consequences. Ultimately, I argue that this more nuanced and politically-attuned account allows the health humanities to more carefully position where and how it intervenes in the dominant evidence-based biomedical model.

Citations:

Benjamin, Walter. "The Work of Art in the Age of Its Technological Reproducibility." *The Work of Art in the Age of Its Technological Reproducibility, and Other Writings on Media*. Ed. Michael W. Jennings, Brigid Doherty, Thomas Y. Levin. Trans. Edmond Jephcott, Rodney Livingstone, et al. London: The Belknap Press of Harvard University Press. 2008.

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## You Who Aren't Well, Come: On Hospitality in Hospital

Brett Schrewe

Health care professionals and learners spend significant amounts of their lives working in hospitals. The physical layouts, the internal institutional logics, and the ways in which care is provided in hospitals are imbued with familiarity for those who work and train in them, such that they carry a connotation of a professional home. Yet for patients and their caregivers, hospitals can be strange, unpredictable, and even frightening. How might we better educate learners to take this potential apprehension into account, particularly when we consider that those seeking medical attention already may be experiencing effects of vulnerability that the onset of illness frequently brings?

In this presentation, I will draw on the work of Heidegger<sup>1</sup> and Svenaeus<sup>2</sup> to suggest that the onset of illness is accompanied by a sense of no longer feeling at home in one's self and life. I will then draw on Ruitenberg's<sup>3</sup> work to consider how employing an ethic of hospitality may render healthcare professionals more welcoming to those requiring medical evaluation, in turn potentially mitigating the sense of self-displacement that accompanies the uncertainties of illness. In so doing, we may draw upon these insights to better equip trainees to furnish health care that attends to not just biomedical management, but also the interpretive aspects that cause patients to seek medical attention in the first place.

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## **Doing and Being: A Dialogue between Medicine and Philosophy**

*Martina Kelly and Tinu Ruparell*

Contemporary medicine emphasizes doing; professional authenticity is enshrined in performance based assessment<sup>1</sup> and competency frameworks, supported by robust evidence, measures and metrics. Yet, traditionally, medicine is also about being; healing extends beyond biology, bearing witness to the gamut of human experience - vulnerability, confusion, suffering, and sometimes, joy. These experiential aspects of medical practice, while acknowledged, are challenging to teach. Furthermore, in an era of accountability, proof of concept is essential. Two models, patient-centred care<sup>2</sup>, and relationship-centred care<sup>3</sup>, are widely adopted in medical curricula, presented as gold standards of doctor-patient interaction. Empirical studies, physician experience and constructs from psychoanalysis (Rogers, Balint) and anthropology (Mead) inform the evidence base underpinning these approaches. Ironically, the theoretical study of human experience, phenomenological hermeneutics, has largely been neglected. Complicated terminology and dense writing may, in part, account for this absence. The aim of this presentation is to share some key concepts from this discipline and indicate their relevance to doctor-patient communication. To do this, we will introduce a patient vignette, followed by a conversation between MK (a physician) and TR (a philosopher) in which we will examine three ideas; life-world<sup>4</sup>, dialogue and hermeneutic interpretation. In adopting a phenomenological attitude, we put aside medical rationality, and attempt to grasp experience directly.<sup>5</sup> To enter a patient's 'life-world', the ground of her day-to-day experiences, we don't analyze but wonder what it is to be in her world. In doing so, we must be open to our own experiences, how past events, gender, race influence our interpretation. Dialogue then becomes a back and forth between two people, both willing to explore the issue at hand, and change.<sup>6</sup> In contextualizing these ideas, we will illustrate how they can substantiate current models of care and inform new ways to embrace 'being' as central to provision of high quality medical care.

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## **Re-defining the Ill-defined: Treatment and Categorization of Feminine Illness from Hysteria to Fibromyalgia**

*Maia Delegal*

Western medicine's fascination with hysteria is well-documented and examined in historical literature. Past scholarship exposes how gender norms influenced a cultural misunderstanding, medicalization, stigmatization and minimization of women's experiences with hysteria. Some contend physicians used the hysteria label in the absence of possibly more accurate diagnoses. The robust historiography informs modern approaches to gender in medicine; the legacy of hysteria in nineteenth century medicine provides a cautionary tale for modern treatment of women. Hysteria then serves as a natural precursor to contemporary illnesses primarily affecting women—especially those considered “psychosomatic.” Psychosomatic medicine practitioners believe this word combines psychological and physiological conceptions. However, other uses suggest a pejorative meaning, euphemistic with “imaginary.” This divergence of understanding implies another hallmark of hysteria: mysterious etiology and apparent lack of biological underpinning.

One recently standardized diagnosis, fibromyalgia, offers a similar illness picture: the biological cause is unknown, and the majority of sufferers are women (“women” henceforth referring to those assigned female sex at birth, given the lack of patients' gender identity distinctions). Furthermore, both illnesses are primarily categorized as psychosomatic. I aim to explore the gendered connotations associated with fibromyalgia as they relate to the legacy of hysteria, as well as interrogate its place in the biomedical subspecialty containing it. I argue that the psychosomatic category, itself, has implications for the treatment of women in medicine and requires expansion to provide a more holistic view of the body. Fibromyalgia literature avoids the same level of gendering as historicized discussions of hysteria. Whatever progression this resembles, gender is integral to comprehending illness—especially one with explicitly and implicitly feminized presentations. The entire illness portrait, complete with its broader context of cultural, socioeconomic, gendered, racialized, psychological, and somatic factors is necessary to understand the lived experiences of people affected by modern-day medically unexplained illnesses.

