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Adams, Melanie
Links Among Art, Mindfulness, Immune Response, and Disease Risk

Insight is accumulating on health-related topics like art therapy and mechanistic links between stress and disease. Time is ripe to formulate an arc from art therapy to mechanisms modulating human form and function in response to the environment. Such an arc can promote cross-fertilization among disciplines; the solution to a challenge in one discipline may arise from insight already available in another discipline. I will highlight connections between art as therapy, mindfulness-based stress reduction, human immune response, and chronic disease and dysfunction. A common root cause of modern diseases and disorders is dysfunction of the immune system. In turn, the immune system is strongly modulated by lifestyle and environmental factors. A key lifestyle factor involved is chronic stress. I will address how psychological stress can be reduced by mindfulness exercises, and how photography can serve as therapy. I will follow the story all the way from picking up a camera to the process by which environmental signals are translated into cellular responses. I will draw from my published work (Adams et al. 2016) on signals that remodel form and function of living organisms in response to change in the environment. These programmed responses to environmental cues originally evolved to allow our ancestors to evade threats and take advantage of opportunity in the environment, but today become derailed in the modern environment. Both photography and mindfulness therapies can serve in stress reduction. Mindfulness therapies encourage observation of the present and reduce rumination about past and future, thus reducing the risk for depression and anxiety. Like mindfulness therapies, photography focuses attention on an object or situation in the present, can promote appreciation, e.g., for the outside world, and places the photographer in the position of an observer. Processing emotion and stress from an observer's perspective is a central feature of mindfulness therapy. Photography can be a tool to get people out and interacting with therapeutic landscapes such as parks or hospital gardens to reap their benefits.

Adams et al. 2016 Nutritional Cues Tie Living Organisms to Their Environment and Its Sustainability. *Frontiers in Nutrition: Nutrition and Environmental Sustainability* 3: 28

Alhinho, Glória

Breaking the Walls of Humanities in a Psychiatric Institution: Mental health care through documentary film.

Abstract:

The images that we can see in a documentary film about a psychiatric world embrace every Humanity's perspective. They talk about the universal language of suffering as well as a certain kind of reality that we are not used to seeing in our everyday lives but which concern everyone and every social organization. This can lead us to the idea that when we want to look at this world, objectivity and subjectivity do not represent separate fields but an interesting dialectical relation.
This work is not interested in the scientific knowledge that a documentary film can produce about a psychiatric world but on how it can show empathy, care and awareness. It will demonstrate, also, how it is possible to create a dialogue between humanities.

Plan:

I. Breaking the walls of thought: the creative experience of Suddenly my thoughts Halt from Jorge Pelicano:
      1. Documentary films about mental health: walls of words and of silence.
      2. Hospital Conde Ferreira in Portugal: a documentary, theatrical and literary project in a psychiatric institution.
      3. Searching behind physical and human walls.

II. Breaking the walls of difference: observing difference without seeing monsters.
      1. « Montrer sans monstrer »: dialogue between creation and creator or how can Frankenstein inspire us?
      2. A way of seeing as a way of caring: medicine and artistic points of view.
      3. How a patient becomes a person?

III. Breaking mirrors: when the creative process inverts social position.
      1. Who shows/searches whom? Who finds what?
      2. How reality breaks the walls between humanities.
      3. Reinventing new bridges between humanities through documentary film.

Allinson, Robert Elliott
The Question of Human Value and Nazi Experimentation

Soka University of America
University of Haifa

Should we use knowledge gained from Nazi medical experiments to heal people today?

While Senior Lady Davis Fellow at the Hebrew University of Jerusalem and Senior Research Fellow at the International Institute for Holocaust Research at Yad Vashem in Jerusalem during 2017, I researched in the archives for data relating to the nature of the involuntary, horrendous medical experiments performed on Jewish children, women and men who were prisoners of "concentration camps" during the Holocaust. I sourced documentary evidence to detect the motivations and intentions of the doctors and nurses involved in these experiments. I searched through archives to determine the degree to which such experiments were ordered without choice versus those willingly accepted or initiated by the doctors and nurses. I sourced documents that described the role of Joseph Mengele, M. D. in these experiments. I conducted personal interviews with Dr. Efriam Zuroff, Director of the Simon Wiesenthal Center in Jerusalem who spent many years tracking Joseph Mengele. During this research, the question that occupied my mind was, did we have the right to use knowledge gained by these experiments to cure disease today? Conversely, did we have the right not to use knowledge gained by these experiments to cure disease today? What if a family member were dying and her or his life could be saved if we were to use knowledge that had been gained from these experiments?

In my paper, I shall address the ethical dilemma of the consequences of either using or not using data that was obtained from the savage Nazi experimentation on human beings? I shall examine the various conclusions that would be reached if one applies act utilitarianism, rule utilitarianism, deontological or eudaemonistic criteria and Plato's blend of justice ethics and consequentialism to address this ethical dilemma. In my previous books on normative ethics I have discussed the relevance of competing ethical theories to resolving ethical dilemmas. This has prepared me to address the question of whether the application of any of these normative ethical theories provides valuable clues to the resolution of this ethical dilemma.

Anand, Pria
Kanashibari and the Night-Mare: Sleep Paralysis in Folklore

At core, sleep paralysis is a blurring of boundaries, the physiology of dreams bleeding into waking life. Sleep paralysis exists intersections, as dreamers are falling asleep or waking up. It freezes their muscles, an overzealous activation of the paralytic mechanism that keeps us from acting out our dreams as we sleep[1]. Patients with sleep paralysis describe imagined sounds, the sensation of flying from their beds, the inkling of a shadowy figure just beyond their line of sight, or the weight of a creature seated on their chest[2].

There are hundreds of words for sleep paralysis. In Japan, it is "kanashibari," a spell cast by a spectre or a sorcerer[3]. In Japanese folklore, heroes and villains alike are held hostage to kanashibari; a jealous princess chases an unwilling lover, and he begs a priest to trap her in kanashibari just long enough for him to escape[4]. In English, it is the "Night-Mare," a term coined in lexicographer Samuel Johnson's 1755 *Dictionary of the English Language*: "a morbid oppression in the night, resembling the pressure of weight upon the breast"[5].

Among Khmer refugees in Cambodia, sleep paralysis is "khmaoch sângkât": "the ghost that pushes you down." In a survey of refugees in Massachusetts, a third of patients who experienced khmaoch sângkât described a tall black shadow, a third a monkey-like demon, and a third a human form wearing the garb of the Khmer Rouge[6].

For physicians, cases often begin to blend together. We make diagnoses in large part based on pattern recognition, symptoms and exam findings gleaned from patient after patient with pneumonia or congestive heart failure. In folklore, illness becomes the truest version of itself, the way it is experienced by patients: consuming and epic and anything but typical. Kanashibari and khmaoch sângkât are a reminder that there exists a mythology around bodies and physical infirmity, and that there is a magic to the way in which bodies are more than the sum of their parts: dreams lapping at the edges of the day, sleep-spirits haunting our waking lives.

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Anderson-Fye, Eileen
Barrish, Phillip
Beckman, Emily
Lamb, Erin
McMullin, Juliet

The Alchemy of Health Humanities Curricula in the U.S.: A Roundtable Discussion

Metaphorically speaking, health humanities could be conceived of in much the same way as Frankenstein's creature. A collection of humanities, arts and social science disciplines, health humanities has been pieced together to create a more thorough interdisciplinary approach to the study of health, disease and healing. Exploring both the benefits and limitations of the field's creation and implementation, this roundtable interrogates the complexities of health humanities curricula in the United States as they have been formalized within baccalaureate programs. Interdisciplinary curricula are already complex in our traditionally siloed system of higher education today. Yet, they have also been heralded as the future of innovative educational programming. The panelists on this roundtable have grappled in various ways with health humanities educational initiatives and curricula at both public and private institutions across levels and regions. In their brief formal remarks, they will consider challenging contemporary questions about this field such as: Is health humanities a monstrous patchwork of coursework and learning, or does it generate an identifiable and productive species? How should depth and breadth be weighed in various types of degree and certificate programs? Are there core materials or disciplinary knowledge or methods that should always be required? Who decides what is included or excluded, and on what bases? How do baccalaureate curricular choices articulate with post-baccalaureate program curricular goals? Under what circumstances does health humanities – like Frankenstein's monster – kill traditional humanities enrollments, even if not premeditated? Conversely, when does health humanities breathe new life into humanities education? What are best practices in traversing the politics of multidisciplinary health humanities education? What are the costs and benefits of integrating health humanities and bioethics? Have we created an autonomous (interdisciplinary) being which exists happily and productively on its own, in relation to its own parts, or is it in need of a (more traditional) disciplinary companion to really flourish? Following the panelists' 5-7 minute formal remarks, these questions will be opened to a vigorous audience discussion.

Aultman, Julie
Elevating Fear Among Narrative Scholars with the
Horrors of "Narrative" Assessment in Medical
Education

The Liaison Committee on Medical Education (LCME) Standards, used for accrediting medical education programs leading to the M.D. degree, strongly emphasize the importance of assessment of medical students, including what is referred to as "Narrative Assessment." Narrative assessment may include short comments (e.g., meets expectations), or longer, remarks that may be broken into several different categories (e.g., professional attitudes). Any form of short or long "narratives" from faculty and/or peer evaluators, along with student grades, contribute to the monitoring of student progress and overall academic and professional assessment.   The push for narrative assessment, despite its vague description and inconsistent utilization, has permeated every aspect of medical curriculum development and review without careful critique of how it is practiced and by whom.

For many of us medical educators and scholars of narrative, the LCME Standards for "narrative" assessment elicits a visceral reaction – elevated heartbeat, sweaty palms, feelings of fear and shock - as though one were watching a horror film alone at night in a dark room. For decades, medical humanities educators have fought to be heard, to create meaningful curricula that can shape the professional identities of our students, equip them with the tools to achieve narrative competence, and, ultimately, improve patient care. We teach our students and develop our faculty through the study and practice of narrative, engaging in pedagogical activities such as a close reading of a fictional short story or reflecting on illness narratives spoken by patients in the clinical setting. Yet, the directive to assess student achievement, behaviors, and attitudes through a narrative description in each required medical school course and clerkship "whenever teacher-student interaction permits this form of assessment" (LCME Standard 9.5, April 2015) wounds this aesthetic art we have carefully cultivated within the culture of medical education, while equally wounding the student whose single story is being told by a detached, omniscient narrator unable to capture an authentic narrative.

In this paper, I critically examine the practice of narrative assessment, and argue that while the goals of such a practice have merit, how it is executed and promoted to medical educators is, well – horrific.

Baig, Jasia
Balancing Individual and Society: Advancing Cross-Cultural Responsiveness in Healthcare Ethics

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During the past few decades, the arrival of different nationalities, religions, and ethnicities, with their own customs, values, traditions, and languages has radically transformed the civil, social and medical landscape of the American society. The impact from these demographic and interethnic variations has been particularly acute on the establishment of healthcare amid the everyday clinical encounter of providers and patients with their own culturally diverse health, disease and autonomy behaviors, patterns and practices. These differences in belief systems can often result in conscious or unconscious perceptions of distrust, racial bias, discrimination, and negative stereotypes; influencing important healthcare decisions that can affect the quality and outcome of care. Cultural and linguistic responsiveness is seen as an instrumental mechanism of change in reducing the racial and ethnic disparities in healthcare and improving health results for millions of minority Americans. Implementation of patient-centered policies at multiple levels in the healthcare system, diversification of the workforce, accumulation of interpreter or bilingual services, training and education focused on multicultural curricula is crucial in enhancing culturally effective care. Awareness of communication patterns, etiquette, health beliefs and social values will significantly foster professional and practical healthcare ethics and help avoid cultural imposition of western bioethical principles. The cross-cultural inductive approach of the patient as an instructor based on the LEARN guidelines will help facilitate decision-making between the physicians and patients by employing health behaviors and practices through shared listening, education, and negotiation and providing good clinical care to an increasing diverse American population.

Balaban, Rachel
Berger, Natalie
Hong, Jane
Springs, Stacey
Strandberg, Julie

The Integration of Medicine, Intergenerational Dance, and Public Policy in Rhode Island; creating a stronger bond between art and science.

Abstract

Rhode Island is uniquely poised to serve as a laboratory for the integration of medicine and dance supported by public policies. Artists and Scientists as Partners (ASaP) at Brown University facilitates engagement between medical and arts practitioners to foster creative, integrative health practices. For 5 years, ASaP has offered a dance class for people with Parkinson's disease and other movement disorders along with Brown University students. Within these classes, participants are treated like dancers, not patients. They meet in a dance studio, take an adapted dance class, learn dance repertory by American master choreographers, and have performing opportunities with high school, college, and professional dancers. In five years, ASaP has discovered that dance, as an art form builds community, encourages empathy, and maximizes physical expressiveness.

Building on momentum of the ASaP work and of others at the nexus of arts and health, a collaborative research effort emerged to co-design a research study mapping the existing evidence to support the integration of arts-based healthcare interventions into public health planning. The community engaged research project culminated in a statewide plan for arts and health to support the integration of arts-based interventions in public health policy and practice.

These collective investments in research and practice demand greater recognition and valuation of the patient's creative voice, and the knowledge they bring to medical practice. Our local efforts echo the evidence identified in our research that dance program participants actually become stronger dancers; build community; and develop empathy through learning dances that tell stories and express emotions.

Balaban, Rachel
Berger, Natalie
Hong, Jane
Springs, Stacey
Strandberg, Julie
The Integration of Medicine, Intergenerational
Dance, and Public Policy in Rhode Island; creating a
stronger bond between art and science.

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Brief Bios (50 words or less)

Rachel Balaban is adjunct lecturer and co-founder of Artists and Scientists as Partners (ASaP) at Brown University to research the impact of dance for people with Parkinson's Disease and those on the Autism Spectrum. She is Dance for PD Coordinator for Connecticut and Rhode Island.

Natalie Berger is a junior at Brown University concentrating in "Science, Technology and Society" with an independent track in "Literature, Culture, and Medicine." She is a TA for the course, "Artists and Scientists as Partners," and is enrolled in the FlexMed program at the Icahn School of Medicine at Mount Sinai.

Jane Hong is a sophomore at Brown University concentrating in "Science, Technology and Society". She is creating an independent track in "Art and Medicine" while working as a TA for the course, "Artist and Scientists as Partners".

Balaban, Rachel
Berger, Natalie
Hong, Jane
Springs, Stacey
Strandberg, Julie
The Integration of Medicine, Intergenerational Dance, and Public Policy in Rhode Island; creating a stronger bond between art and science.

Stacey Springs, PhD is faculty in the Center for Evidence Synthesis in Health, Brown University School of Public Health, Research Fellow in Global Health and Social Medicine and Fellow in Bioethics at Harvard Medical School. Her research interests include adapting evidence synthesis methods to promote community engaged research for inclusive health policy agenda setting and the ethical, legal and societal implications of scientific research.

Julie Adams Strandberg co-founded Artists and Scientists as Partners (ASaP) at Brown University to research the impact of dance for people with Parkinson's Disease and those on the Autism Spectrum. She is also co-founder of American Dance Legacy Initiative and founding Director of Dance at Brown University.

Banner, Olivia
"The Monster Weeps with Safie": Reading Digital Health Against Native Epistemologies

Postcolonial scholars have traced the "imperial sentiment" that studs *Frankenstein* — for example, in Clerval's desire to learn Arabic and Indian languages in order to conduct business in Arabic- and Indian-speaking nations. That sentiment is (perhaps) ruptured by the monster himself when he "weeps with Safie over the helpless fate of [the American hemisphere's] original inhabitants" (114). This scene is the novel's chief instance meant to prove the monster's humanness through his ability to empathize, a scene that pivots on the liminal figure of those dispossessed of their land by the same forces that brought the monster to life. This paper explores an illness memoir by contemporary Native writer Linda Hogan in relation to this scene in *Frankenstein* for the purpose of considering digital health tools, another product of those same forces. Digital health tools arise from technologies manufactured from and fueled by materials extracted by settler colonialists from stolen lands. Hogan's memoir narrates her illness through a Native perspective of the relationship between the individual body, the collective body, and the land: she depicts illness as the symptom of a people whose land has been stolen from them, their culture fundamentally torn at the root. Her book connects this tear to Western science's logic of truth and knowledge and its goals of extracting mineral wealth, and it challenges knowledge practices that continue such logics, serving as a limit that refutes attempts to improve health and health care via technology. It additionally warns us of the dangers inherent in newfangled creations such as the "empathy device" SymPulse — machines meant to allow physicians the ability to "feel" the symptoms of a patient's disease. Hogan's text serves as the irreducible limit of such devices, which cannot address not only culturally different experiences of illness but also distinctly boundaried knowledge systems for illness. As such, her memoir also poses a challenge to health humanities methods that justify themselves through recourse to Western epistemological frameworks, in particular the quantitative.