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## **THEME – ROUND TABLE DISCUSSIONS: PUBLISHING THE HEALTH HUMANITIES**

### **Valuing Multiple Discourses in Biomedical Publishing**

*Dorian Deshauer*

Medical journals help stabilize professional identity, in part by calibrating expectations for what kinds of knowledge will count as authoritative. The *Canadian Medical Association Journal* (CMAJ) predominately relies on submissions from a biomedical standpoint. In 2015 the journal agreed to explore a complementary approach that would look beyond the disciplinary limits of biomedical knowledge. The project, CMAJ's *Medicine and Society*, develops brief, peer reviewed articles and podcasts by scholars in the fields of medical history, sociology, anthropology, philosophy and more. Its goal was to demonstrate what kinds of understandings are possible when we think about health and sickness through non-medical lenses. It hopes to address understated shortfalls of the biomedical model for understanding health and sickness in a constantly changing political, economic, and technological landscape.

Presented from an editor's vantage point, this session reflects on the journey of *Medicine and Society* from its inception, reviewing the administrative framework from which it emerged, and the kinds of publications that have resulted. Drawing on text, images and podcasts, it offers examples of how different methods can be used to expose the entanglement of health with the society in which people live. It argues that demonstrating the value of multiple discourses in peer reviewed biomedical journals can stabilize an expectation of cultural humility within the medical profession. Medical journals can model a new professional norm that does not exclude knowledge simply because it falls outside a single authoritative framework.

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### **The Benefits Diversity and the Art of Family Medicine Section of *Canadian Family Physician***

*Sarah Fraser, Nick Pimlott*

This presentation will highlight the history and purpose of the *Art of Family Medicine* section of *Canadian Family Physician*. We will also review our aim of developing a more diverse complement of contributors and the benefits that are likely to follow.

Established in 2015, the Art of Family Medicine was founded by Dr. Nicholas Pimlott and Dr. Ian Cameron. It was intended as a venue where writers and artists could publish humanities-related pieces with a medical theme—a space for art in medicine. Our audience consists primarily of physicians, and according to online analytics, the Art of Family Medicine is the most widely accessed part of the journal today.

One of our goals is to achieve a more diverse representation of Canadian voices. The issue of lack of representation of minority voices is unfortunately a systemic one in the world today. A recent issue of *Maclean's* magazine showcased this<sup>1</sup>. It featured an image of five white male politicians coupled with the caption *The Resistance* (a term normally used to describe social uprisings of minority groups rather than for characterizing privileged leaders who oppose a carbon tax).

In our pursuit of cultural humility, we are seeking a diversity of voices for contributing authors and artists. Numerous studies have highlighted the benefits of this. Bernilea et al. (2018) found that companies with more diverse boards had more research and development and increased innovations than their less diverse counterparts<sup>2</sup>. A 2014 study revealed that research published by groups with greater diversity had higher impact factors and more citations than less diverse author groups<sup>3</sup>.

With a more diverse network of contributing authors to the Art of Family Medicine, we anticipate reaching a broader audience, relating to more individuals, increasing education and fostering further social change.

Citations:

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## **Don't Tell Me What the Scholars are Doing, Don't Tell Me That They're Talking Tough**

*Shane Neilson, Andrea Charise, Lucia Lorenzi, Nehal El-Hadi, Alan Bleakley*

The Creating Space IX Call for Proposals asks: “How can a *scholarly* humanities approach inform, assist, and radically transform contemporary Canadian health humanities pedagogy?” By assembling some of the leading health humanities scholars in Canada and the UK, this roundtable panel will provide multiple answers to that question using frameworks from critical race studies, science and technology studies, gender studies, and affect theory. To answer the question, more questions will be raised. After a brief framing and introduction to the panelists, the roundtable will engage with questions like these:

1. How do we mis-educate the senses in medical education, and what can be done about the damage this causes to medical students' sensibilities?
2. How do we provide ongoing reparation (therapeutic and pedagogic) for the harm caused in mis-management of the psychological absorption of the abject by medical students and junior doctors?
3. What might result from a more sustained engagement in health humanities pedagogy in medical and allied health educational contexts?
4. What is the place of ambiguity in biomedicine?
5. What can medicine give the humanities?

When the roundtable is underway and the ice is broken, Dr. Neilson will solicit questions from the audience for the panel.

By retaining the expertise of the assembled scholars, it is hoped that the value of a scholarly health humanities will be demonstrated in its embodied instantiation before the audience.

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## **WORKSHOP:**

### **Clinical Eye: The Value of Museum Learning and Visual-Arts Analysis in Medical Education**

*Fenzia Maffucci, Fatimah Choudhary*

From Leonardo Da Vinci's Vitruvian Man to Dr. Frank Netter's illustrious atlas, there exists a historic precedent for the concurrent study of medicine and visual arts. This interdisciplinary connection has been lost in modern medical training, as years of dry memorization, standardized testing and sterile utilitarianism resulted in an unfortunate void for the humanities. Fenzia Maffucci and Fatimah Choudhary, artists pursuing degrees in medicine, were always troubled by this absence. Seeking change, they partnered with like-minded peers and educators at the Brooklyn Museum in New York City to develop a series of gallery-based workshops for medical students.

Founded upon principles of visual-thinking strategies and metacognition, these programs at the Brooklyn Museum use analytic art-viewing experiences to help medical students (1) recognize individual cognitive shortcuts and patterns of thought, (2) appreciate the difference of perspective that exists amongst peers, and (3) explore ways in which subjective experiences may impact collaboration within clinical care teams. By creating a safe space in an unfamiliar setting such as an art gallery, medical students have the unique opportunity to delve into such themes without fear of judgment or perceived professional retribution, resulting in robust discussions. Subjects of exploration have included bronze sculpture, "The Burghers of Calais" by Auguste Rodin and painting, "The Moorish Warrior" by William Merritt Chase.

This program, attended by over 80 students at the State University of New York (SUNY) Downstate College of Medicine, has received overwhelmingly positive feedback from participants and represents a successful example of a student-directed arts initiative. The organizers hope to inspire students and educators at other institutions to seek similar interdisciplinary partnerships to enrich their respective medical training programs.

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## **WORKSHOP:**

### **Play the Medical Metaphors Game: Bone Up, Take Heart, and Go With Your Gut**

*Alan Blum*

This session is a team game of guess-the-medical-metaphor. So common are medical metaphors drawn from nature that we are hardly conscious of their origins. We rarely visualize caves when we talk about intracranial cavernous sinuses, nor do we see a wolf when we diagnose lupus or a crab when we detect cancer. Moreover, we are apt to forget that originally a transplant related to plants, not organs; a harvest to crops, not platelets; and that a wave belonged not to the electrocardiogram, but to the sea. A mitral heart valve does not promptly evoke the image of a bishop's miter that lurks behind its name.

The more than 300 editorials that Samuel Vaisrub, MD, wrote for the *Manitoba Medical Review* and the *Journal of the American Medical Association (JAMA)* between 1955 and 1980 are rich in such historical, mythological, and religious metaphors. Throughout his writing are references to the doctor's "pleasure in knowledge" and "pleasure in in metaphors." "Medicine and its concerns—body and mind, health and disease--," he wrote in a *JAMA* editorial "Enmeshed in Metaphors," "have long served as metaphors for good and evil." Nearly 350 metaphors relating to sickness, medicine, and the human body appear in Shakespeare's works.

From the humanities, the sciences, and the activities of daily life, streams of metaphors flow into medicine. Medical metaphors are drawn from the four seasons, the earth, water, the Bible, Greek and Roman mythology, and Greek, Latin, Dutch, and French words for plants, birds, reptiles, insects, and everyday objects and machines. Join in the fun and test your knowledge of the metaphorical origins of anatomical, physiological, and pathological terms.

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## **WORKSHOP:**

### **Exploring Implicit Bias: Cultural Humility through Art Interpretation**

*Susanne Haase*

With global immigration sharply on the rise, cultural humility with respect to immigrant populations becomes paramount in health care, but poses specific challenges for mental health care providers for whom multicultural competence is an ethical directive. Mitigating counselor bias is central to cultural humility and critical to education and training in the field. However, research indicates little has penetrated counselor education in the way of examining *implicit* (or unconscious) bias that can lead to poor therapeutic relationships at best, and unintended micro-aggressions against non-dominant cultures at worst.

For mental health care providers, fostering cultural humility is key in achieving effective therapeutic relationships and outcomes with diverse populations, yet the examination of one's implicit biases lacks tools and training methods. Counselor self-reports, commonly used to measure *explicit* bias, cannot achieve this. The humanities – and specifically art interpretation using Visual Thinking Strategies (VTS) – have long been employed in medical training to hone clinical skills such as tolerance of ambiguity, observation, and communication, as well as empathy. Developed by a cognitive psychologist and art educator 30 years ago, the research-based VTS pedagogy is widely used in museums worldwide to enhance skills applicable to clinical practice, including discovery of implicit biases. Interpreting works of art in a facilitated group setting elicits judgements and individual perspectives. It behooves the mental health profession to consider this practice for training in cultural humility.

Cultural competency relies on counselor knowledge (the understanding that bias exists and can be deleterious in the counseling relationship); awareness (the cognizance of unintentional biases); and skill (the ability to address those biases in the interest of positive patient outcomes). A guided interpretation of art addresses the first two items. Following a didactic presentation, an art interpretation workshop based in VTS is proposed to provide an experiential opportunity for participants to examine implicit bias

Citations:

Boysen, G. A. (2010), Integrating implicit bias into counselor education. Counselor Education and Supervision, 49: 210-227. doi:[10.1002/j.1556-6978.2010.tb00099.x](https://doi.org/10.1002/j.1556-6978.2010.tb00099.x)

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## **WORKSHOP:**

### **Improv'ing Medical Education**

*Hartley Jafine, Jeremy Rezmovitz, Anne Wideman, Elizabeth Wooster, Jessica Bytautas*

Applied improv is an effective learning approach that fosters a more authentic understanding of the complexities of and development of clinical competencies and enhances patient care. Applied improv offers a deep type of self-reflection (Schon) that enables participants to engage in the learning process through experiential learning (Kolb). Learners are able to engage with uncertainty and reflect on their own learning through embodied exercises designed to enhance clinical skills, identify personal bias, and raises critical consciousness.