Barrish, Phillip
"To Race Prejudice, Once Roused, Any Horror Was Possible": White Supremacy and Black Medical Science in _The Marrow of Tradition_

White supremacist ideologies and practices have long had devastating health effects on black Americans, effects that cut across class and other demographic differences. The specific mode of white supremacy known as medical racism—the medical establishment's differential treatment of black and non-black bodies, as well as its marginalization of black health providers—has been a major contributing factor. Charles Chesnutt's 1901 novel *The Marrow of Tradition* explores these dynamics, and also illustrates an additional dimension: the health harm that racism, specifically including medical racism, also does to white Americans. Chesnutt's novel represents white supremacy as a public health crisis that impacts black communities most directly and viciously but that also threatens the social body as such.

Chesnutt based *The Marrow of Tradition* on what the white Southern press euphemistically cast as a "race riot" in the city of Wilmington, North Carolina (tellingly renamed Wellington in the novel), which was in fact a violent coup or massacre aimed at erasing African American political and economic gains achieved after the Civil War. Early in his planning for the novel, Chesnutt decided to use a fictional black physician as his key narrative focalizer. Returning to his home town after medical training in Philadelphia and Europe, Dr. William Miller diagnoses a "thoroughly diseased…public opinion in the matter of race." The riot, which Dr. Miller views as an outbreak of "fever" from the underlying disease of white racism, ultimately literalizes the metaphor—through a series of plot twists, it occasions literal health crises for more than one character. In the end, Chesnutt's novel reveals just how perniciously resistant to treatment white racism is, even as it leaves open the question of what role black medical professionalism might play in, if not curing the disease, at least ameliorating its symptoms for Americans of all races.

Note: I have not discussed them here, but both Chesnutt's novel and my reading of it have significant resonances with *Frankenstein*, for example: othering as at once an act of violence and a force that galvanizes further violence, and an interweaving of discourses of medical science with horror tropes.

Beckman, Emily
Following Frankenstein: The Ultimate Medical Humanities Capstone

This paper examines the role of Mary Shelley's *Frankenstein* in medical humanities education in general, and as the foundational text defining the capstone experience in particular. More so than any other, *Frankenstein* embodies the interdisciplinary nature of medical humanities (or health humanities) and requires students to not only identify the various disciplines of which it is comprised, but more importantly to articulate the disciplinary interactions and their effect on the interplay of science, medicine, art and humanity. The ideal capstone course – the culmination of a medical humanities education – prompts consideration of the role of science in human development, medical treatment and complex decision making as well as questioning what it really means to be human. Shelley's text addresses important ethical issues inherent in scientific research and progress. It serves as a leaping off point for rigorous ethical analysis and deliberation requiring students to consider the history of science as well as its potential future. In addition, students must explore various representations of the human form from artistic, historical, scientific and pop culture perspectives. Through a close, careful reading of the primary literary text in its entirety and a collection of companion readings from various disciplinary perspectives, students are equipped to raise and even address questions concerning the history of eugenics, genetic manipulation, beginning and end-of-life, organ transplantation, human cloning, artificial intelligence and precision medicine. In so doing, not only do they demonstrate a comprehensive understanding of medical humanities, but have done so through the intense scrutiny of a classic literary text. In this presentation, the director of a Midwestern medical humanities undergraduate program will discuss how through the lens of literary analysis, philosophical examination and an understanding of the history of medicine, Frankenstein comes to life 200 years after its first publication to exquisitely define the field.

Bennett, Alina
Moral Remediation in Medical Education: Weeding out the Frankensteins among us

Medical educators are concerned about trainees. Their worries are outlined in an evidence base which has continued to grow and now includes everything from biographical works by William Osler to the most current studies published in the *Journal of Medical Education*. I argue that Mary Shelley's classic tale, *Frankenstein; Or, the Modern Prometheus*, provides a practical, albeit unstated, measuring device used to assess where medical people fall on a zero-to-Frankenstein scale. Dressed in the language of ethics and professionalism, Frankensteins are alive and well in medicine.

Literature on medical education generally follows two lines of inquiry. First, there are texts that focus on prevention such as this article from 2001: "Selection of Medical Students According to their Moral Orientation."[1] These works explore the potential for an interviewer to discern unsettling Frankensteinian traits thereby preventing such applicants from being accepted into school.

The second investigation focuses on the predictive power of behavioral assessments to indicate which students will have careers marred by professionalism violations. A manuscript by Papadakis et al. exemplifies this line of inquiry: "Unprofessional Behavior in Medical School is Associated with Subsequent Disciplinary Action by a State Medical Board."[2] These works demonstrate that Frankensteins among this year's graduating class may earn the title of physician, but they continue to behave in the dangerously Frankensteinian ways.

This literature articulates the importance of character in medicine but real-world situations challenge this notion. Case studies illustrate the Frankensteinian qualities that routinely show up in professionalism violations at the levels of student, resident, and practicing physician.

Medical humanists and ethics experts who work in medical education are sometimes recruited to provide the moral version of academic remediation for trainees who raise worrisome red flags. This presentation concludes with an exploration into the potential uses and dangers of such a strategy.

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Billier, Jean-Cassien
Do Cancer Biomarkers Have a Philosophical Nature?

Jean-Cassien Billier
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Personalised cancer medicine is a priority in European policies shaping furure cancer research and care. Cancer biomarkers, precision oncology and personalised medicine facilitate a change in medical practice. A central question then arises : what criteria should be used to define cancer biomarkers ? Can cancer biomarkers be defined only in biological terms ? A « simple » forme of cancer biomarker is supposed to be just a technical tool for medicine and research. A « sophisticated » form of cancer biomarker tries to solve altogether the biological, economic, social and ethical complexities around cancer. In other words, a sophisticated cancer biomarker is also a social and ethical marker. A simple biomarker is based on the illusion that medicine can be an independant activity within the society. A sophisticated biomarker entails the risk of thinking that an ideal cancer biomarker can uncover the « truth » about how cancer should be managed ethically, socialy and economically. The purpose of this paper is to suggest that the promises of « ideal » cancer biomarker have to be thoroughly rewieved and that the question of the definition of the cancer biomarker has a philosophical character.

We expect art to reach out somehow to experience more broadly.

As a child, Carleton Watkins, the photographer of the American West, would climb the local church spire, would light balls of cotton batting soaked in turpentine, and would "throw them forth, blazing into the dark void below; illuminating the immediate surroundings with spectacular effect, during the brief interval of descent to the ground."

Whatever else his photography would be, it would be this. His camera would hurtle through the darkness, as it were.

But beyond this: his photographs would ignite certain objects and scenes as if to say, There is something in this: it is not trivial—it will flare into significance, if you attend.

In particular, art can invest living figures—persons, characters—with a luminous bearing beyond their being.

Literary characters' feelings, encounters, intensions, or social habits can be made to speak to something other than themselves.

In other words, in encountering these figures we do not just extend our own experience: these figures somehow reflect on something within our experience, or reflect on our experience in its totality. Simply put: the figures are, like religion, or like much scholarship, a form of meta-experience.

Perhaps the most familiar and mysterious form of broader life is that of the representative figure, who speaks to a broader reality of which he is somehow part.

If we consider Sir Joshua Reynolds's painted portrait of Lady Bampfylde, it celebrates its sitter as special over-against other persons. But the representativeness of George Eliot's Dorothea Brooke gives the singular figure import by virtue of her ability to disclose some larger reality: by virtue, in fact, of her relation to other persons.

Representativeness is thus the prestige that can be claimed by fiction and can move across classes—and the prestige that insists you can be special only in your connectedness to a broader life.

It offers, furthermore, to shift our sense of who is consequential within a society.

Representative figures speak to what is: what broadly is. Turning for a moment to Raphael's Transfiguration, in as much as the floating figure of Christ is offered as aspirational—promises to carry us beyond or above ourselves, to give us back our own lightness—he is not a representative figure. But in as much as he gives us ourselves tout court, he is a representative figure.

This is not to say that representativeness is simply an alternative to aspiration. But if representative figures create new possibilities in their representativeness, it is by portraying far-reaching realities: the figures are not locked within their own lives. Perhaps their scope somehow promises us, above all, a new freedom.

Stepping back to a position that can survey a broader cultural domain: Art is not alone in its representative figures: science, medicine, law, politics, and sociology employ such figures as

well, in the form of specimens, examples, types, average persons, or paradigms. Art is part of a cultural obsession with promoting singular figures to a broader existence.

The nineteenth-century novel is the apotheosis of this desire and ambition. Indeed, one of the defining features of the nineteenth-century novel is its inquiry into the various means by which narratives endow characters with broad import: how narratives give characters weight and scope and bearing.

Literature and medicine thus share certain questions, if not answers: Which people are significant, within human populations? What can speak to more than itself, by means of itself? What gives a person a larger life: a life beyond self? We might also ask: How does this change over time?

This poster attends to the problem of representative figures in Frankenstein: attends to the shifting modes of representativeness that the novel activates.

With regard to the novel's "monster," it asks, How can the outer edge of the human also be its heart? And what is the politics of this style of representativeness: in other words, how is this style of representativeness itself poetically activated by the novel? How does the novel turn representativeness itself into a figure for its social concerns and claims?

Brown, Nathaniel
It's More Than A Feeling: Liturgy And Doing The Rite Thing In Medicine

Liturgy in medicine often evokes images of the "laying on of hands" during the physical exam and the emphasis on the healing power of touch. This is an important aspect of the healing encounter, but my thesis in this talk is that the whole complexity of structures that make up modern medicine ought to be understood as a kind of liturgy. In fact, on this view, liturgy is what medicine fundamentally is. It is not merely the technological (medications, procedures, etc.), which represent only the tools for ceremony, and it is not just the specific rituals, like the physical exam.

Medicine, like liturgy, is a human creation, wrought from our collective consciousness, cobbled together over time and made into something that is, or at least aims at, the transformative. The history of medicine is as much a history of rites as a history of the technological. To the extent that the tools change, the ceremonies change. The technological can evolve rapidly, but the ceremonial changes are slower, more measured, and often less obvious. To focus on the technological is, somewhat ironically, to miss most of the field of view of medicine itself, which is orchestrated human interactions, a choreography of sorts, in which patients and providers of all stripes dance, however awkwardly.

Viewing medicine as liturgy opens a new way of asking and answering fundamental questions: who are the participants and how are their roles defined? Which aspects of ritual are necessary (if any), and which are essentially arbitrary? How and by whom are gender roles assumed in the context of medical liturgy? What beliefs are implicit in, or even reinforced by, the very apparatus or form of the liturgical encounter itself? What role does doctrinal orthodoxy play and, crucially, where do the innovative troublemakers fit in? New inventions don't disrupt the dance as much as do discoveries that force us to alter the liturgical form: germ theory showed us that the healer could spread disease; anesthesia upended hierarchies completing the transformation of surgery from what was once the province of slaves to the relative glamor it enjoys today.

Burgart, Alyssa M.
Karl Brant: The Nazi Doctors Are Not Born, They Are Made

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Karl Brandt was Adolf Hitler's personal physician, led the mass killing "euthanasia" program, and was one of the most powerful figures in the Third Reich. Brandt was considered rational, highly cultured, idealistic medical expert. How did someone described by his friends as a "very decent man" come to believe that systematically murdering mentally and physically disabled children and adults was morally justified? How can we rectify our horror at the members of the Third Reich with the idea that they were human? Using photographs of Brandt from childhood to the Nazi Doctor Trial, I will explore the evolution of Karl Brandt from child to idealistic physician to monster. A timeline of the "euthanasia" program will show how Brandt evolved the program to include an ever-widening swath of the population deemed "defective" and how the medical legitimization of the program laid the foundation for the SS and police murder programs that followed. I will argue that by learning about the life of Karl Brandt, physicians today may guard themselves against moral slides towards ethically questionable to reprehensible behavior.

Burke, Katherine
The Monster of Implicit Bias: An interactive workshop for medical students

Implicit bias - the attitudes that unconsciously influence our beliefs, actions, and decisions - is widely acknowledged to be a source of unequal care in medicine. While many think of implicit bias as an unavoidable, inherent condition, studies in recent years have revealed that bias is a learned, habitual behavior that is reinforced by stereotypes, media, and society. This understanding of bias presents us with an opportunity to intervene and begin to break the habit, replacing it with new habits that serve all patients better and more equitably.

This interactive workshop was implemented in a block of first-year classes entitled "Doing the Right Thing," which examined moral intuition, moral psychology, and implicit bias. The workshop begins with a presentation about the origins of implicit bias as a learned habit, and the negative effects of implicit bias in healthcare. Students enact stories about their own experiences with implicit bias, and then break the stories down further using applied theatre methods, engaging in an embodied experience. Students then learn and practice techniques of individuating (focusing on specific information about a person) and perspective-taking (consciously envisioning the other's point of view) to mitigate their own biases. The intention of the workshop is to increase students' awareness of implicit bias, so that as they develop their professional identities and become physicians, they can affect change in healthcare institutions.

Participants will experience an abbreviated version of this workshop, and will learn the applied theatre techniques that make the workshop an interactive event. A list of resources and a workshop outline will be presented.

Cai, Katherine

Bodily capacity beyond pathology: towards an embodied intersubjectivity in Ruth Ozei's *A Tale for the time Being*

This paper builds on simultaneous calls for a critical health humanities that engages with the complexities and difficulties of imaginative literature and with structural injustice, rather than straightforward formulations of interpersonal empathy. Building on considerations of intersubjectivity as embodied, I take a novel concerned with Asian American identity formation, Ruth Ozeki's *A Tale for the Time Being* (2013), as a case study for suggesting that attention to difficulty and disconnection in literary engagement is a critical methodology that can model the challenges of empathy and structural consideration as processes that are deeply enmeshed in one another. Ozeki's novel sketches histories of violence and instances of barely visible but persistent racialized assumptions in well-meaning clinical interactions. Rather than turn to straightforward diagnoses, it depicts illness experience as a bodily state that is enfolded into the formulation of ethical responsiveness to both intimate and globally-connected others. Instead of static illness states that utopically and directly translate into ethical stances, the novel emphasizes the shifting and ambiguous nature of everyday bodily states, which elude clear classification; these experiences are painful and limiting even as they are also open-ended possibilities for ethical action. I begin by considering contestations of biomedical categories in disability studies and medical anthropology to suggest that the novel's integration of individuals' illness experience into their ethical struggles offers an expansive consideration of bodily states beyond characterizations of pathology. I then build on considerations of intersubjectivity to suggest that, in the novel, these bodily states are enfolded into the ethics of intimate interpersonal contexts that come to inform the very material contours of the individual body. Embodied and ethical limitations beyond straightforward characterizations of pathology are thus also the ground for responding differently to intimate and global concerns both within and beyond the clinic. Rather than offering perfect solutions, this ultimately ecological entanglement and the embodied, ethical responses it engenders suggest that to conceive of empathy within large-scale structures is necessarily grounded in acceptance of suffering and failure, through which it is nevertheless possible to move forward with the limited, small-scale means available in everyday life.

Calderon, Pacifico Eric
Pangilinan, Rosalina R.
Pedagogies and strategies to develop cultural competence of health professions students and trainees: a Philippine perspective

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Filipino healthcare professionals working in the Philippines or overseas encounter ethical and professional challenges in delivering culturally competent care. This is due in part to the ethno-linguistic diversity of the Filipino people, the mobility of Filipino healthcare professionals, and the recent ASEAN economic integration, among others. In the education and training of healthcare professionals, strong emphasis should be put on understanding culture and its crucial role in molding individual and societal concepts about health. In the Philippines, however, formal cultural competence training is underdeveloped and inconsistent, mostly dependent on informal learning or experiential and in-practice exposure. The purpose of this paper is to discuss recommended pedagogies and strategies to develop cultural competence of health professions students and trainees in the Philippine setting. Cultural competence is a process rather than a mere terminal outcome or skill, and should be developed in stages by building upon previous knowledge and experience. Exposure to diversity alone without proper facilitation of learning and skills development may lead healthcare professionals to develop ad hoc coping behaviors rather than cultural competence. Both formal and informal education and training systems must embrace cultural diversity through an extensive overhaul of instructional design (curricula and methods of teaching and assessment), teacher training, and communication within health professions education, clinical training, and continuing professional education. Recommend key strategies include: (1) developing curricula and resource materials; (2) teacher training; (3) early exposure to patients and communities; (4) encouraging reflection through immersion to the humanities; (5) exposure to international experiences and linkages; (6) encouraging visiting scholarships and collaboration with experts; and (7) encouraging research aligned with the cultural competence thrust. These recommendations should be viewed as providing general direction rather than specific prescriptions for action. In conclusion, Filipino healthcare professionals must be equipped with the necessary training to provide competent care to patients coming from a wide range of backgrounds. Formal cultural competence training may prove as an effective strategy in improving the knowledge, attitudes, and skills of healthcare professionals as well as the health-seeking behavior of patients.