Specifically within health professions education, ‘medical improv’ (Watson), the purposeful use of improvisational theatre principles and training techniques in education is gaining increasing attention. The presenters have experience facilitating over 30 improv workshops within medical and health science education. And, with the support of Medical Humanities and Sunnybrook Education Grants, the presenters are piloting a medical improv curriculum with residents in the Department of Family and Community Medicine in Toronto as a vehicle for curriculum delivery of the CanMEDs-FM framework.

The core principles of play theory (Sutton-Smith) will be discussed, with emphasis placed on maintaining a low stakes and supportive environment and highlight how applied improv and theatre supports a wide range of learning needs through a creative and open-ended facilitation style. Further, initial research/evaluation of the medical improv curriculum will be discussed as well as and future implications of the results for medical education.

For all health care professionals, clinical interactions and patient encounters combine performance and unpredictable situations (Watson, K. 2011). At the end of this session participants will understand the benefits of incorporating improv into medical curriculum and learn techniques and potential application of engaging with medical improv in their own educational spaces.

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## **PERFORMANCE:**

### **Journeys End, Journeys Begin**

*Shapir Rosenberg, Alison Hartman*

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

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## **PECHA KUCHA:**

### **From Hegemony to Humility: The Role of the Humanities in Transforming Dominant Cultures of Medicine**

*Sara Martel*

The move from a ‘cultural competency’ to a ‘cultural humility’ framework in healthcare has been described as a professional and pedagogical shift from provider skill in understanding another’s cultural experiences to provider awareness of self and others. In this presentation I will argue that a meaningful engagement with the concept of cultural humility in healthcare depends not only on how we train individual care-providers but on our capacity to understand and challenge (bio) medicine as the dominant construct for how we know what it is to be healthy, to be ill, to be healed, and to die. Within this argument, I look to the humanities less for its characteristics related to interpretation and self-reflection through creative endeavour and more for what it offers as a mode of critique. The critical questions that scholars wrestle with in the humanities—questions of ideology, cultural histories, subjectivity, social construction, reality, representation—are essential to the project of creating healthcare organizations in which all individuals feel safe, seen, and respected, no matter how they self-identify. Creating such inclusive, diverse, and equitable care environments requires not only care-providers who embody the qualities of cultural humility, but institutional cultures that are able to recognize their reliance on hegemony and critically examine the power relations that uphold their authority. Ultimately, this presentation puts forward the provocation: How can health humanities work support medicine in finding the epistemological humility to dismantle its own hegemony in order to invite other ways of knowing and experiencing health and illness?

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## **The Opioid Chapters -- Stories behind the statistics of opioid use in Ontario**

Seema Marwaha, Tara Gomes, Dafna Izenberg, Andreas Laupacis, Jeremy Petch, Dana Shearer, Sidney Weiss

The need for understanding the individual experiences of those struggling with chronic pain and/or opioid use disorder has grown across Canada. **The Opioid Chapters** ([www.theopioidchapters.com](http://www.theopioidchapters.com)) brings you the stories of 11 people living on the front lines of a constantly shifting opioid landscape in Ontario. It is a collaborative project by the Ontario Drug Policy Research Network (ODPRN) and Healthy Debate: Faces of Health Care. This project was created to release a special edition series of interviews and multimedia content with individuals across Ontario who have lived experience with opioids, as well as other perspectives from physicians, community workers and family members.

Using photojournalism, individuals were profiled using photo, video and in-person interviews to tell their stories. The content was laid out in a multimedia online feature released in September of 2018. Our team of researchers and journalists attempted to move beyond the statistics and capture the realities of peoples' triumphs, struggles and fears. This pecha kucha presentation is a snapshot of the stories captured via this project that only just scratches the surface of the complexity of opioid use in Ontario. But it does serve to emphasize that stories and experiences matter when navigating complex health issues in our system.

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### **A New Frame for Medical Listening? From Cultural Humility to Narrative Humility**

*Karen Gold*

This Pecha Kucha presentation uses images and text to explore the concept of *narrative humility* as a philosophy of listening in clinical practice, and how we can promote narrative humility through narrative-based teaching methods. As developed by narrative medicine educator Sayantani DasGupta, narrative humility extends the idea of cultural humility to *all* narratives a clinician encounters, not just those of people identified as culturally "other". While recognizing that stories are also about structural power and privilege (i.e. whose story counts? who gets to speak?), this approach emphasizes that attending to another person's story is an act of profound humility as it holds elements that are unfamiliar and unknowable — be they cultural, socioeconomic, sexual, religious, or idiosyncratically personal.

Emphasizing reflexivity and mutuality, narrative humility draws attention to our own *embodied sources of identity* and the frames we use to listen to the stories of others while "paying attention to our own inner workings – our expectations, our prejudices, our own cadre of personal stories that impact how we react to the stories of others."

Citations:

Syantani DasGupta. Narrative Humility. *The Lancet*. Vol 371 March 22, 2008.

Syantani DasGupta. Narrative Medicine, Narrative Humility: Listening to the Streams of Stories. *Creative Nonfiction*, 2014.

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### **Progression: Challenging Disability Narratives through Multisensory Art**

*Salima Punjani*

A question I often think about as a storyteller and social artist living with a disability is: How can I create meaningful human connections without over-emphasizing or ignoring health and social challenges? What resulted was Progression, an interactive multi-sensory installation reflecting narratives of people living with multiple sclerosis fused with biodata and MRI scans. From dealing with cognitive decline and unpredictability to navigating the dating world, each participant had agency over their story and chose how they would like to be seen. I also recorded and sonified the brainwaves of participants while they were being interviewed about their portraits, challenging the idea that biodata can only be used to find symptoms. Whether it's listening with your fingertips or feeling through sound, I invite the audience to be open to the possibility of connection, empathy and understanding through multiple senses.

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## **Re-stitching and strengthening community: Three global examples of how doll-making translates into well-being in Indigenous cultures**

*Sujane Kandasamy, Sonia Anand, Gita Wahl, Kate Wells, Kirsty Pringle, Loretta Weatherall, Lyniece Keogh, Jessica Bailey, Kym Rae*

Traditional doll-making has important meanings that translate into personal and communal identity. As one of the earliest discovered play artefacts, dolls are deeply intertwined with symbolic meanings around spirituality, rituals, familial histories and communal traditions. These values are especially important in Indigenous groups where health and well-being pivots on the preservation of cultural heritage. This pecha kucha talk will explore three different doll-making practices in Indigenous cultures across the globe: the Gomeri Yarning dolls (Australia), Six Nations Cornhusk dolls (Canada) and Siyazama Zulu dolls (South Africa). Through building the expression of local community-level identity, these dolls support Indigenous world-views around well-being. Specifically, the Gomeri Yarning dolls encourage the sharing of oral personal narratives, the Six Nations Cornhusk dolls promote the transmission of cultural teachings, and the Siyazama Zulu dolls create community support networks through locally relevant HIV/AIDS awareness. As a result, local Indigenous communities are strengthened through the space that is created for a healing process, capacity building for problem-solving, and the reclaiming of Indigenous identity. All of these factors are important steps for moving forward from the silence, dealing with trauma and difficult situations, and thus transforming pain and grief through cross-cultural communication. The medical community can use this as a case-study for future Artshealth approaches within diverse clinic settings.

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## **POSTER PRESENTATIONS:**

### **Medicine 2 Write Home About**

*Max Lazar-Kurz, Erika Friebe, Cam Matamoros, Amy Rudkoski, Sonya Soh, Laurie Pereles, Tom Rosenal*

Cultural shifts in medical education are afoot. There is renewed recognition of the role of the humanities in medical learning and practice, though their deliberate integration into curriculum often remains experimental. One such experiment is Medicine to Write Home About (M2WHA), a student initiative supported by the Health Humanities Committee at Calgary's Cumming School of Medicine.

M2WHA proposes a space of cultural humility with respect to the dominant culture of top-down knowledge transfer in medical education and practice. The initiative takes the form of a recurring three-hour art happening, in which participants are invited to create a postcard based on a recent medical learning or experience. In so doing, M2WHA creates an inviting space for anyone frequenting the main teaching hospital— medical student, faculty, staff, visitor— to pause, reflect and imaginatively share the joys of learning with someone else. Side by side around the tables, the experiences of physicians, students, admin support staff, and patient family members are all equally relevant.

Students have the chance to see what the enjoyment of lifelong learning looks for their mentors and peers. Teachers learn about skills and insights of students and patients. All participants come to appreciate the various roles the others play outside of the hierarchies that normally govern their interactions.

A 20-minute discussion session would come at the end of a 3-hour M2WHA table hosted in parallel with other conference activities. M2WHA would offer a reflection/expression space at Creating Space where conference participants can create and mail their own postcard, sharing their impressions of the most stimulating ideas encountered at the conference.

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### **Reflecting on “White Coat” Reflections on the Transition to Clerkship**

*Pamela Brett-MacLean, Anna Oswald, Jason Soo, Marie Cave*

In this educational case report, we describe an innovative approach to activating students' imaginal and reflective capacities at a key transitional point during their learning journey. In 2013, we introduced a performance art activity before our final pre-clerkship narrative reflective practice (NRP) session, at the end of second year, to encourage students to prospectively reflect on their anticipated transition to clerkship. The week before the session, student volunteers wore short white coats as a live, moveable canvas on which their classmates could write or draw using different coloured markers. Students wrote a word or phrase and drew images which captured a reflection or question they had as they considered their transition into clerkship ("first thought / best thought!"). Some students wrote additional reflections and images throughout the week. In 2015, our NRP session transitioned to a "Expectations of Clerkship" interactive team-based learning (TBL) session, included in our "Link Block" course at the beginning of third year. Our "white coat" reflection activity has proven effective in engaging and prompting students to prospectively reflect on their anticipated (NRP session) and imminent (TBL sessions) transition to clerkship. We have transcribed and analyzed the micro-reflections students shared from 2013, 2015-2017. Using Google's "MindMup" mind-mapping software, we categorized positive (excitement, acceptance, confidence) and negative (fear, anxiety, terror, regret) emotionally-valenced responses, as well as coping-oriented responses (dark humour, hope, avoidance), and reflections on the medical curriculum. In addition to describing our "transition to clerkship" pedagogical intervention and micro-reflection mapping analysis, we also reflect on how focusing on students' every day, disorderly use of language helped us as educators to increase and maintain our cultural humility, in part by orienting us to adopt a process-based thinking approach to learning which is mindful of the vulnerable experiences of the students we teach.