KEYWORDS: cultural competence, healthcare, curriculum development, Philippines

Cammarata, Jessica Lieb
A Return to the "Art of Caring": Creating a Culture in Support of Humanities Integration in Physical Therapy Education

Once known as the "The Science of Healing, the Art of Caring," physical therapy has been impacted in recent decades by a strong emphasis on evidence-based practice and productivity demands. In physical therapy education, the desire to include an ever growing body of scientific knowledge and psychomotor skills has often caused a lack of time for development of the affective domain and the 'soft skills.' However, physical therapy educators must consider making space for humanities integration in their curriculum or run the risk of training students to be strong in technical abilities but weak in attributes such as clinical reasoning and interpersonal skills.

Based on a case study of one physical therapy program which has been a leader in integrating the humanities into its curriculum, this paper explores the creation of a culture which supports humanities in physical therapy education. Factors leading to successful integration will be explored, including faculty characteristics, purposive student selection, and institutional support. Benefits of and challenges to adding humanities specific to physical therapy education will be addressed. Simple approaches to bringing humanities into physical therapy curriculum will suggested, and practical advice for other programs looking to increase the presence of humanities will be discussed.

Campbell, Courtney
The Frankenstein Myth and Moral Meaning in Bioethics

One of the pioneers of bioethics, Albert R. Jonsen, has observed that Mary Shelley's novel Frankenstein might well be considered "the first text in bioethics." Embedded in Frankenstein are the kinds of questions about life and death, meaning, suffering, and the nature of human nature, that remain at the core of bioethics inquiry some two centuries later. As literary, academic, and popular culture is on the cusp of commemorating the bicentennial of Frankenstein, it seems appropriate and necessary to consider a bioethical interpretation of the ongoing relevance of the Frankenstein story.

I will use the construct of "myth" from religious studies as a way into understanding the meanings a narrative like Frankenstein might convey to an audience of moderns acculturated to technological advances in scientific research and medical application far beyond those anticipated nearly two centuries ago. In particular, Frankenstein speaks to issues about the (1) construction of nature, (2) the image of the self, (3) the origins of catastrophe, and (4) the problem of disruption in the world that are central to both mythologies and to bioethics narratives. I will conclude with (5) a brief analysis of extending the Frankenstein narrative into the question of human enhancement techniques, as illustrated through allusions to the "Promethean" mythology in bioethics discourse.

Carney, James
'The Monster of My Creation': Analyzing fiction for therapeutic purposes using Artificial Intelligence

"The development of full artificial intelligence," Stephen Hawking tells us, "could spell the end of the human race." For Elon Musk, "with artificial intelligence we are summoning the demon." Such warnings will be nothing new to readers of Frankenstein, who recall Victor's fear "that future ages might curse [him] as their pest, whose selfishness had not hesitated to buy its own peace at the price, perhaps, of the existence of the whole human race." Countering these negative assessments of artificial intelligence, I shall, in this paper, deliver a positive vision of how AI and machine learning is being leveraged in support of the health humanities by way of my Wellcome Trust supported project, "Necessary Fictions? Text and Response in Anxiety and Depression."

I shall show how the recent emergence of large datasets of words that have been rated for emotional and cognitive effect, when combined with state-of-the-art word-embedding algorithms like word2vec and GloVe, offer rich statistical representations of texts that can be extracted without human input. Given that individuals with mental health conditions like anxiety and depression evince similar reactions to similar stimuli, this means that texts selected for therapeutic effectiveness in experimental studies can be used as training data for predictive machine learning algorithms. The end result of training such an algorithm should be a shallow neural network that can 'read' an unseen text and accurately predict whether it is likely to be therapeutically valuable (or harmful) with respect to a specified condition.

Though much of my talk will be expository, my hope is that these details will be of sufficient interest to open up a discussion about the distinction between 'human' and 'machine' understanding, and what this might mean for the analysis of a culturally contested object like literature. Equally, I wish to challenge the view that these perspectives are exclusive. After all, it is only through an encounter with the monstrous that Walton learns the limits of heroic narcissism in Frankenstein.

Mary Shelley's Frankenstein is considered one of the earliest examples of the genre of science fiction. In *Metamorphoses of Science Fiction* Darko Suvin famously defined science fiction as the "genre of cognitive estrangement."[1] In this paper, it is argued that cognitive estrangement is a key method of the health humanities as well. Estrangement entails what the philosopher Arthur Danto refers to as "the transfiguration of the commonplace," compelling us to see the routine or the familiar as if for the first time, and, by doing so, asks us to question our assumptions about what is natural or universal. Whether used for existential, aesthetic, or political ends, estrangement as a method is always intended to be a creative act that forces us to become aware of the historical, cultural, or social contingency of the way things in our world are and thus licensing a reimagining of that world. This presentation briefly examines the roots of this method of making the familiar seem unfamiliar in literary criticism and cultural studies and then looks at how this method has been used in three ways in the health humanities— historical, cultural, and aesthetic. It is argued that one of the primary moral objectives of the health humanities is to make medical practice strange.

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[1]Suvin, Darko. (1979). Metamorphoses of science fiction : On the poetics and history of a literary genre. New Haven: Yale University Press.

Chavez, Hallie
Romantic Period Art as Conversations with Enlightened Science

Mary Shelley's *Frankenstein* uses horror to show the dangers of pursuing science without considering the humanities. While the creature may be gruesome and its creation process more spark-y than a safe lab ought to be, the horror does not necessarily lie in the science. Shelley, with her unique access to scientists such as Humphrey Davy, can understand the basic scientific principals. Shelley may be as well-versed in the theories of her times as her character Victor Frankenstein is (if less obsessed by it) and parallels can be drawn between her experiences and that seen in *Frankenstein.* Shelley was familiar, for instance, with Davy's *Elements of Chemical Philosophy*, and the creation scene resembles Giovanni Aldini's radical galvan demonstrations, experiments based on the first examinations of the electrochemical behavior of cells. The horrific part, instead, lies in the scientist. Shelley had an advantage over Frankenstein in that her studies did not end in the textbooks. Shelley read and lived among other Romantic champions, such as Samuel Taylor Coleridge, Lord Byron, and her husband, Percy Blythe Shelley, among others.

Romantic thinkers like Shelley, grown out of the Enlightenment and Scientific Revolution, used science to probe ethical questions on humanity, *Frankenstein* in particular a discussion of what defines humanity. And while Shelley's *Frankenstein* may leave the most prominent legacy, she was the not the only Romantic voice to look for the life in science. Artist Joseph Wright of Derby, too, continued the conversation between science and ethics, as evident in his painting *An experiment on a Bird in the Air.* The Romantic's read and reacted to the science of their time and of the Scientific Revolution, using art to point the conversation towards the lives impacted by these revolutions. Shelley's *Frankenstein* bridges science with humanities to access questions science alone cannot reach, many of which continue to be relevant today.

Chen, Julie[1, 2]
Potash, Jordan[3]
Tsang, Joyce[1]

Mandalas As a Window into the Wellbeing of Medical Students

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Background and aims

The creation of mandalas, or art made in reference to a circle, has been used for therapy and for increasing self-awareness and achieving general wellness. The aim of this qualitative study was to explore how creating mandalas in a medical humanities programme might provide medical students with an opportunity for reflection on their current psychological state. We specifically sought to identify common mandala patterns, which may provide insight into the concerns and well-being of the students.

Methods

All third year medical students at The University of Hong Kong over two academic years (n=241) participated in art-making workshops to explore their self-awareness of their own emotional state. Under the guidance of an art therapist, students created a mandala in response to the question 'How am I right now?' completed an accompanying piece of reflective writing, engaged in group discussion and finally participated in a debriefing. We analysed the mandalas according to themes as described in a Jungian-based framework, the 'Great Round' where each pattern is associated with various states of consciousness. We further conducted a similar thematic analysis of the students' writings.

Results

74.7% (n=180/241) of student allowed their work to be included in the study. It appeared that students struggled with integrating conflicting perspectives as they attempted to reconcile their professional identity as doctors-to-be. They also expressed psycho-social concerns including navigating difficult emotions, requiring nurturance, handling endings, contemplating existential concerns and managing stress.

Conclusions

Mandala making as a reflective activity provided insight into evolving professional identity and the psychological state of students, which may help medical educators as they nurture the development and well-being of our future doctors. We suggest using mandala making as a means for medical students to reflect on their emotional state and to achieve psychological balance.

Cheung, Amy
Disruptions in the doctoral journey: The impact of serious and chronic illness on doctoral education and identity

Harvard Graduate School of Education

Doctoral study can be extremely daunting and is often undertaken parallel to other responsibilities such as working, raising a family, and caregiving. Given this context, it may not be surprising that persistence towards completion of a doctorate is challenging, and perhaps even more so when a life-altering event such as critical illness occurs. In this presentation, I present emerging findings from a study conducted with doctoral students who have been diagnosed with serious and/or chronic physical illness during the course of their study. Illness represents a powerful manifestation of disruption that serves as an "extreme case," making visible complex factors influencing doctoral completion and student well-being. Using in-depth interview data from 30 interviews with 10 students who have or have experienced critical and chronic illness—including, for example, cancer, multiple sclerosis, intractable migraines and repetitive strain injury-- I examine the consequences of illness on identity and specifically seek to understand how illness interferes with, changes, or integrates with scholarly identity and aspirations.

For this presentation, I have three goals. First, I present initial findings that connect the experiences of study participants to the rich body of literature that has theorized experiences of illness as a disruption to identity (Bury, 1982; Charmaz, 2000). For example, serious illness is temporally disruptive for a student expecting to make progress according to institutional milestones. Illness can also be cognitively and physically disruptive, decreasing the stamina and focus needed to attend class, complete assignments, conduct research, and write—all of which are activities that constitute the "bread and butter" of doctoral life. Second, I explore how "storylines" (Frank, 2013) evident in how students talk about the impact of their illness can reveal and reproduce norms of doctoral education, such as constructions of self-worth through productivity and expectations of being able to "power through" physical and emotional challenges. Finally, I consider my positionality as a doctoral student and cancer survivor in carrying out my research. I engage the audience in considering the ethics and difficulties of carrying out this research; guided, on one hand, by an "ethic of the communicative body" (Frank, 2013) but also cognizant of the limitations of researcher-participant relationships.

Childress, Andrew
Lazaridis, Christos
Scott, Christopher
Stigma and Sensibility: The Face of the Other in Frankenstein

Although the Creature longs for human companionship and strives to be virtuous, these feelings are insufficient when faced with the cruelty of those humans who are repulsed by his appearance. This panel presentation will discuss the social construction of stigma and its effect on those who are forced to navigate life with a "spoiled identity." We also consider the moral relevance of physical appearance and how current assumptions about health, illness and injury may be reversed in the dawning era of bio-enhancement.

Panelist 1 will discuss insights from an interview project involving burn survivors who are also research subjects. The panelist will discuss the concept of "unhomelikeness" in the context of stigma experienced by these subjects who travel from Mexico to seek care in the US. Perceiving the body as "unhomelike" affects self-image and resilience in the face of stigma.

Panelist 2 will use a dialogue between Socrates and a fellow Athenian who has met the Creature, to discuss four characteristics of his "otherness:" grotesque appearance, abnormality, artificiality, and assumptions about diminished or nonexistent cognitive and affective abilities. These characteristics will be considered in the context of their moral relevance and the connection between our affective responses and our obligations towards the Other. The panelist will argue that that these characteristics are morally irrelevant, yet they are involved in all encounters with the Other.

Panelist 3 reframes the Creature as a semi-successful manifestation of mankind's ambition to transcend the limitations of our frailties and imperfections. This panelist argues that he should be seen as a prototype that set the foundation for user-controlled prosthetic limbs and bioprinted, wifi-linked eyeballs. Furthermore, she will show how the stigma of "bio-creation" has now been reversed: to *not* adopt technologies that make us smarter, faster, or healthier is to join a shrinking number of humans who risk becoming socially and economically obsolete.

The session is designed for maximum audience interaction: each panelist will give a flash presentation (about 7-8 minutes) and the remainder of the time will be spent in a moderated discussion with the audience.

Corteel, Mathieu
The Notion of Monstrosity in Historical Epistemology - from Gaston Bachelard to Michel Foucault

During the 19th-century, the ontogenesis of monsters began to be considered as a process in the formation of embryo. With the experimental work of Théodore Geoffroy Saint-Hilaire, the appearance of anomalies in the living was no longer considered – as it was at the time of Ambroise Paré – from excess or failing of semen. The monstrosity began to deal with the gestation of embryo. Every malformation was therefore considered as a delay in the ontogenesis process. "The monsters according to the new theory are, in some respects, permanent embryos"[1]. The anatomy of the monster manifested a primitive form stopped by accident during the individuation. According to Georges Canguilhem: "For an organism of a given species, today's monstrosity was the day before yesterday's normal condition"[2]. This particular temporality of the monstrosity was used in historical epistemology as a concept to describe errors from the past that remain in the present. In that sense Gaston Bachelard, considered, from its epistemological situation, some errors that persisted as: "the monstrosity that proliferates in the field of false explanations of vulgar knowledge"[3]. Bachelard judged these "monsters" from his epistemological situation. However its concept of monstrosity doesn't permit to classify these errors. "It is also very difficult to establish a hierarchy of error and to describe in an orderly way the disorders of thought"[4]. Against that, Michel Foucault abandoned the Bachelard's position to put in evidence that the interpretation of the past from the present misunderstands the "regime of truth" of a particular period that classified errors. Futhermore, there is in the history of science some truth that wasn't within the truth. This is for example the case of Georg Mendel's theory. "Within its own limits, each discipline recognizes true and false propositions; but it pushes back a whole teratology of knowledge beyond its margins"[5]. From the study of the monstrosity in history of science this workshop will question the exclusion of theories beyond margins. Moreover, it will put in evidence that for the historical epistemology tradition theories lived, died and resurrected.

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[1] T. Geoffroy Saint-Hilaire, *Histoire particulière et générale des anomalies de l'organisation, Paris, Baillière, 1832, T. 1, p. 19.*

[2] G. Canguilhem, "*Monstrosity and Monstrous"*, in *Diogenes,* 10 (40): 27-42 (1962), p. 37.

[3] G. Bachelard, *Le rationalisme appliqué,* Paris, PUF, 1949, p. 148.

[4] G. Bachelard, *The formation of scientific mind,* Manchester, Clinamen Press, 2002, p. 31.

[5] M. Foucault, *The Order of discourses,* In *Untying the text : a post structuralist reader*, edited by R. Young, Boston, Routledge, 1981, p. 60.

Clark, Claire[1]
Piercey, Raven[1]
Saffran, Lise[2]
Valier, Helen[3]
Marketing the Health Humanities: Sharing Techniques for Promoting Educational Initiatives

The rapid growth of health humanities in recent years has counterintuitively increased the necessity of marketing programs and courses in the field. As fledgling programs take off, established programs grow, and new programs explore unprecedented educational territories, health humanities educators find ourselves seeking support from diverse constituencies. In order to attract students, attain faculty and administrative support, build partnerships, and obtain resources, coordinated communication is vital. Yet many leaders of health humanities programs view themselves as, first and foremost, scholars and educators. We are not formally trained in marketing. When we discuss program development, we often gravitate toward discussions of curriculum development rather than public relations campaigns.

This panel discussion breaks this silence by sharing best practices for promoting the health humanities within the contexts of prehealth, undergraduate medical, and public health education. Three educators and program coordinators will discuss building a successful and popular Medicine and Society program within an Honors College; using social media to encourage medical students to select health humanities experiences in a required first-year course in Introduction to Clinical Medicine; and integrating and promoting the health humanities in a Master of Public Health program.

Each panelist will speak for ten minutes. The remainder of the session will be dedicated to a structured discussion of marketing approaches for different educational contexts. Working in small groups, panelists and attendees will draft a shared document describing our ideas for promoting the health humanities within and across courses, institutions, and the health professions.

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[1]University of Kentucky
[2]University of Missouri
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Curtis, Henry A.
Mozayan, Cameron

Worthwhile? Interruptions in the Emergency Department: a Virtual Experience.

The advent of virtual reality (VR), augmented reality (AR) and mixed reality (MR) has the potential to revolutionize traditional medical education and improve the practice of both novice and expert physicians. This technology saw its initial medical application in surgical specialties, being used to explore challenging anatomy, but has since expanded into training opportunities to advance familiarity with complex equipment, mitigate challenging diagnostic encounters, and learning space within recorded vignettes of actual patient care (1,2). This immersive educational modality has additionally presented itself as a vital tool for future education in clinical critical thinking including such as that espoused by the medical humanities.

As immersive digital media, we believe that VR, AR and MR offer a unique opportunity for reflection. In VR one can observe patient care environments omnisciently or in character as a caregiver or patient. This experience can be appreciated as a whole or paused at predefined or user determined reflection points. Should the scenario be paused, interactive elements can enrich the experience with layers of media such as streams depicting comments from experts, photos, summaries, tables and graphs.

We created a virtual reality experience depicting the impact of distractions in the emergency department during the interaction between emergency resident physician and patient. Themes are explored from an omniscient viewer vantage point, interrupting the history, physical, connection, and medical decision making constituents characterizing the interface of resident physician and patient in the emergency department. It is known that the emergency department is an epicenter of distractions in a fast-paced patient care environment, where multi-tasking and interruptions are involved in errors in medication, patient triage, and delayed diagnosis (3,4). Even for seasoned MDs and RNs, these distractions can have a severe impact on patient care. It has been estimated that a physician may be interrupted an average of 31 times over three hours, or once every six minutes (4). Many believe that these interruptions are necessary and should be prioritized over the connection afforded by being in the moment between doctor and patient.

By opening a window to this environment fraught with interruption, we hope to improve awareness of the external stressors impacting the interaction between doctor and patient and ultimately of the dangers of such. We ask the user to consider whether all of these or perhaps any of these interruptions are necessary and more importantly, whether they should be prioritized over an uninterrupted connection between doctor and patient in this high-risk environment. We trust that after immersion in this thought provoking scenario, our audience will appreciate the immense potential of the worlds of virtual, augmented and mixed realities.

Curtis, Henry A.
Mozayan, Cameron
Worthwhile? Interruptions in the Emergency Department:
a Virtual Experience.

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Dave, Priya
Blaming The "Monster"

Blame pathology and etiology can be studied by focusing on the actions of the "monster" in Mary Shelley's *Frankenstein*. Analyzing the social factors contributing the actions of the creature provides an interesting method of understanding blame in modern society. Both blame and moral responsibility have been concepts central to society for thousands of years. Aristotle, circa 300 B.C.E, was one of the first recorded to philosophize on the concept of moral responsibility. Aristotle focused on the determination of blame attribution.

Literature reviews suggest that in discerning the nature of modern-day blame placing, there have been two major schools of thought. The utilitarian theory of blame justifies the placing of blame by pointing towards its effectiveness in filtering out socially undesirable behavior. The causal deterministic perspective of blame focuses on understanding the factors that lead up to action instead of defaulting to blame placing on the individual actor. This paper will take the causal deterministic perspective in that there are no grounds for blaming an individual, but will also take the utilitarian point of view, taking into account the necessity of punishment when studying blame. Case studies, including analysis of the literary work *Frankenstein*, are utilized to study the nature of blame placing in modern-day society.

Davis, Elizabeth M.
Frankenstein and His Monster as Wounded Storytellers

Now in its 200th year, Mary Shelley's Frankenstein has emerged as a focal point for a wide-ranging set of issues, including medical technology, medical ethics, gender and birth, genetics, disability, and mental illness. However, mental illness has been a lesser focus in analyses of Frankenstein, and the power of the narrative within the story to represent mental illness and to heal listeners has not been fully explored. Medical sociologist Arthur Frank has theorized that the ill are wounded storytellers whose stories serve to heal themselves and to heal others. Frank's work has been applied predominantly to the stories of real patients rather than fictional characters.

This project applies Frank's three narrative types to the story of Frankenstein as a means to understand how Victor Frankenstein and his monster both represent their own damaged identities and reflect each other's physical and mental dis-ease. Frank's narrative types include: the restitution narrative, a story of lost and reclaimed health; the chaos narrative, the inchoate expression of pain and dis-ease; and the quest narrative, a story of illness as purpose and gain. Dr. Frankenstein expresses the chaos of his emotional crises, and his deep desire to be restored to a state of being prior to his creation, while the monster articulates the chaos of simultaneous awakening and abandonment and the quest to become more than he is.

In this research, I argue that Dr. Frankenstein and his monster each serve as the embodiment of the other's mental illness, and that in telling their stories, each reflects the dis-ease of the other. By closely examining the narrative structures used by the protagonist and antagonist in the novel Frankenstein, this project offers new insights into how mental illness is articulated within fictional literature. This research also helps to extend the use of Frank's narrative types beyond the focus on stories of real patients to fictional literature.

Key words: *Frankenstein,* narrative, mental illness, wounded storyteller, Arthur Frank

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Denson, Shane
Frankenstein and Bioethics Beyond Chance and Choice

Mary Shelley's *Frankenstein* raises fundamental questions about human-technological relations. Today, however, in an age of rapid developments in genetic knowledge (genome mapping) and intervention (genome editing), *Frankenstein* is more likely to evoke associations with the *biotechnical* revolution currently underway than with the novel's historical backdrop of the industrial revolution. Due to superficial thematic connections, as well as deeper cultural fears, clichéd images of Frankenstein and his monstrous creation have become staple references in popular discussions of biotechnology. Shelley's Gothic novel (sometimes through the lens of one of its many cinematic adaptations) is often invoked as a cautionary tale of the dangers of scientific hubris and the unpredictable consequences of "playing God." Implicit in these often emotional appeals is the claim that *Frankenstein* offers a suitable framework for consideration of real-world bioethical problems—a claim that proponents of genetic research and biotechnical intervention understandably want to deny. More interesting, however, than the question of the appropriateness of the novel as a frame for serious consideration of bioethical problems is the converse thesis: i.e. the notion that bioethical debates offer a fruitful, if apparently anachronistic, framework for coming to grips with crucial issues raised by *Frankenstein*. Thus, my juxtaposition of *Frankenstein* and contemporary bioethical discussions aims at uncovering the dynamics by which the recalcitrance and exteriority of modern technology to human discourse, in its direct impact on the lived body, can be seen to irreversibly undermine the relations of nature and artifice so central to normative humanity. Finally, then, contemporary discussions of biotechnology, with their Frankenstein subtexts, offer a rich arena within which to examine the material conditions of what I term "technological irreversibility," to investigate the cultural strategies by which we seek to avoid it, and to explore its consequences for our thinking about ourselves, our technologies, and their points of intersection.

*Stanford University

DuBroff, Jason
Humane White Coats: Addressing the monster of a globalized, balkanized garment industry

Since its inception in the early 1990's, the white coat ceremony has become a salient rite of passage for medical students around the world intended to mark the matriculation of students into medical school. Additionally, the white coat ceremony seeks to set an ethical tone for the profession as a whole by having participants recite an oath as part of the ceremony. While much of the medical literature has described the symbolic and cultural implications of the white coat ceremony, little attention has been paid to the actual white coat as an object of material culture central to the ceremony itself.

At my own institution, I was asked to take the Oath of Geneva, which calls for the "utmost respect of human life." This Oath felt completely incongruent with the white coat my dean slipped onto my shoulders as it bore a tag that read, "Made in Pakistan;" a country with known human rights transgressions within the garment industry. Globally, the garment industry has poor standards with regards to human rights and working conditions. The problem is further compounded by tortuous, convoluted supply chain that make true provenance of a garment difficult to assess.

However, some makers of white coats employ third party oversight to ensure that white coats are produced under humane conditions. Indeed, I was able to have my own medical school purchase white coats from a manufacturer that endorsed using such oversight measures, which more closely aligned both the material and symbolic culture of the white coat ceremony.

Given the symbolic importance of the white coat as a synecdoche for physicians, and the availability of ethically made white coats, it would be a missed opportunity to not formally incorporate this change into the ceremony. To do so would signal the profession's acknowledgment of the social determinants of health and respect for human life the world over. Lastly, rites of passages, such as the white coat ceremony, are not immutable vestiges of tradition but rather are dynamic cultural entities that deserve to be revisited and refined as a profession's values evolve over time.

Edwell, Jennifer
Human, but Barely: A rhetorical analysis of NICU memoirs

Kelley and Thomas French's daughter was born at twenty-three weeks and six days gestation. Their memoir, *Juniper* (2016), opens with an epigraph from Shelley's *Frankenstein*, linking their experience in the Neonatal Intensive Care Unit (NICU) with Victor and his creature. Similarly, Deanna Fei recounts the harrowing experience of her daughter's premature birth and the extraordinary medical interventions that helped her survive in *Girl in Glass* (2015). Sustained by numerous technologies, premature infants in the NICU, like Juniper and Mila, are part organism and part machine. In essence, she is a cyborg.

Throughout their memoirs, Deanna and Kelley worry that intensive medical interventions are a denial of some fundamental truth and that overriding the 'natural course of life' makes them culpable. Fei writes, "In my daughter's case, a series of medical interventions rescued her from my body. But what if her continued survival is the most unnatural part?" (80). Here, Fei grapples with whether a life that is artificially, technologically created can be a worthy life. The neonatal cyborg troubles the assumption that "nature" has a monopoly on creation. These memoirs reveal how parents come to understand the blurred boundary of technology and creature in their children's cyborg bodies.

The NICU is a medical frontier, and cybernetic origins are accompanied by a host of new quandaries about our authority and responsibility for the start of life. In this presentation, I discuss my rhetorical analysis of these two memoirs, drawing on scholarship about life writing and the rhetoric of health and medicine. I demonstrate how parents utilize the symbolic resources of religion and medicine to negotiate choices and make sense of their experiences. Further, I explore how biomedicine conditions precariously new life through materiality and discourses about neonates, and I reflect on how these biomedical constructions intersect with beliefs that give meaning to natality, our individual and collective origins. Ultimately, I believe the NICU is transforming how we experience, understand, and communicate about the origins of life, making it a rich site for Health Humanities research.

UNC-CH

Eichbaum, Quentin
Bell, David
White, Leonard
Exploring the Dualities of Beauty/Horror and Empathy/Violence in the Human Brain

The story of Frankenstein contains elements of both "beauty and horror" as well as "empathy and violence" and, as such, embodies these same dueling attributes in human nature. Thus, humans are at once the most empathetic as well as the most violent of species. Likewise, humans have a deep appreciation for beauty (and a striving for the sublime) that co-exists alongside a morbid fascination with destruction and horror. These unchartered dualities present a conundrum to our understanding of who we are as moral, thinking and spiritual beings. These dualities are moreover of relevance in the practice of medicine where physicians (especially diagnosticians like pathologists) are daily confronted with the sublime visual and cognitive "beauty" of diagnoses and disease (e.g. a fascinating case or beautifully stained microscopic specimens) that may portend the horror of terminal illness and untimely death.

This session will explore these dualities of "beauty/horror" and "empathy/violence" in the human brain through three lenses or perspectives: (1) art/humanities; (2) meta/neurocognitiion; (3) human neuroanatomy. The **arts/humanities lens** will explore these themes through the eyes of a range of humanists (philosophers, visual artists, writers, poets) through history from Greek times, through the Romantics, to modern times. The **metacognitive lens** will explore these dueling attributes from various cognitive angles including attention, perception, memory, narrative, empathy, and neuroplasticity. The **neuroanatomic lens** will explore the structure and function of brain regions and pathways that are implicated in empathy, dehumanization (violence), the appreciation of beauty (the sublime), and the experience of horror. Participants in this session are invited to the confluence of 'beauty and horror' by visually and haptically examining (preserved) human brain specimens.

This panel explores the complexities and ambiguities of these unresolved human attributes that render us at once tender, resilient and caring - but also violent and fascinated with horror and annihilation. A corollary aim of the session will be to debunk the myth of the "two cultures" by showing how the same brain systems mediate the sciences and the humanities, and illustrating the rich dialogue that is possible across disciplines.

Elkin, David
Toutoungi, Tina
Written in the Body: Narrative Practices in the Clinic

Bios:

David Elkin, MD, MSL is a psychiatrist on the consultation-liaison service at SF General Hospital and professor of psychiatry at the UCSF Medical Center with interests in education, ethics and the humanities.

Tina Toutoungi, MD is a 3rd year resident in psychiatry at UCSF with an interest in psychotherapy, and a founding member of the resident humanities interest group.

Objectives:

Participants will 1) demonstrate increased awareness of how narrative approaches to care can be utilized to deepen the therapeutic alliance between patient and clinician; 2) understand three connections between narrative approaches and ethical decision-making; 3) list four major sources for health humanities works to use in their future teaching endeavors.

We will begin by briefly reviewing narrative-based competency and the use of the humanities in understanding clinical interactions. Participants will then read aloud together and discuss two brief essays about patients whose perspective on their symptoms run counter to their doctors' expectations. For each exercise, the group will consider questions including:

How do emotions and expectations affect the dynamics of clinical interactions?

What happens when clinicians feel stress, scorn or disbelief about their patients' health complaints?

How do societal expectations affect the doctor-patient relationship?

How can physicians make better use of narrative practices such as recognizing symbolism to better understand their patients, and the ethical tensions that arise in the dynamic between healer and patient?

We will then transition to a meta-level discussion, reflecting on our experiences in this workshop and focusing on our own roles as clinicians and educators. By the conclusion, participants will have a practical basis for utilizing humanities-based pieces in their own work. They will be able to anticipate the challenges and opportunities of integrating multiple perspectives including medical, psychiatric and narrative-based views. Participants will be provided with a listing of humanities-based resources (film, essays, stories), as well as tools to identify and evaluate their own material. We will discuss how to utilize the humanities to better understand patients' experiences of illness, and to enhance a sense of meaning in both patients and providers.

Fair, Tyler
Intersectionality in Conflict and Complement: End-of-Life Spiritual Care for Lesbian, Gay, Bisexual, and Transgender (LGBT) Elders

It is widely recognized that good health care requires sensitivity to the unique backgrounds and identities of patients. This is especially true for end-of-life (EOL) care because death is a period particularly difficult emotionally, culturally and spiritually. While responsive care is important for all marginalized populations, people that experience "intersections" of multiple forms of discrimination feel the collective result of these discriminations in distinct ways. One perfect example of this is Lesbian, Gay, Bisexual and Transgender (LGBT) elders: LGBT elders experience ageism differently than other elders and trans/homophobia in ways distinct from younger LGBT people. Two institutions that have significant histories of discrimination toward LGBT people are medicine and religion. Health care chaplains, who work in the intersection of medicine and spirituality/religion, therefore carry into their interactions with LGBT patients the complex history of both of these institutions. The relationship between chaplains and LGBT people generally is not well researched, the literature on the relationship between chaplains and LGBT *elders* is essentially nonexistent. This gap in knowledge is particularly precarious because of the large population of LGBT Baby Boomers entering and soon to enter into elder-oriented care.

In order to better understand the complex relationship between EOL spiritual care (defined here as the work of chaplains in hospice and palliative care) and LGBT elders (Baby Boomers and older), in-depth qualitative interviews were conducted with both EOL chaplains and LGBT elders in the Colorado Front-Range area. The themes from the interviews with these two groups hold important lessons for more responsive EOL spiritual care for LGBT people. Beyond this, however, this complicated and intersectional relationship likely holds important lessons for religion and medicine as a whole.

Farkas, Carol-Ann

Monstrous Loneliness: Reading Isolation as Illness in Frankenstein and Contemporary Culture

MCPHS University - Boston

In *Frankenstein,* terror arises from the unstable, potentiating, tension between elusive and excess meaning: there is so much we don't know; what we don't know means everything. Our fascination with this fundamentally gothic condition maps very well onto some of the motivating concerns of the health humanities: our uneasy relationship with illness; our use of narrative to order the illness experience; our use of illness as metaphor in the narratives we create about our relationships to ourselves and others.