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### **Applied Theatre within Undergraduate Medical Education: A Meta-Analysis**

*Bronte Johnston*

Applied theatre has been integrated within various undergraduate medical education programs within North America to improve students' clinical skills and empathetic behaviours in future physicians. For the purposes of this paper, we are defining applied theatre as the use of drama skills within educational practice. Currently, several medical schools across North America incorporate a variation of applied theatre within their curriculums. However, there is presently no compilation of current publications regarding applied theatre and undergraduate medical education; this information would be valuable to further understand the benefits of the intersections of drama and health education. This presentation will offer discussion of a meta-analysis on current available literature in order to gain a further understanding of applied theatre initiatives and outcomes within undergraduate medical education.

Twelve publications were obtained from online databases including: Pubmed, OVID, Web of Science, and ERIC; a specific keyword search was employed: "medical education" and "theatre (or applied drama or theater), and "North America", and "drama", and "medical students." The articles will be critically appraised by: the number of participants, the type of applied theatre activities, feedback from participants, future applications of applied theatre initiatives, and qualitative and quantitative results from the studies. Analyzing the papers from a variety of perspectives will highlight the importance and diversity of applied theatre initiatives within medical education. This meta-analysis will allow for the understanding and insight into the importance of applied theatre within undergraduate medicine and how it should be further incorporated within the curriculum. The current literature demonstrates the positive benefits of incorporating applied theatre within undergraduate medical education based on a variety of applied theatre initiatives. Therefore, it is hypothesized the results from this meta-analysis will be positive and serve as evidence to continue to integrate applied theatre to improve education of medical students.

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### **Interweaving Practice and Learning in Compassionate Rural Palliative Care**

*Frances Kilbertus, Lori Oswald*

Healthcare providers in rural communities have multiple professional roles, a high burden of care, broad scopes of practice, and frequently dual personal-professional relationships with patients and families. Rural health care can be characterised as generalist, often limited in resources, spread across large and challenging geographies and practiced within systems that are relationship based. Many rural communities in Canada are multi-cultural with a strong

Indigenous presence. The concept of a good death underlies the practice of hospice palliative care. When considering rural dwellers, both Indigenous and non-Indigenous, a common unique descriptor for a good rural death is the dying person is not removed from their home community and culture. Within this rural multi-cultural context, the ‘Manitoulin Hospice Palliative Care Resource Group’, a multi-disciplinary and multi-cultural group has come together with the explicit goal of supporting seamless access to high quality, culturally safe and respectful palliative care. Through collaborative efforts that transcend institutional and cultural barriers, healthcare providers, administrators and support staff across Manitoulin Island have participated in nationally recognized palliative care training. Community based activities such as ‘Death Cafes’ and advanced care planning workshops have been held. Through the development of a common language and vision, strong interprofessional and cross-cultural networks, and an informed community voice, a space is created for compassionate palliative care practice and transformative learning.

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### **A collaborative textile piece portraying the unique experiences of medical students at the University of Ottawa - “Our Tapestry of Stories”**

*AIM Arts in Medicine Interest Group*

Medical education places a large amount of pressure on medical students to perfect their skills and assimilate seamlessly into the culture of medicine within a short span of time. High external expectations coupled with an internal fear of being unable to meet those expectations can lead to negative outcomes such as cynicism and loss of individual core values.<sup>1</sup> However, providing students with the opportunity to express and reflect upon their own personal narratives leads to improvements in both their physical and mental health.<sup>2</sup>

To explore this phenomenon, the University of Ottawa Arts in Medicine (AIM) Interest Group organized and facilitated a collaborative project, entitled “Our Tapestry of Stories”. Medical students were invited to contribute to the project during various AIM events throughout the school year by decorating squares of fabric with words, drawings, and/or other symbols. Students were encouraged to use these squares as an opportunity to reflect on their experiences in medicine and interpret them in the context of their unique background and life narrative in a way that highlighted their core values. The squares were then sewn together to create a large tapestry, symbolizing the unity and communal support that characterizes the medical student community at the University of Ottawa. “Our Tapestry of Stories” will be on display in Roger Guindon Hall to serve as a reminder to future medical students that it is the diversity and individuality of our stories that make our whole community beautiful.

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### **The use of Portraiture and Narrative to Explore the Impact of Vagal Nerve Stimulation in Children with Intractable Epilepsy**

*Melanie MacGillivray, Mark Gilbert, Wendy Stewart*

Epilepsy is common and has a significant impact on the individual and their caregivers. Limited qualitative research exists on the lived experience of children with epilepsy and their family. The vagal nerve stimulator (VNS) is a palliative implantable device that can reduce seizure frequency and duration and has a positive effect on mood. Qualitative research allows the exploration of the challenges of living with epilepsy. Portraiture has been shown to empower participants and create a sense of community.

**Methods:** This qualitative study explored the impact of VNS implantation in children with intractable epilepsy. Following Research Ethics Approval, 5 children and their caregivers were recruited. Data consisted of the portraits,

the artist's journal and semi structured interviews. All interactions with the artist and interviews were recorded and transcribed. These narrative data were analyzed using a phenomenological approach.

**Results:** Common themes were the unpredictability and fear around seizures. The seizures impact family dynamics, life choices and behaviour. Families felt they had more control following the insertion of the VNS, and more freedom to engage in activities with their child without fear of what might happen. Families found it helpful to engage with the portraiture process and to meet one another.