In this presentation, I consider Frankenstein as an illness narrative, where the malady afflicting Victor and the monster functions metaphorically to help us understand a pathology afflicting contemporary culture. What makes Frankenstein terrifying, and appallingly relevant today, is the uncanny isolation haunting the narrative, much as we are haunted by the so-called "loneliness epidemic." Like us, Victor and the monster are terribly, pathologically alone.

Importantly - a very gothic detail - what should be the way out is instead the trap: Victor and the monster share a misguided conviction that mastery of knowledge will give them, if not power, then comfort. Victor longs to understand, and to control through understanding; the monster longs to be understood. Both become irredeemably vain about their own knowledge even as they each misinterpret, or just miss, information - about what should connect them to other humans, about what it means to *be* human.

The belief - shared by Victor, the monster, and us - that knowledge is a tool for overmastering the human (in literal and figurative ways), becomes a kind of consumption, produced by, productive of miserable separateness.

Frankenstein offers a valuable analogy for my current study of the loneliness epidemic, where deprivation of recognition and acceptance is eroding the physical, mental, and social health of individuals and communities. As Victor and the monster demonstrate, knowledge and its cultural and technological products can create a consuming illusion of healthy mastery over our condition, the pursuit of which is in fact leading us into a terrifying wilderness of pathological alienation.

Feng, Anne
The Monsters We Create:
Vaccine Hesitancy, Anti-Smoking Campaigns, and Responsibility in Rhetoric

Vaccine skepticism has contributed to recent outbreaks in vaccine-preventable diseases in the United States. Part of the success of their campaigns can be attributed to a use of cautionary tales and incendiary depictions of alleged consequences of vaccines, which generate more emotionally compelling messages than the nuanced, fact-driven counterarguments presented by vaccine advocates like mainstream public health organizations. Although the latter places a strong emphasis on fighting misconceptions with science and sound logic, fear-based approaches similar to those favored by vaccine skeptics have also been successfully used by these same parties in the context of anti-smoking campaigns. Yet despite the temporal overlap, similar overall goal in increasing refusal, and high public awareness of both efforts, little work has been done to determine ways in which anti-smoking campaigns have influenced vaccine hesitant rhetoric, and vice versa.

To investigate this relationship, this work compares the textual and visual rhetoric present in images and advertisements that depict smoking and vaccine dangers, focusing on government-sponsored anti-smoking campaigns and images produced or promoted by prominent vaccine hesitant groups. Initial findings already reveal similarities in motifs present across these two causes in recent years, including danger symbolism and ominous, decontextualized descriptions of ingredients. Through this analysis, this work aims to elucidate the downstream consequences of fear-based rhetoric used by public health officials to promote scientifically sound arguments, and raise questions of whether this usage confers implicit validation of these techniques when applied by their opponents in other health-related conversations.

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Pin-chia Feng
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Taiwan

There has been a long history of Taiwanese medical professionals engaging in creative writing; the creation of graphic narratives, however, is a novel attempt by the island's healthcare providers. Starting with the publication of Crazy Hospital 1 in 2013, there have emerged multiple volumes of graphic narratives regarding training and practices in Taiwanese hospitals created by medical practitioners. Crazy Hospital, the first locally-produced "hospital comics" in Taiwan, was shortlisted for the Golden Comic Awards of the Ministry of Culture from 2013 to 2016 and was finally awarded in 2016. The original creator of the series, Laya, or Dr. Lin, is a psychiatrist who has been nicknamed "the Black Jack of Taiwan" after Osamu Tezuka's inspiring manga character. Teaming up with the comics artist Liang Yuan (Two Dollars) and deploying the traditional Yonkoma format, Laya's collections of comic strips offer wacky and sarcastic caricatures of hospital culture in Taiwan. The success of Crazy Hospital has inspired Dr. Wei, a specialist in emergency medicine, to publish two volumes of The ER Ironman featuring the daily challenges faced by Wei and his co-workers in the emergency room. In contrast to the black-and-white comic strips in four panels in Crazy Hospital, The ER Ironman presents full-color illustrations in contemporary manga style presenting ER stories clustered around different themes and inserted with serval pieces of prose vignettes. In addition to the superhero image alluded to in the title, Dr. Wei also invokes that of the Chinese martial art master to portray his ER team. This paper analyzes the graphic representations of Taiwan's medical culture in Crazy Hospital and The ER Ironman as a means by which Taiwanese doctors are sharing their lived experiences, commenting on the decline of the healthcare system, and reclaiming their own profession.

Fisher, Jenifer
York, Nikki
Poor Unfortunate Souls: Disney, Poverty and Mental Illness

Jenifer Fisher, MLIS and Nikki York, MSW.

Background: Disney has been shaping the way children view the world for close to 85 years. While more recent films have taken steps to diversify the Disney universe, by adding characters of various ethnicities and backgrounds, the way the company romanticizes poverty and those struggling with trauma continues to be problematic. Even though movies like 1992's *Aladdin* features a rich Middle Eastern world, Princess Jasmine fantasizes about living peasant's life. This is problematic because no thought is given to the social constructs which have created an environment rife for exploitation and crime. Disney has built a hierarchy that tells impressionable youth that "poor" characters who have experienced severe trauma throughout their childhoods can gain social status, not through hard work or change, but through good looks, pure hearts, and a wealthy spouse.

Research Question: An analysis of the intersectionality of mental health and poverty portrayed in Disney films. This paper will look at a Disney movies depict youth with traumatic pasts and financial hardships, and the way they correct the lives of these underprivileged characters by taking plucky, attractive, good natured urchins from squalor and validating them with a rags-to-riches transformation, often by wishing on a star.

Methods: Using a mixed methods approach to look at films from both a qualitative and quantitative lens this paper will analyze 15 known Disney theatrical films that depict characters with lower-income lifestyles and signs of undiagnosed mental illness.

Implications or applications of the work: Disney is often credited with giving children positive role models and encouraging them to be good, but not to push them to look past their own economic means. Studies have shown there is a strong link between mental health and poverty yet society continues to stigmatize those who seek mental health treatment or other services to improve their quality of life. If we want to end the stigma of poverty and mental health, then pop culture should show accurate examples of how people can break the cycle.

Fox, Ann M.
Uncanny Disability Activism: Horror Becomes Humanity in *The Humans*

One of the conference prompts for *Frankenstein @200* asks, "What is human? What is a Monster? How do we decide?" As any literary disability studies scholar will tell you, authors and dramatists have long leaned on impairment to decide: the imagined horrors of a disabled existence have become that against which a so-called normal humanity can be defined. Or in other words: disability is the monster we are all made to fear, that which plunges us into a living fright show. Indeed, in *Frankenstein*, Victor Frankenstein rejects his creation because of his revulsion at the Creature's horrific embodiment; the Creature, in his turn, lives to fulfill his (at least according to the conventions of literary metaphor) inevitable destiny as embittered agent of heinous revenge on normate bodies.

Can images of horror be claimed in new ways to advocate for disability justice? In this paper presentation, I will explore one possible answer through considering Stephen Karam's Tony Award-winning play *The Humans.* Disability is not ostensibly this highly successful play's main concern, yet through disability, it brings into sharp focus the inequities of health care and the precariousness of middle-class existence in the United States in an era of growing income inequality. It associates disability experience with how everyday American identity is defined, and in so doing, shows a reality to disabled lives in their ordinariness and multivariedness that is deeply ethical, striking, and exceptional for commercial theater. Most significantly, however, it uses elements of horror and the uncanny in its unfolding performance, a choice Karam has associated with the play's exploration of middle-class decline. Yet I think that through these references to horror, Karam also suggests the embodied experience of disability—for example, PTSD—in ways that circumvent typical literary associations between disability and the monstrous. I argue that this deployment of horror becomes a significant retort to customary stereotypical disability tropes, and an example of what I am calling *adaptive activism* – ways in which popular works of art can become unexpected mechanisms for disability justice.

*Davidson College

Fox, Rachel
Park, Kelly

Weight Stigma Reduction among Medical Students Through Narrative Medicine

Kelly Park, Keck School of Medicine; Rachel Fox, University of California, San Diego

Reducing weight stigma in medicine is a daunting but necessary task. Despite scientific evidence refuting many negative stereotypes about the health of fat individuals, stigmatization of fat patients persists, directly contributing to the negative health outcomes often attributed to fatness. Prior efforts to reduce weight stigma have treated fat people as pathologic case studies rather than complex individuals; perhaps unsurprisingly, these efforts have had limited success. Thus, we turned to scholarship on intersubjectivity from the health humanities to design an intervention in which medical students and fat people could participate as equals.

In serial workshops at the Keck School of Medicine of USC, mixed groups of medical students and fat individuals participated in a pilot study examining the capacity of collaborative close reading, repeated re-writing of trauma narratives, and long-term paired workshopping to reduce stigma and build dignity-affirming relationships. We posited that narrative methods could help overcome weight bias in medical education, but would not sufficiently address the stigma based in fat corporeality. We therefore welcomed fat participants from an activist community into the room as agents of change, and selected texts that spoke to the dehumanizing effects of fat phobia.

This augmented approach combined the empathic potential of narrative medicine with contact-based methods -- i.e., the physical presence of fat people -- to combat weight stigma as an embodied, irrational bias. Most crucially, we sought to render narratives of weight stigma susceptible to re-embodiment and reclamation by *both* students and community participants.

Preliminary results from qualitative and quantitative data reveal that all participants were profoundly affected by the workshops. In focus group interviews, both students and community members noted how visceral reactions and authoritative narratives shape clinical encounters despite bias training. More importantly, the common ground they found in their creative works inspired mutual compassion and pledges to carry their new knowledge into future clinical encounters; these responses corresponded to quantifiable decreases in fat phobia per the Fat Phobia Scale. Our findings demonstrate that embodied empathy counters embodied stigma, and therefore reinforce the importance of centering the expert perspectives and presence of marginalized people in health humanities work.

Frolov, Latoya
Frolov, Alexander
A Cinematic Take on the Monsters of Medicine and Culture

Mary Shelley's classic proves that an eloquent depiction of the potentially grotesque power of science and medicine can reverberate through two centuries of bioethics debate. Comedy, however, especially in combination with horror, can provide a similarly visceral depiction of a swath of cultural and biomedical conundrums, as evidenced recently by the 2017 hit movie "Get Out." We thus propose a flash presentation examining the movie in this context, with a focus on the monsters of various forms depicted in the movie: the abuse of the power of medicine and the inherent hubris therein; the physician-patient power differential; the coexisting covetousness of and disregard for cultural and racial norms; and the appropriation of one life for the sake of another. The movie will be evaluated in the context of the history of depictions of medicine in popular television shows and movies, and will likewise aim to stimulate discussion regarding the capacity of popular film to generate culturally timely discussion and introspection. Finally, the presentation will introduce a more personal aspect into the discussion based on the presenters' background as a mixed-race couple training in psychiatry and neurology, in order to explore the underpinnings of the most viscerally uncomfortable scenes in the movie.

Garland-Thomson, Rosemarie
Learning from Creatures: Dignity Maintenance and Stigma Management in Mary Shelley's Frankenstein

A hybrid of the Gothic, Romantic, and sentimental genres of early 19th-century British fiction, Mary Shelley's story *Frankenstein: Or, the Modern Prometheus* overflows with the overwrought language characteristic of those genres. Shelley's task in narrating the Creature himself and the reactions of the other characters to the Creature exceeds the typical rhetorical urgencies of 19th century sentimentalism, demanding an especially vigorous language in the task of invoking the complex affects of both the Creature and his audiences. Shelley's particular challenge is narrating effectively through words alone the significance of these encounters between the Creature and the people he meets because the meaning of these interchanges depends primarily on the visual effects of the interchange. Shelley must *tell* us the full effect of what they *see*. So we don't know what the Creature really looks like, but have only the broad strokes of Shelley's description and, more significantly, the description of his viewers' reactions.

This presentation uses the framework of social interactionism, particularly Erving Goffman's *Stigma: Notes on the Management of Spoiled Identity* to explicate the interactions that the story narrates between the Creature and the "normals," to use Goffman's term for the (temporarily) unstigmatized person in the social interaction. The presentation thus illuminates the successes and failures of the Creature as he engages in what I call dignity maintenance strategies and Goffman calls stigma management.

Grogan, Katie
Kruger, Sasha

"Monster of [Our] Own Creation": Constructing the Opioid Epidemic

Opioid addiction and related overdose deaths are considered to comprise the worst drug crisis in American history. The problem is commonly referred to as an "epidemic" and, in recent weeks, was declared a "national public health emergency." Drug overdoses, largely attributed to our current opioid crisis, are now the leading cause of death in Americans under 50. It is estimated that 59,000-65,000 people died of drug overdoses in 2016—more than were killed in car crashes or by gun violence—and these deaths are occurring at an astonishing rate, outpacing the HIV epidemic at its peak[i,ii].

Neurobiological advances have led us to increasingly conceptualize addiction as a brain disease, but calling something a disease is hardly an objective endeavor. In many ways, it is in Butlerian terms, a performative act. As historian of medicine Charles Rosenberg observes, "disease does not exist until we have agreed that it does, by perceiving, naming, and responding to it."[iii] This is especially the case for epidemics; only when something 'threatens' a particular group does it become an *epidemic*, and earning this label typically invokes a public health response. Epidemics are constructed through narratives that produce identities of inclusion and exclusion, designating particular peoples and populations as foreign, monstrous, or unhealthy "others." Reemphasizing "drug misuse" as a public health issue obscures how, for decades, black and POC communities have been criminalized and incarcerated for suffering from "drug abuse."

Drawing further on Butler's theory of performativity, the construction of epidemics "regularly conceals its genesis."[iv] That is, the opioid crisis is a monster of our own creation, and like Dr. Frankenstein, we have disowned it, choosing to focus our attention elsewhere—such as limiting the illegal imports of synthetic opioids—rather than confront the hubris, greed, and self-deception that created this epidemic in the first place.

This paper critically examines the narrative construction of the opioid epidemic, with particular attention to the ways in which our public health efforts have served as a technology to conceal its production, deflect blame, and perpetuate social (in)difference.

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Harshbarger, Scott

The Lucifer Effect: Hubris in Frankenstein and the Stanford Prison Experiment

This paper explores the nature of hubris by focusing on the attempts of two scientists – one fictional, one real – to account for experiments which, in one way or another, got away from them. In devising their experiments, both scientists are motivated by profound problems. For Victor, the problem is death, "that most irreparable evil" (61), which the young man solves by immersing himself in corruption and decay, "until from the midst of this darkness a sudden light broke in upon me" (76). While the proximate problem for Zimbardo was the U.S. prison system, the deeper problem was the apparent susceptibility of human beings to lose their humanity in toxic situations.

I argue that the repulsive aspects of the human condition which the scientists are exploring prime implicit self-disgust which, in turn, helps generate hubris, a form of pride resulting from a dissociation between implicit and explicit self- representations, the grandiosity of the latter compensating for the shame infecting the former (Tracy & Robins 2007). "No one can conceive the variety of feelings which bore me onwards, like a hurricane, in the first enthusiasm of success," recounts Victor, while Zimbardo, in turn, confesses that he lost himself in the role of prison superintendent, succumbing to the very pathologies the experiment was exploring (78; *The Lucifer Effect*, 235).

Both scientists tell stories intended to explain but not excuse the havoc caused by their endeavors. Victor, racked with guilt, warns his interlocutor that some pursuits are not "befitting the human mind," while Zimbardo apologizes "for contributing to this inhumanity" (235). The title of Zimbardo's book applies not only to the scientists, but to their monsters, the experience of all demonstrating the importance of situation, disposition, and the dynamic interplay between the two to understanding the human capacity for evil—including hubris.

Hartsock, Jane
The Fragmentation of Fatherhood: An Exploration of
Grief Narrative in Chaplin's "The Kid".

Although frequently interpreted as an autobiographical depiction of Chaplin's own childhood, the 1921 film *The Kid* is a meticulous examination of the component parts of "the father" posing profound and provocative questions about what the essential nature of father-ness is. Through a series of domestic vignettes, Chaplin constructs a new form of father, establishing that the Tramp is indeed the father of John despite the Tramp's failure to embody the societally sanctioned form of fatherhood – he lives in abject poverty, is unmarried, makes a living through petty crime, and (most importantly) is not the legal or biological father of the kid. When examined as a grief narrative, the Tramp's response to the pivotal question of whether he is "the father of this child" - "Well - practically" - suggests a modernist deconstruction of the referent for father that liberates a grieving Chaplin and invites us all to examine the nature of our connections to individuals both present and absent.

Like all narrative forms, "grief narrative" possess certain defining characteristics such as an intense examination of one's own identity in the aftermath of the loss of a loved one. This is particularly true where one loses a child. As Walter Robinson correctly states, "the death of a child challenges the order of the world." Thus, Chaplin's film, which is largely unknown to contemporary audiences, serves a valuable function in the development of narrative competence, a critical component to both narrative medicine and narrative ethics.

In this paper, I will briefly describe the vignettes Chaplin creates that intentionally and systematically emphasize and diminish certain accepted components of father-ness. I will then clarify the new form of father that Chaplin brings to life through this process. Finally, I will recount the important biographical context for the creation of the film (namely, the death of Chaplin's own 3-day old son, his first-born child) in order to argue for the use of *The Kid* as an essential tool for developing narrative competence specifically with respect to grief narrative.

Hitchcock, Julia L.
A Contemporary Altar for our Techno-Human Age

Dostoevsky discerned: where there is no God, no destiny toward which men move and which moves in them, then self-modifying freedom must be man-God. "A Contemporary Altar for Our Techno-Human Age," is a three-room art installation conceptually rooted in the medical ethics and philosophies surrounding the current dialogue on Transhumanism. An international cultural an intellectual movement with a goal of fundamentally transforming the human condition by eventually developing and making widely available technologies to greatly enhance human intellectual, physical, and psychological capacities of human transformation, an envisioned future that place greater confidence in nanotechnology, robotics and information technology to achieve virtual immortality and create a superior post human species. (Harrison and Wolyniak, "History of Transhumanism" 2015.)

Using Data Visualization and 2016 UNESCO Data on Global Research and Development in Healthcare (GDP per capita in USD/millions), I have created a non-threatening immersive environment about global health disparity and life expectancy. I will discuss the process and meaning behind this art installation.

This visual strategy utilizes 10,055 caps of injectable medicines depicting the 8' X 11.6' large cellular type image. Infant delivery photos are **"charted"** graphically into a **three-dimensional diagram**, with the exact location determined by measurements that reference to the test tubes "baseline." The photos spread across four walls, rising and falling as a visual record of 1960-2016 UNESCO Global Life Expectancy data.

The installation's organization was inspired by architectural floor plans and quality of light found in mosques, cathedrals, temples, and basilicas. The significant parallels borrowed from these architectural spaces become familiar to the casual observer: mihrab and minbar, clerestory, chancel, altar, transept, nave and side chapel. Sound, sculpture, drawing, photography and **medical equipment** are selectively incorporated. The chosen objects seek to establish a stylistic typology intended to suggest a new mental template and, at the same time, **make visible a narrative of genetic engineering advances, bio ethics** and religious belief. The installation probes the controversial contemporary cultural associations with the singularity of the individual pitted by the collective nature associated with the collective social controls (laws, habits, rules) over **gender definitions, bio ethics within medicine, science and religion.**
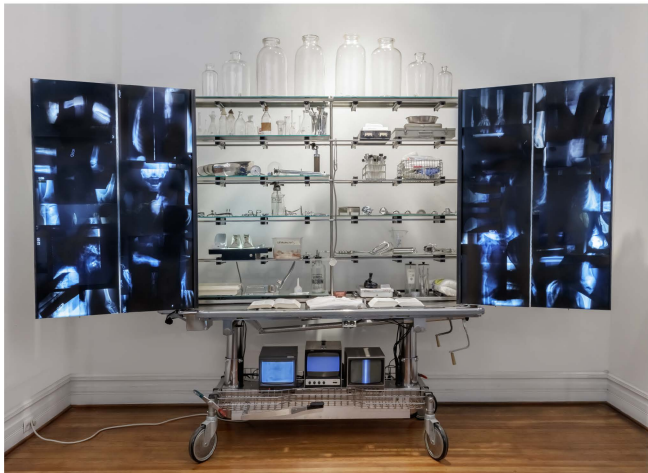
Holmes, Martha Stoddard
Born This Way: Reading _Frankenstein_ with Disability

Often read as a "doctor story" with a focus on Victor as researcher and on the ethical obligations of any creator (parent, scientist, and presumably artist) to his/her creations, *Frankenstein* is rarely read with a focus on the creature's experience as an illness or disability experience. For disability studies scholars, however, the novel is a classic narrative of the social construction of disability and a disabled individual's assimilation and/or resistance to a stigmatized social identity. The creature may be speculative and improbable, but his experiences of development are emotionally realistic on various registers of disability experience. *Frankenstein* offers a memorable first-person narrative of learning to be disabled: what a child with physical or mental singularities, pronounced "deformed" at birth, might experience growing up in a society that codes disability monstrous or freakish. The novel dramatizes the creature's developmental arc of learning to accommodate, resist, or redeploy the stares, assumptions, and expectations of others, as well as how an unsatisfactory parental response to the "birth" of an atypically embodied child escalates to the desire to sterilize--and worse--in response to the perceived dangers of disabled sexuality and reproduction. As well as touching on these disability narratives in relation to the novel, I engage questions of how our conversations about the novel tend to shift away from disability experiences and towards biomedical concepts.

Hume, Jessica

The Haunting of Waverly Hills: Tuberculosis in the Public Imagination

When Waverly Hills Sanatorium opened in the early part of the 20th century in Louisville, KY, the Ohio Valley had one of the highest rates of tuberculosis in the country. The facility, a towering, grey behemoth of a neo-gothic building, situated atop a tall hill in southern Jefferson County, was considered to be the gold standard of its time. It was the first facility in the U.S.A to use electric blankets for patients, and also the first to offer individual headphone sets so patients could listen to local radio. At its peak, it could hold approximately 500 patients. But 1961, though, the tuberculosis epidemic had passed, and Waverly eventually became a nursing home which was closed in the early 1980s. In the intervening years, the property and building lay vacant, changing hands a number of times, all but demolished by vandals and transients. Breaking into the building at night became a coming of age ritual for Louisvillian teens. All the while, ghost stories of Waverly Hills became part of folklore in Louisville, and then appeared on the national landscape. Waverly Hills is now listed on several variations of "Most Haunted Places" lists, and appears on paranormal reality shows, but the public often overlooks the important role this facility played in tuberculosis treatment.

What is the real story of the tuberculosis epidemic in Louisville, and why and how did Waverly Hills come to signify such horror and fear in the public imagination? What can learn from the story of Waverly, its medical advancements, and its evolution as a cultural symbol?

Irons, Rebecca
A Monster that Grows Within: Hormonal Contraceptive Technologies, Cyborgs, and Cancer Fears in the Peruvian Andes

The insertion of medicinal technologies *into* the body, in this case hormonal contraceptives, could be interpreted as cyborg-producing, for in many ways modern contraceptives can be seen as machines. For example, medicated implants that are inserted below the skin of the arm, or copper & hormonal-IUD's that are introduced into the uterus. Indeed, Haraway(1991) states that modern medicine is full of cyborgs, and reproductive technologies are arguably no exception. However, the uncertainty produced by biomedicine and the insertion of 'machines' in the body can also incite fears of monsters within, specifically the monster that is cancer. This paper explores these fears in the Andes.

Hormonal contraceptives are rarely seen as 'enhancement' technologies, instead being narrowly perceived as tools to control fertility. However, these technologies are also increasingly used for lifestyle benefits beyond fertility control alone, and therefore could be seen as 'enhancement' for some users. For instance, Sanabria(2016) suggests that the Brazilian rise in hormonal contraceptive use as a way to suppress 'unwanted' menstruation as a lifestyle choice suggests a more fluid interpretation of how the body works and can be manipulated, which is expressed through the concept of 'plastic bodies'. This corporeal fluidity echoes Haraway's cyborg; casting off the burden of dualities between body:machine to envision a less rigid being.

However, the relationship between hormonal contraceptives and fluid bodies cannot always be interpreted as a positive 'lifestyle choice'. What happens if this fluidity results in the perceived development of illness, and instead of producing a 'cyborg', a monster is born? For the Andean women of Peru, where the author is currently carrying out a long-term ethnographic study, hormonal contraceptive-technologies are both welcomed for their ability to control fertility, as well as feared for their perceived tendency to produce cervical cancer. The perceived limits of biomedical technologies in Andean Peru will be discussed, to query what could happen if bodily boundaries are overstepped. It will be argued that when bodies are understood as fluid or more 'plastic' and easily manipulated, they may also be more open to disease and pollution, thereby suggesting a somewhat thin line between cyborgs and monsters.

Klugman, Craig
Berry, Sarah
Conaty, Siobhan
Determeyer, Peggy
Lamb, Erin
Taming the Trans-disciplinary Health Humanities Creature Through Research

On first glance, the health humanities as a field is a lot like Frankenstein's creature: composed of parts and pieces from a variety of disciplines in the humanities, arts, and social sciences, sewn together and sparked with life. In recent decades, the health humanities has grown as a field, promoted through international organizations and journals; formalized through curricular structures with learning objectives; and expanded through educational programs across the world. While much of the focus within health humanities is on education and clinical interactions, recent work has attempted to survey the types and scope of research in this heterogeneous field (Klugman and Lamb forthcoming, Berry and Lamb 2017). This panel seeks to assess the distinctiveness of the field by highlighting some research methods central to the field and engaging the audience in discussion.

The five panelists represent a variety of research approaches from the humanities and social sciences, and will each speak briefly (5-7 minutes) to a different research method. Siobhan Conaty will explain the use of art history methods of visual observation, contextualization, and formal analysis. Peggy Determeyer will describe the use of community dialogues to engage a group in directed learning while also collecting research data. Erin Lamb will explore the contextualization tools provided through aging and disability studies. A fourth approach, presented by Sarah Berry, applies social justice studies and the history of medicine to examine health disparities as social phenomena with solutions based in action. Finally, Craig Klugman will demonstrate how surveys are used to conduct research and assess programs.

Following these brief presentations, the panel will open up discussion with the audience on a key question about research methods in the health humanities: Do the health humanities merely borrow the methods of other disciplines, or is there something unique about how those in the field conduct research? We will posit, and open up for debate, that the qualities of a health humanities method include transdisciplinarity[1], engaging in perspective-taking, close analysis, and application.

Berry, Sarah and Erin Lamb, eds. 2017. "Pre-Health Humanities." A special issue of *The Journal of Medical Humanities. 38.4 (December)*.

Choi and Pak…

Klugman, Craig and Erin Gentry Lamb. Forthcoming. *Research Methods in Health Humanities.* Edited textbook in progress.

[1]"Transdisciplinarity integrates the natural, social and health sciences in a humanities context, and transcends their traditional boundaries" (Choi and Pak 2006).

Laforest, Daniel
The Composite Body Today: Narrative Medicine and its challenge to Holism

A few years ago a student stormed out of my class while I was teaching the novel Frankenstein. I later learned that her specific religious beliefs were putting her at odds not as I had suspected   with the idea of a humanoid body made alive in a purely materialistic way, but rather with the fact that this body resulted from salvaged limbs and organs. Frankenstein's creature is a heterogeneous biological construction; the very form of its body is a permanent reminder of its fabrication process. Such an insistence on the composite body in Mary Shelley's story no doubt reflects the age-old tension between anatomical knowledge and sacredness. But it also possesses deeper implications. Contemporary readings of Frankenstein generally leave out the fact that Victor Frankenstein attempts to construct a perfect living body as an antidote to the painful bereavement caused by the death of his mother. His subsequent failure highlights what is arguably an under-examined moral conundrum in Shelley's fable. It reveals the struggle between the nostalgia for a seamless experience of the human body as a wholesome system, and the need to process the reality of that body's heterogeneous malfunctions and irregularities, as well as the slow, seemingly irrational unraveling of all the micro-episodes leading to its dereliction and its eventual demise. That struggle drove Victor Frankenstein mad. It may still be haunting our experience of the biomedical body today.

This paper wishes to draw the contemporary lessons thereof, with regards to what we can perceive as the two main competing approaches to care and healing today: holism and narrative medicine. Holistic therapies carry some of Victor Frankenstein's nostalgia in how they wish for an arguably unattainable pure body; a body that is devoid of composite mechanisms and afflictions. Narrative medicine, on the other hand, puts the emphasis on all that appears unresolved or incompatible in the biomedical experience, in order to play up what it posits as the therapeutic and even redeeming role of storytelling. We need to examine what separates them, for somewhere in between lies our better understanding of what it means to possess a body today.

Larkin, Lesley
Narrative Medicine and Health (In)Humanities: Transcorporeal Reading

In his recent book Nothing Ever Dies: Vietnam and the Memory of War (2016), literary scholar and novelist Viet Thanh Nguyen argues that the term "inhumanities" is a more accurate and ethical name for the unwieldy field usually called the "humanities." Nguyen writes, "Any project of the humanities . . . should . . . also be a project of the inhumanities, of how civilizations are built on forgotten barbarism toward others, of how the heart of darkness beats within" (19). Nguyen asserts a humanism expanded not by the inclusion of new groups of "others" (a process premised on the exclusion of still *other* others) but by the recognition of humanism's constitutive contradictions and disavowals. In this paper, I ask how Nguyen's assertion might apply to the health humanities and, specifically, to narrative medicine, which has adopted the practices of literary criticism in an attempt to provide more "humane" health care through narrative competence and empathy. If the humanities always carry with them the shadow or potential of the "inhumanities," this paper asks what "inhuman" practices might characterize narrative medicine? Furthermore, this paper challenges the unidirectional understanding of the encounter between literature and medicine (i.e. literature functioning in service of medicine), in order also to ask how the humanities, and literary criticism specifically, might themselves be challenged and transformed by their encounter with medicine. These intertwined questions will be explored in relation to well-known instances of medical life writing, such as Rebecca Skloot's *The Immortal Life of Henrietta Lacks*, Alice Wexler's *Mapping Fate*, and Susanne Antonetta's *Body Toxic*. The theoretical matrix for these readings will include ethical questions posed by literary scholars (such as Paula Moya, Doris Sommer, and J. Hillis Miller) and by narrative medicine scholars (such as Rita Charon, Sayantani DasGupta, Arthur Frank, and Rebecca Garden). Ultimately, I argue that interdisciplinary exchanges between literature and medicine should prompt the development of a reading practice attentive to the production of literary meaning in complex contexts of material-semiotic exchange, what I am tentatively calling—borrowing a term from ecocritic Stacy Alaimo —"transcorporeal" reading.

Lockwood, Mary

What's up Doc? Treating children in chronic pain. Why medicine should think less doctor, more storyteller.

Over 1.5 billion people suffer from chronic pain globally. For the estimated one in every ten children who experience chronic pain at some time, medical experiences can be a frustrating and frightening process. Often the desire to please an adult (e.g. a doctor) can lead a child to giving answers they think the grown-up wants to hear as opposed to how they truly feel. This poses many challenges to clinicians who require accurate information to decide on the best course of action for a patient.

In theory, better communication leads to better decision making which reduces the potential for unnecessary patient trauma. However, doctors (despite their own beliefs) aren't always the best listeners! If something isn't working you don't do more of it, you do something different. Storytelling is a different way of giving vulnerable patients a voice. Most children enjoy telling stories. Storytelling is a method of gaining insight into how children feel about their pain.

This paper discusses an original new practice which mixes the oldest artform with innovative technologies to help give children a voice and improve their medical care. Thematically analysing the effects of storytelling on the perceptions of health professionals treating children in chronic pain will help establish why medicine should think less doctor, more storyteller.

Once upon a time a Professional Storyteller decided to do a PhD in Nursing, because storytellers know that everything is impossible until someone proves it possible.

Word.

Love, Nick
Popular Medical Mnemonics: A Visual Exploration

In both the classroom and clinic, the use of mnemonics within medicine is prolific. There is evidence, too, that when mnemonic devices are combine with visual imagery, their capacity as memory devices increases. In this presentation, I'll show how and why I've used medical mnemonics as inspiration to create illustrative collages of text and imagery. By doing so, I hope to highlight the parallels between medical mnemonic illustration, linguistics and the Pop Art movement.

Lu, Lillian
Fellow-creatures and Fellow-devils: Citizenship and Belonging in Mary Shelley's Frankenstein

In October 2017, a humanoid robot named Sophia became the first robot in the world to receive citizenship in a country. What robot citizenship entails remains to be determined: Will she have the right to a fair trial? Will she be granted reproductive rights? How far can her freedom of speech go if one can simply turn her off and on at will? These questions resonate especially in the wake of the 200th anniversary of Frankenstein; or, The Modern Prometheus; the citizenship of Sophia and all the ethical and legal issues it may entail echo the questions that Shelley wrote into her "monstrous progeny." In this paper, I examine the epistemologies of belonging and citizenship in *Frankenstein,* looking particularly at the section in which Justine, a foundling adopted into the Frankenstein family, is put to trial for murder, and connecting it with the non-belonging of Frankenstein's monster. Ultimately, I argue that the novel urges an expanded definition of societal belonging, one that lies beyond the categories of family, nation, and educational institution.