**Discussion:** Approximately one third of children with epilepsy are challenging to treat, often requiring multiple medications with minimal success. The frequency and duration of the seizures impact day to day life and cause significant stress. The VNS results in an improvement in seizure control and in quality of life. The ability to abort seizures without the use of medication provides more quality time for children and their families. The improved seizure control reduces anxiety around the seizures themselves. Portraiture provided an innovative way to deepen understanding of the impact of VNS and humanizes the children and their experience.

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## **Perception of the Influence of a Humanities Curriculum on the Development of Patient-Centered Skills in Family Medicine Residents**

*Nina Nguyen, Andrea Zumrova, Alan Nh*

The Family Medicine residency program at the University of Ottawa offers a humanities curriculum to strengthen the CanMEDS-FM competencies of their trainees. This study assesses its impact on the residents' perception of the development of patient-centred skills.

**Methods:** Thematic analysis was done on anonymous written activity evaluations from 2007 to 2018 and on 11 anonymized peer interviews of resident physicians who attended at least one (1) educational activity between 2016 and 2018. Both the NVivo software and a paper-based approach were used for analysis. Written evaluations were obtained from the paper and electronic archives of the clinical training sites hosting the educational activities, whereas the peer interviews were conducted with resident physicians who replied to the recruitment announcements. Initial coding was done following the competencies listed in the CanMEDS-FM framework. In addition to descriptive quantitative statistics obtained through NVivo, CmapTools was used to produce two (2) thematic maps for theme identification and definition: one for the written evaluations; and the other for the interviews.

**Results:** Although all CanMEDS-FM competencies were covered by the curriculum, there was a strong dominance of the communicator, collaborator, professional and health advocate ones. The communicator competency was more prominent in the written evaluations, as opposed to the professionalism one in the interviews. Ancillary themes were the relevance of the contents, the time constraints surrounding involvement in the curriculum, and the initiation of personal reflection about one's medical practice.

**Conclusions:** The existing humanities curriculum is perceived by participating residents to have a positive impact on the development of CanMEDS-FM competencies, especially the ones required for a sustainable clinical practice. Updates of the material used during educational activities and protected academic time could further the impact of the curriculum among residents.

Citations:

Shaw E, Oandasan I, Fowler N, eds. *CanMEDS-FM 2017: A competency framework for family physicians across the continuum*.

Mississauga, ON: The College of Family Physicians of Canada; 2017.

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## **From Tissue to Canvas: A Visual Exploration of the Link between Neurological Disease and Painting Style**

*Ricarda M. Konder*

This project discusses the relationship between various types of neurological disease and stylistic changes in painters. The literature suggests that focal neurological insults (such as strokes or head injuries) may more often lead to focal deficits in painters, such as the loss of visuospatial ability or partial hemineglect. More widespread neurological damage (e.g. certain dementias or neurotransmitter imbalances) may be associated with more global stylistic changes; for example, dopamine replacement therapy for Parkinson's disease has been shown to produce a

more impressionist painting style in numerous recorded artists. In several case studies, brain damage actually led to the emergence of *de novo* artistic ability. While these changes in artistic style may not be rigidly predictable based on the limited literature available, this project demonstrates that both artists and non-artists may experience significant changes in artistic style after neurological disease. Using visual aids from the explored literature, this poster presents the striking before-and-afters of various visual artists with neurological trauma. It also relates some anatomical landmarks to the amplification, diminution, or *de novo* emergence of artistic creativity.

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## **Story-Telling: A Novel Way to Support Resident Wellness and Professional Identity Formation**

*Diana Toubassi, Erin Bearss, Michael Roberts, Milena Forte, Lindsay Herzog, Carly Shenker, Ian Waters*

As the Department of Family & Community Medicine at the University of Toronto has elaborated its postgraduate competency-based curriculum, it has become clear that some aspects of the training experience have received more attention than others. Resident wellness, for example, continues to be addressed in a largely ad hoc or inconsistent manner across the distributed teaching sites. This is unfortunate, as the literature on the prevalence of distress, depression and anxiety among medical trainees continues to accumulate,<sup>1-5</sup> with burnout appearing to specifically peak during residency.<sup>6,7</sup> This is sufficiently concerning in and of itself; however, it creates particular challenges for educational programs due to its association with reduced learner productivity, poorer quality of care, increased medical errors and decreased empathy.<sup>8-11</sup> Of additional concern, once established, burnout appears to persist for the remainder of residency.<sup>12</sup>

Our team therefore sought to create, implement and formatively evaluate a novel curriculum to maintain and support resident wellness. Using principles of narrative medicine, we crafted a longitudinal program (4 sessions per year of the two-year residency). Each session focuses on a specific professional developmental theme (e.g., transition to residency, patient-physician boundaries, grappling with burnout, graduation to independent practice). A companion piece relevant to this theme is read and discussed, followed by an opportunity to engage in free writing in response to one of a list of reflective prompts. The writing is then shared within the small group as a trigger for further

commiseration and support. Each session is facilitated by a faculty member who does not otherwise work with or evaluate the residents in his/her group.

The program is currently in its inaugural year. Feedback is being collected from residents following each session, and a series of focus groups will be conducted at the end of the academic year to assess the curriculum's perceived utility, opportunities for improvement, etc.