Maitra, Amrapali

Loving "Monster": Reading Intimate Violence in India Through Mary Shelley's *Frankenstein*

> But behind the angel lurks the monster: the obverse of the male idealization of women is the male fear of femininity. The monster woman is the woman who refuses to be selfless, acts on her own initiative, who has a story to tell.
>
> —Tori Moi

Feminist scholars have written about the "monster woman": the woman who "refuses to be selfless" and who "has a story to tell" (Moi 1985). Independent and fearless, the monster woman speaks against patriarchy. But what of monster men? The figure of man as monster—angry, coarse, out of bounds—is a common characterization of the perpetrator of gendered violence and an image vividly illustrated by Mary Shelley's *Frankenstein*. Frankenstein's monster quickly transmutes from a miracle of creation to a perversion of life, and his desire for a female companion is prematurely truncated. The monster woman is too threatening to survive.

Frankenstein raises interesting questions about gender, intimacy, and violence. As Anne Mellor points out, Dr. Frankenstein's vision of science considers intellectual work as male and emotional work as female (1988). In Mellor's interpretation, the text illuminates the perils of the ultimate patriarchal dystopia, men creating men. After all, even the monster yearns for love. This uneasy proximity of monstrosity and intimacy pose a challenge in the novel and, broadly, in my study of intimate violence as a medical anthropologist.

"Monster" is a word easily attached to male perpetrators of intimate violence. "Monster" husbands become a category of disgust, with little space for empathy, identification, or change. But what social realities produce "monsters"? In this paper, my reading of ethnographic data inspired by Shelley's *Frankenstein* will reframe ideas of love and intimacy in relation to domestic violence. Drawing from 16 months of fieldwork in Kolkata, India, I argue that love is a structuring principle of women's experiences of domestic violence and their attitudes towards unruly husbands—thus providing an alternative lens for thinking about intimate relations than one subsumed entirely by monstrosity.

Can we recuperate the monster's humanity? The conclusion gestures toward how we might think about alternative forms of intervention or care for domestic violence in India.

Malhotra, Neha
Jafine, Hartley
A Case for Coexistence: A discourse on the perceived mutual exclusivity of health science and humanities education

Despite increasing recognition of the intersection of health science and the humanities, there is still a need for greater representation of the interdisciplinary field in undergraduate curriculums. As it stands, various barriers exists to creating a fulfilling and enriching learning experience for health science students to engage with the arts and humanities. These limitations are often resultant of administrative capacities with siloed departments or the greater culture of education in which effort towards course requirements supercede elective opportunities. These divisions exist within a larger discourse in society on the current state of ignorance as a result of limited discourse between differing perspectives, beliefs and values. Considering C.P. Snow's "The Two Cultures", we are at a point where we could not have changed more, while still embodying a "split into two polar groups" within the intellectual community and society as a whole.

With these contextual understandings of health, science, and society and the power of narratives, this presentation will discuss how an undergraduate health sciences course at McMaster University, *Health, Science, and Society in Literature*, follows Snow's recommendations to bridge the gap between two cultures - science and the humanities. The co-authors of this conversationalist paper, a BHSc student who has previously experienced the course and the facilitator/course creator, aim to demonstrate how narratives in health and science can be a rich source of inspiration for undergraduate health science students (pre-health professional program) to explore complex societal issues with numerous moral, scientific, sociological, and ethical dimensions. Drawing on data collected from students previously and currently enrolled in the course, we aim to highlight the benefits of the student experience engaging with literature with a health and medicine focus. Overall, our interactive dialogue will share best practices in combining inquiry-based education with health humanities pedagogy to challenge current patterns of behaviour and assumptions and bridge the gulf between these two, often mutually exclusive, disciplines of study.

Mann, Mary Taylor
Negative Capability as an Ethic of Empathy: Practicing Narrative Medicine with John Keats in Mind

This paper identifies and explicates the similarities between elements of narrative medicine theory and John Keats's quality of negative capability and explores the ways in which an understanding of negative capability can inform narrative medicine practices and guide narrative medicine beyond its present theory. I argue that scholars and practitioners of narrative medicine ought to consider Keats and his works in their efforts to cultivate and encourage empathetic clinical practices. I provide a biographical sketch of John Keats's life and his medical training, and I discuss literary scholarship that has explored the ways in which Keats's medical background influenced his poetry. I discuss Keats's elusive concept of negative capability and incorporate scholarly analyses of the concept into my own analysis of negative capability as it appears in Keats's letters and poetry. The paper moves toward a consideration of negative capability in the context of medical practice and narrative medicine. I identify the similarities between the poetic quality of negative capability and the physician's ideal state of attention described in Rita Charon's narrative medicine philosophy and the language used to describe both concepts. Finally I consider criticisms of narrative medicine methods and discuss the ways in which an invocation of negative capability in narrative medicine theory could help narrative medicine scholars and practitioners address and overcome the shortcomings of their methods.

McAllister, Margaret
Brian, Donna Lee
The Shadow Side of Nursing: The power of the ordinary and the extraordinary in popular culture

Professional nursing has its own culture, history, and challenges, including issues of power and control. While images of nursing are often used to humanise the health system, nursing is also a complex social artefact – its value within society is both shaped by, and shapes, health policy and behaviours. Despite the role of nurses being integral to communities for thousands of years, it is only relatively recently that nursing transformed into a gendered profession and this promoted a paternalist and mystical discourse that has confined and patronised nurses as a group, simplifying the challenges that affect them, and harshly judging them for system failures. Stereotypical, and unrealistic, representations of nurses as altruistic proliferate in popular culture and contribute to a naturalised narrative of nursing that is riven with paradox. The dominant image of nurse as angel is flattering, but dehumanising, for nurses are not celestial, all-knowing, or ever present.

This presentation focuses on profiling the shadow-side of nursing – those issues that are rarely emphasised perhaps because they deal with nursing's failures, or issues that are profane, abject, abhorrent or monstrous – and its potential to advance a more nuanced understanding of both nursing's struggle for identity, growth and place at the table for health and social reform.

Drawing on a number of Gothic popular culture texts to illuminate a subversive side of nursing – one where extraordinary, atypical, surprising, ironic, or horrifying events and representations unfold, we begin to theorise that which has been overlooked in the work of nursing, and explore strategies to process and resolve some of the endemic challenges afflicting health-care today. By examining nursing using the lens of the Gothic arts we may shed more light on a hugely under-examined field. As Maxine Greene, (1998) artist and *educator once said, "Encounters with the arts can provide powerful opportunities for .. imagining a different world, a more humane social order."*

Reference
Greene, M., Ayers, W., & Miller, J. (1998). Seeing past experiences in new ways. M. Greene, W. Ayers, & J. Miller (Eds) *A light in dark times: Maxine Greene and the unfinished conversation.* (p.7). New York: Teachers College Press.

McClure, Emma
Frankenstein's Monster as Manipulator and Gaslighter

In *Frankenstein*, the creature is often read as a stand-in for Mary Shelley, with Victor Frankenstein representing her absent father, William Godwin. Since Frankenstein has not provided parental affection, the creature requests a substitute: "You must create a female for me, with whom I can live in the interchange of those sympathies necessary for my being." Many are inclined to grant his request.

The creature-creator relationship has also been interpreted as a metaphor for another of Shelley's relationships: her fraught romantic relationship with her husband, Percy. Again, this reading makes the creature appear very sympathetic. The creature represents a desire for emotional connection that contrasts with Frankenstein's isolation and insensitivity.

In these traditional readings, the feminization of the creature goes along with a tendency to interpret him as an innocent victim of circumstance. He is the neglected child, the abused wife, never the monster he appears to be. I'll argue for a new, more sinister interpretation of his story —and what he represents.

I'll compare the creature's demand for a mate to more recent demands that have appeared on Youtube and other platforms. The creature wants to possess a female body made to his specifications and intended for his sole use. Murderers like Elliot Rodgers express a similar entitlement to female bodies, and like the creature, they also feel entitled to violent acts of retribution when their demands go unmet.

I'll then explore why the creature reads as more sympathetic than these narrators, even though he commits multiple murders and other crimes over the course of the novel. Why do we believe he has good intentions? How is he able to manipulate the perceptions of both Frankenstein and the reader?

I'll conclude by suggesting that we are witnessing gaslighting in an intimate relationship. The monster makes himself appear to be the victim—sympathetic, blameless, and entitled to happiness—while Frankenstein, and the reader who falls prey to his manipulative narrative, takes the blame for his misdeeds. This is a tactic often used by men against their female partners. Perhaps Shelley suffered from similar abuse at the hands of her husband.

Meirosu, Madalina
The Flesh and Blood Machine: (D)evolutionary thought and cultural anxieties in H. G. Wells's *The Island of Doctor Moreau*

This paper traces the major scientific discoveries in the fields of biology, psychiatry, and medicine in British culture that constitute the cultural background of H. G. Wells' *The Island of Doctor Moreau* (1896). On the backdrop of a rapid technological and scientific evolution, the novel plays with ideas of revolution, evolution, and devolution. Wells understood technological revolution to proceed according to evolutionary principles, with technological development selecting the best machines and perfecting them over time. The artificial humanoids in *The Island of Doctor Moreau* are a literary medium that Wells uses to probe the boundaries between human and animal, as well as between human and artificial (mechanical) human. For though they are creatures made of flesh and blood, Wells' creatures are *mechanical* in an important sense because they stand in continuity with the tradition inaugurated by Rene Descartes and Julien Offray de la Mettrie, both of whom understood the human body in terms of a mechanism. My paper highlights the fluidity of these boundaries and the impossibility of isolating the human from the animal, which is a fitting response to biological theories of the period that challenged a clear-cut distinction between the two. Additionally, I show that both the creatures and the humans of the novel are described in technological terms. Accordingly, the novel embodies the anxiety of an age that found its understanding of "human beings" shaken to its core in light of scientific and technological progress. This anxiety was reinforced by a second fear common to the époque: the dread that humanity might be susceptible to *de*volution, a reversal of evolutionary progress. The novel's pessimistic view of mankind speaks to this second fear. In addition to consternation over the basic question of what it is to be human, as well as unease at the possible devolution of humans, I reveal Wells' narrative techniques and scientific knowledge to be at the core of creating an atmosphere of uncertainty that mirrored contemporary anxieties.

Miller, Jessica
Relational Autonomy and Family Dynamics in Contemporary Retellings of Frankenstein

In recent years, there has been a surge in retellings of *Frankenstein* in commercial fiction, especially young adult novels. This presentation focuses on three texts. The monster is the young protagonist's reanimated brother in Mackenzi Lee's young adult novel, *This Monstrous Thing* (2015). Lee's novel is set in Geneva after the French Revolution, a steampunk world in which wounded veterans with gears and clockwork hearts make up a feared and despised underclass. In Victor LaValle's six part comic, *Destroyer* (2017), a mother attempts bring her son back to life with nano technology after he is killed at age twelve in an act of racially-motivated police brutality. In this sequel to *Frankenstein*, the monster is powerful judge of human vice, especially racism and xenophobia. Finally, in *Spare and Found Parts* (2016), a postapocalyptic young adult novel by Sarah Maria Griffin, an epidemic has destroyed a city, where survivors are fitted with biomechanical prostheses. Young Nell, daughter of the inventor of the artificial limbs, attempts to create a companion for herself. Unlike in *Frankenstein*, in each of these contemporary works, the creator has a specific role in mind for the monster: brother, son, lover. The monster will be integrated or reintegrated into a family unit which includes multiple generations. The monster will have specific relations with the creator and the creator's family; he did not arise *ex nihilo*, but to repair a torn web of human connections. That each monstrous body requires medical and technological attention to stay alive be itself mirrors the way physical bodies mandate relational autonomy. This presentation explores the family dynamics at the center of the monster's creation in all three works, and the ways that the authors use monstrous bodies to play with identity and autonomy, paying homage to Shelley's classic, while responding to contemporary social structures and issues.

Mishra, Manisha
Analyzing Arts-Based Pedagogy in Clinical Empathy Development for Medical Students

The University of North Carolina at Chapel Hill

The current empathy crisis in healthcare is a growing epidemic across the world, and medical schools are rushing to find a solution. As twenty-first century medicine focuses on patient-centered care, studies have indicated that the implementation of standardized communication protocols and the increasing use of biomedical technologies are making many patients feel increasingly disconnected from their doctors. Furthermore, there is paradox in modern medical training. The constant testing and assessment of clinical skills is forcing students to experience burnout; ultimately, they struggle to keep up with the rigorous demands of medical school. Somewhere in these early stages of medical education, the compassionate care is lost.

Now medical educators are addressing this empathy crisis by turning to the arts for a solution. Students are taught clinical communication skills and how to conduct an examination from textbooks and online presentations, but they often times lack the opportunity to test these skills in a hands-on session or exploratory environment. The arts, specifically performance studies, allows for this experimentation of movement and unscripted dialogue. Performing Medicine, a unique London-based theatre arts program that works in partnership with universities and organizations to create courses for clinical training from creative disciplines, has addressed this program by creating elective courses for medical students in order to foster communication skills, body language, and mindfulness through various exercises.

This study examines how clinical empathy is instrumentalized in medical instruction, focusing on how methods from the arts are being introduced into the traditionally science-oriented curriculum and its impact on medical training. An integrative mixed-methods study was conducted with Performing Medicine, I observed a series of course deliveries to third year medical students, interviewed medical students and professionals qualitatively coded these narratives, and administering the Jefferson Scale of Empathy to a select cohort. In this flash presentation, I will discuss my first-hand experiences researching, present my findings, and demonstrate that the general medical curriculum needs to reconstructed to include the arts, mainly the discipline of performance studies, so that students can intentionally develop their professional identities and work ethic while refining their communication and non-verbal skills.

Morse, Samantha
The Ethical Implications of Failing to Imagine in Frankenstein

"And when I received their cold answers and heard the harsh, unfeeling reasoning of these men, my purposed avowal died away on my lips. Thus I might proclaim myself a madman, but not revoke the sentence passed upon my wretched victim. She perished on the scaffold as a murderess!" (Shelley 90). So Victor Frankenstein witnesses Justine's groundless execution for a murder committed by his creation. Before the trial, Victor imagines how the court proceedings would transpire and considers coming forward with the truth. He concludes, however: "My tale was not one to announce publicly; its astounding horror would be looked upon as madness by the vulgar" (81). Frankenstein's decision to withhold the truth about William's death exhibits a two-fold failure of imagination. First, the scientist perceives the public's imagination as inferior to his own: the philistine masses could not possibly conceptualize a creation such as his. Second, Frankenstein is unable or unwilling to imagine that Justine's sentence could be revoked. He is incapable of envisioning any other result of his telling the truth than his own condemnation as a lunatic. Similarly, near the end of his construction of the female creation, Frankenstein imagines "a race of devils would be propagated upon the earth who might make the very existence of the species of man a condition precarious and full of terror" (170). It is the inevitability of this vision, in his mind, that incites Frankenstein to violently dismember the female.

Frankenstein is commonly read as a cautionary tale against unchecked ambition, which is a product of uninhibited imagination. Yet, by pairing analyses of Frankenstein's determination to remain silent at Justine's execution with his later, more famous, resolution to destroy the female creation, I aim to cast light on how the novel is equally critical of restrictive visions of the future. Ultimately, I interrogate the relationship between imaginative play and ethical decision making to assert that *Frankenstein* evokes terror by representing multiple instances of injustice resulting from deficient moral imagination. Beyond the text, I examine how these concepts might be applied in the training of healthcare professionals.

Shelley, Mary. *Frankenstein*. Edited by Maurice Hindle, Penguin, 2002.

Muskievicz, Krisann
Whitworth, Zoe

A Closet in Ingolstadt: Mixed Media Messages and LGBTQ Identities

Assessments of monstrosity and rejection are appropriately examined by scholars in disability studies and feminist theory; however, equivalent assessments are not limited by physical traits. Unlike physical deformity or observable markers of traditional sex identification, other kinds of difference, like LGBTQ identification, are sometimes classified as deviations that lead to rejection. Mary Shelley's *Frankenstein* offers foundations for a conversation about identities that are created by popular media when the persons identified may be rejected by the consumers of media.