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## Stories of Care – A Creative Writing Program for Caregivers of Persons with Dementia

Melissa Tafler, Anna Santiago, Anna Berall

### Background

This study evaluated the impact of a creative writing program targeting adult children caregivers supporting their parent with dementia. The pilot study consisted of two groups that brought caregivers together to write and share their personal stories of their caregiving journey. The goal of the creative writing program was to help caregivers step out of their roles, connect with others, tell their stories, learn about the craft of writing, and experience the healing power of the written word.

### Methods

The study design was a mixed method program evaluation. A total of 9 recruited caregivers completed self-administered psychosocial measures before and after completing the program. Analyses involved descriptive statistics and Wilcoxon signed-rank test to compare pre and post ratings.

### Results

All participants were female with a median age of 53 years and completed college. The majority of the participants were employed (78%) and married (56%). Based on the Impact of Alzheimer's disease on Caregiver Questionnaire, caregivers reported a mean 4-point decrease in the impact of caregiving ( $p=0.30$ ). Pearlin Mastery and Pearlin Competence scores were maintained from the start of the program to the end of the program. The Carers' Assessment Management Index revealed that caregivers reported a significant 6-point increase indicating an uptake of caregiver coping strategies at post ( $p=0.03$ ). The majority (>70%) of participants felt the program met their expectations and felt that the relationships they developed with other participants and the facilitator were helpful. More than half of the participants felt that the program increased their ability to manage care for the person

they care for, felt that their perspective on their caregiver roles has positively shifted, and felt that they have more compassion for the person they care for.

### Conclusion

The caregiver creative writing program was effective in promoting caregiver well-being and quality of life.

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## **“Let’s talk about stress, baby” - Black women’s experiences of discrimination in the health care system during pregnancy: A review of the literature and proposal for future research**

*Kayonne Christy*

**Background:** Black women experience poor maternal and infant health outcomes when compared to women of other racial groups.<sup>1,2</sup> There is evidence to suggest that stress from racism contributes to the observed racial disparities.<sup>3</sup> AntiBlack racism inconspicuously permeates various aspects of the health care system, including the clinical setting.<sup>4</sup> For Black women, racism is further compounded by classism and sexism what is now known as intersectionality.<sup>5</sup> Little is known about how racism, sexism and classism work together within the health care system to influence the maternal health outcomes of Canadian Black women.

**Methods:** A review of the clinical and social sciences literature suggests important intersections between the experience of racism and physiological outcomes.<sup>5-7</sup> A constructivist grounded theory study of Black women’s experiences during pregnancy will be conducted to elicit women’s experiences of discrimination during the prenatal and intrapartum periods. This project will be grounded in Crenshaws’ theory of intersectionality,<sup>8</sup> and informed by Collins’ theory of ‘controlling images’<sup>9</sup>: contemporary racial stereotypes of Black women that become acutely salient during pregnancy.

**Results:** Theoretical and empirical evidence indicates that the intersection of race, gender, and class exposes Black women to “gendered racism” in the clinical setting.<sup>10</sup> Black women report negative relationships with prenatal providers, characterized by judgment, disrespect, lack of care, stressful interactions, inconsistent support, and unmet information needs.<sup>10-14</sup> This project will seek to elicit information regarding the overall prenatal care experience, including perceptions of the patient-provider relationship and system navigation.

**Conclusion:** Pregnant Black women experience stress associated with both anticipated and actual experiences of discriminatory treatment in the health care system.<sup>1,3,4,10-14</sup> By understanding Black women’s experiences, we can develop materials for obstetric clinicians to recognize unconscious racial biases in a way that facilitates the provision of patient-centered, compassionate care.

Citations:

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## **The Value of Arts in Healing: a Qualitative Analysis of Contributor Responses to an Arts and Medicine Publication**

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### **BACKGROUND**

The psychosocial and physiological benefits of artistic engagement has been increasingly recognized (Stuckey and Nobel, 2010). Creative arts have been shown to decrease anxiety, pain, heart rate, and respiratory rate, among other physiological parameters (White, 1999). Moreover, the arts can be used as a tool to conceptualize distress, make meaning of experiences, and reconcile uncertainty (George and Green, 2015). We predict that the role of artistic expression as an avenue for introspection, catharsis, and community is integral to the healing process and the practice of medicine.

### **SUMMARY OF INNOVATION**

*Murmurs* is an arts and medicine magazine by medical students for medical students. The publication showcases visual art, photography, poetry, and prose created by medical students across Canada and abroad. *Murmurs* contributors are invited to nurture their creativity alongside their career in medicine - the result is a powerful reminder that the arts have a unique and legitimate utility in medical education. The current project being undertaken by the *Murmurs* editorial team is a narrative reflection on how the arts have facilitated healing. Healing is defined in a broad sense to encompass improvement of physical, psychological, social, and/or spiritual well-being. Testimonials are gathered from the contributing artists and writers of the fifth edition of *Murmurs*. A qualitative analysis was conducted by the *Murmurs* editorial team. Critical themes were extracted from medical student responses to delineate the role of arts in healing, as interpreted from the perspective of upcoming healthcare professionals.

### **CONCLUSION**

*Murmurs* demonstrated how the arts are able to capture the human condition. Involvement in the arts has been shown to help medical students navigate difficult life circumstances and poignant encounters with equanimity, solidarity, and wisdom. This is evidenced by reflections from *Murmurs* contributors on themes of life, illness, death, relationships, and self-awareness.

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