In the rejection of his creation, Victor Frankenstein was not unlike the unclear agents of society who look upon variation and decry "they are them and we are us." *Frankenstein* may be employed as a tool to discuss otherness in our own communities. A social creation of LGBTQ archetypes offers the possibility to categorize individuals who are different from the "anonymous background of the norm" (Mitchell and Snyder, 274), potentially supposing that delineation protects those who create the categories. However, categories do not guarantee acceptance. In fact, media representations that depict *typical* gay folks potentially lay a groundwork for rejection as in not being the *right* kind of gay or as being different from expectations set by different audiences.

Arthur Frank asserts that some stories, "are uncomfortable, and their uncomfortable quality is all the more reason they must be told. Otherwise, the interrupted voice remains silent" (Frank, 58). If this is one lens through which *Frankenstein* may be examined, a haunted and dissonant story of "otherness" is left untold or mis-told. A parallel form of mistelling is in the construction of an illusion of safety for members of the LGBTQ community who receive contradictory messages about acceptance.

Mixed messages about safety and acceptance are common in contemporary media, including corporate campaigns and social networks. Frankenstein's Monster experiences similar confusions as he seeks acceptance, and a mate, only to be rejected as a deviant menace who did not turn out the way that authority had expected. Had Victor's creation remained closeted at Ingolstadt, it would never have suffered the harsh burn of rejection that accompanied its outing.

Muskievicz, Krisann
Whitworth, Zoe
A Closet in Ingolstadt: Mixed Media Messages and
LGBTQ Identities

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Nafiseh, Amira
Dave, Priya

Student Perceptions of the Ethics and Sustainability of United States Student-Led Medical Mission Trips to Third World Countries

Global Brigades is the largest student-led nonprofit that sends students to help develop community sustainability in under-resourced areas in Central America and Ghana. Over 59,000 student volunteers have been a part of this movement to holistically develop these communities by providing resources including access to healthcare, water and environmental sustainability.

To investigate student volunteer perceptions on the sustainability and ethics of these brigades, we conducted a case study with former brigaders to determine how volunteering abroad has affected their beliefs. Open-ended interviews were conducted to address how these week-long medical mission trips may or may not contribute to the resilience of underserved communities.

Findings based off of interviews with past brigaders (n=25) suggest that students are cognizant of potential advantages and disadvantages of these short-term brigades. A majority of students believed that while these brigades are sustainable, due to repeat trips to the same communities multiple times per year, they feel that they individually may not have made a lasting impact and that they may have left with a false sense of satisfaction. Another concern was that there was a lack of dialogue between the volunteers and community members served.

These findings are important because while students oftentimes reflect on the positives of these short-term medical brigades, there is little discussion regarding negative perceptions. This study will provide a foundation for new dialogue on the ethics and sustainability of future short-term brigades.

Rios, Mexitli Nayeli Lopez
Becoming Monstrous, Becoming Human: Contamination and Reproduction in Oryx & Crake

As scholars such as Margrit Shildrick and Marie-Hélène Huet have largely observed, archival texts from Aristotle to the 17th and 18th centuries account for the deep interest of science on the role of the mother in producing corporeal difference and thus interfering with the reproduction of paternal likeness –the model embodiment of the self in Western societies. Since the mother's imagination was believed to cause monstrosity in babies (mother impressions/imagination), to produce life in the laboratory without her intervention represented a shift that would eliminate, in principle, her interference in the pursuit of reproduction of paternal likeness. Understandings of monstrosity and reproduction in the work of philosophers, naturalists, and physicians such as Aristotle, Fortunio Liceti, Ambroise Paré or Nicolas Malebranche, I argue, are echoed in Mary Shelley's *Frankenstein or the Modern Prometheus* and Margaret Atwood's *Oryx & Crake*. These novels account for the impossibility of erasing the traits of the mother in artificial reproduction of life, since they always find their way into the configuration of the subject, introducing or unleashing the monstrous or, as it is the case in *Oryx & Crake*, the human.

My proposal for this paper is to discuss the characterization of the categories human/ monster in *Oryx & Crake* in relation to *Frankenstein*'s. My argument is that such characterization in these novels builds upon a basis of contamination, where the traits assigned to one category can be found in the other. In this sense, when it comes to the notion of maternal impressions/imagination, for instance, it can function either as a constitutive element of the monstrous or the human. This contamination, I argue, marks a relation of interdependence between categories, where they're no longer defined by opposition all alone, but rather by reliance and proximity to one another. Furthermore, far from providing any stability or closure, erasing the participation of the mother in reproducing life and the outcomes of this intervention raise suspicion about rigid categorization, proper embodiment, and proper reproduction, for they remain open to the disruption of the unknown.

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Mexitli Nayeli López Ríos

Doctoral Research Fellow at the Department of Literature, Area Studies and European Languages of the Faculty of Humanities, University of Oslo.

I'm part of the research group ILLREP: Representations of Illness and Disability in Literary and Cultural Texts. My current research focuses on the study of notions such as disease, contagion, community, and survival represented in contemporary literary and cultural texts - mainly from the US- containing depictions of monsters and the monstrous regarding outbreaks and dystopian apocalyptic, and post-apocalyptic narratives. My approach draws on concepts from biopolitics, post-humanism, and monster studies to flesh out the relations between categories such as human/non-human, life/death, and self/other to assemble a restorative reading of the monsters Western societies engender.

Niburski, Kacper
Adams, Nelson

How to Create a Monster: A Study on the Production of Patient Charts and the Standardization of Medicine

The medical record rewrites the body. By shaping illness into spatial and temporal zones, by carving out an anatomy of the ideal form, and by categorizing messy deviations into neat tables, the patient becomes an artifact to be mapped upon (Berg, 1996; Bowker, 1996). Through such isolated representation, the body undergoes a performance. It moves, is moved, and experiences movement in chronicled parts meant to signify the end of a healthy whole.

Such physical compartmentalization is a vestigial trait of 19th century ephemeral printing. The Industrial Age saw rapid evolution of patient charts. There was the segmentation of qualitative comments from measured facts, the slow incorporation of analytical techniques, and the formalization of standard, institutional practices (Andrews, 1999; Warner and Risse, 1999). These trends saw themselves reflected in broader science and literature, *Frankenstein* being no exception. Yet little has been done to analyze the historical construction of these documents, the deliberations in the process of production, and how these early patient charts displaced patients' narratives to create a monster of a system still employed today.

Anchored by medical records from the Archives of Ontario, I reproduce these "paper tools" (Klein, 2002). As a Massey Printing Fellow and an MD, I work with and on 19th century presses. In mirroring the process of assembly, I recontextualize the form, rehistorize the diagnostic considerations relevant, and note the continuum of both practical and operational choices that have stretched into current records.

The research is necessarily artistic. It wedges medical paradigms into paper borders. With ink, lead, and ingenuity, a worldview espoused in Frankenstein and abroad is recreated. I would like to showcase this marriage of medicine and art, to challenge the static interpretations of paper tools, and to use the recreated artifacts to suggest the tradition of reconfiguring the body as a thing dissolving into monstrous objectification.

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O'Donovan, Órla
Posthumous Conviviality and the Tragedy of the Dead Body Commons

In contemporary Ireland there is growing disquiet about uncared-for dead bodies. Recognised by novelist Anne Enright in her essay 'Antigone in Galway' (2015), this disquiet finds strongest expression in the controversy about the abjected bodies of those who died in 'Mother and Baby Homes'. Established in 2015, the Irish government's Mother and Baby Homes Commission of Investigation is investigating, among other things, the burial arrangements and transfer of remains to universities for the purpose of anatomical examination of those who died in these institutions. Furthermore, in an effort to finally right the wrongs of the 1990s organ retention scandal, the Irish government has committed itself to implementing the recommendations of the 2005 Madden Report on Post Mortem Practices and Procedures and enacting new human tissue legislation that will introduce an organ donation regime based on presumed consent.

Against this background, in this paper I explore the potential of dead body "commoning" as a pathway towards non-competitive and collectively self-determined ways of being with and for each other after death. I explore it as a pathway towards living well and more justly with the absent presence of the spectre (Derrida 1993), or what I refer to as posthumous conviviality. Stories of posthumous conviviality (which is very different to medical death-denying interventions leading to what Ivan Illich (1989) referred to as posthumous longevity) feature in many cultures, such as Fyodor Dostoyevsky's 1873 short story "Bobok" in which the dead discuss card games and Máirtín Ó Cadhain's classic 1940 novel *Cré na Cille* in which the dead converse with each other. The dead body commons that I envisage is not about providing a free-for-all bonanza of dead bodies to be plundered by monstrous limitless medicine. Such limitlessness would result in a tragedy of the dead body commons. Instead, based on a radical refusal of an economic mentality, posthumous conviviality sees an abundance instead of a scarcity of organs, and sees our bodies as always both worldly and enspirited, our own and interconnected. Crucially, it is dead body commoning based on medical research and transplant medicine with critical limits.

Olsen, Calvin
"It Became a Thing": The Absence of Clinical Empathy in Mary Shelley's Frankenstein

The relationship between Victor Frankenstein and his creation is often examined through dichotomous labels: creator/creature, father/son, human/monster, etc. Victor generally receives the more benevolent of the two labels, and holding all the cards as narrator of the story helps him solidify his position as a pitiful character. Analyzing Victor as an impaired physician provides some insight to his decision making; however, analyzing his role as a doctor of medicine is an incomplete practice if we fail to examine the monster as Victor's medical patient.

Interpreting the monster as the dichotomous patient to Victor's physician, I argue that Victor's inability and unwillingness stem from a lack of clinical empathy. And while that lack of clinical empathy is understandable because Victor's education takes him beyond any possibility of mentorship, it is also extremely unfair and detrimental to his patient. Despite all his feeble trying, Victor's fear of the monster and all it represents holds sway over his agency in ways frightening to him and dangerous to his family. Unable and soon unwilling to interact with his creation as a sentient and sapient being in need of medical care, by withholding treatment Victor fails as a doctor and bears the blame for the destruction inflicted on humanity by his monster.

Victor's instinctual reaction to his creation—to fear and to flee it—is understandable as far as it is presented, with the monster taking the brunt of that reaction until it learns to express itself in human terms. However, despite multiple interactions with his creation even after it has become articulate and able to reason, what starts out as an inability to view the monster as anything but horrifying eventually becomes an unwillingness to acknowledge its existence as a being worthy of companionship. Victor's inability to muster an emotional understanding of the monster drives and culminates in his decision to destroy the beginnings of his female monster. This choice, entirely devoid of empathy (clinical or otherwise), bars the monster from the one treatment likely to bring healing—an act only outpaced in apathy by Victor's abandonment of his most deserving patient through death.

Olsen, Luke
Re-membering the Sick: Dismemberment and horror in the use of medical technology

Stanley Cavell haunts the end of *The Claim of Reason* with a simple question: "But can philosophy become literature and still know itself?" That is to say, can a philosophy of skepticism incarnate itself in the ordinary romance, drama, and tragedy of literature? And in so doing, can the knower obtain a self-knowledge that acknowledges, rather than objectifies, the other? In this paper I will pose its correlate: "Can medicine become literature and still know itself?" I will examine horror and the monstrous – in *Frankenstein* and in the ALS clinic – and argue that literature may free the physician held captive by a certain picture of medicine, knowledge, and health.

If, as Wendell Berry says, "health is membership," disease is dismembering. Thus, as the patient with ALS loses the function of her members, she also faces the isolation imposed both by her physical limitations and the horror her dis-ease causes. But if disease is dismembering, then it seems the cure is remembering. Like Frankenstein, the physician uses technology to remember the dismembered, plying the patient with cough-assist, eye-gaze devices, and invasive ventilation. Like Frankenstein's monster, the patient bears in her remembered body the marks of her dismembering. Both Frankenstein's monster and the patient are a collection of composite parts, whose remembered bodies continue to inspire horror and dis-ease in the healthy. Though the medical-technological remembering of the dismembered body will prolong life, it does not follow that it will lead to health, that is, membership in a community of others in which the patient knows herself.

Rather, I will argue that the modern ICU – the site of remembering -- often appears to be a place of horror. I will consider how medical practices inform a certain picture of health, knowledge, and the human person—both doctor and patient. Using Cavell's concept of the invisible "slave" and the incomprehensible "exceptional one," I will argue that literature offers new pictures of health for the "good doctor." Rather than a medical-technological remembering, such a picture will emphasize acknowledgment of the other. Becoming literature, I will argue, medicine will remember itself.

Otto, Mallory
Thompson, Ryan
Stoyan-Rosenzweig, Nina
Using oral history to encourage connection between medical students and senior citizens.

"Reflection on memory makes the self an object of wonder—an astonishment previously reserved for the contemplation of the world."
— **Arthur W. Frank**, **The Wounded Storyteller: Body, Illness, and Ethics**

As patients, seniors often have many and complex health issues. As humans, seniors have unique, complex and wondrous memories from their long lives.   Geriatricians often are drawn to that practice by their love of stories and the pleasure they receive from speaking with elderly patients.   In order to provide this enrichment for 4th year medical students during their geriatrics rotation, Dr. Mallory Otto partnered with UF College of Medicine medical humanities program and the Samuel Proctor Oral History Program. The result of this partnership is a pilot project training medical students in the practice of oral history that gives them an opportunity to immerse in a story, to enhance their medical interviewing and listening skills, increase their narrative competence, and to connect with lived experience. The project trains students rotating through the mandatory geriatrics clerkship to develop oral history skills as complementary to their clinical interview skills, then pairs them with volunteer senior citizens for an oral history interview, which students then use to create a presentation on the senior's life story. The recorded interview is permanently housed at the oral history program.   The team chose to develop this narrative-based approach in order to facilitate a long lasting student connection with the elderly. Although there have been a number of approaches to increasing medical student interest in working with an older population, connecting through narrative has been shown to have a strong impact on improving medical student attitudes (Duke, Cohen, & Novack). In this case, the UF Proctor Oral History Program will add these interviews to their permanent collection, making them available-thus increasing the value and excitement of participating in this project. This presentation will discuss the program and student responses to their participation.

Pamela Duke, D. Cohen, and D. Novack. Using a Geriatric mentoring narrative program to improve medical student attitudes towards the elderly. Educational Gerontology. 35:10, 857-866

Cranial Desire – Private collectors of human remains in 19th century England

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The appeal of collecting in the 19th century, especially throughout the Commonwealth, is complex and at the same time a fascinating time for scientific, medical and philosophical enquiries. It was not just public institutions, private collectors were a part of this trade, substantially influencing the supply and demand of collecting trophies, including the crania of the world's 'newly encountered' indigenous populations. Joseph Barnard Davis (1801 – 1881) was one such collector. Davis was an English medical practitioner, craniologist, author, polygenist, and enthusiastic and effective international networker. Based in Staffordshire, England, Davis amassed a personal collection of human skulls from around the world, including the recently deceased and human specimens dating back millennia. My presentation will test my current doctoral research into the often ghoulish motivations and methodologies of private collectors of human remains and will focus on Davis as an extreme collector, following on from the author of the 1839 study *Crania Americana* by the American physician Samuel George Morton (1799-1851). Davis did not collect people, he was not after the celebrity, he was after what he saw as a representation of a type, a group, a geographic region, a lost civilisation, a threated species. His collecting places an emphasis on the scientific usefulness of his specimens with no or limited acknowledgment of associated cultures, families, ancestors or spiritual beliefs that govern bodies at rest – a collector in the vein of Dr Frankenstein.

Peel, Ellen
Frankengenre: Narrating the Constructed Body

"Frankengenre" is the most significant genre of our time. Yet these narratives, despite their shared focus on the constructed body, have not been recognized as a coherent group, much less as a key concept in aesthetics of visual and verbal media. Exemplified by *Frankenstein*, such narratives flourished during the nineteenth and twentieth centuries and have now evolved further. Seemingly disparate texts in fact share not only well-known themes, such as power and ethics, but also less-obvious techniques, such as self-reflexivity.

Robots, anorexics, vampire thralls, people with prosthetics, men perceived as women—all can be seen as "constructed bodies." A number of Western cultures have imagined constructed bodies—both in the sense of a conceptualized body and in the sense of a body created or modified through artificial means (by oneself or another). This talk traces how the constructed body has been imagined—from precursors in classical times (Pygmalion's statue), through paradigms in the nineteenth and twentieth centuries (automata, clones, and cyborgs), to recent texts that take constructed bodies for granted.

Technological acceleration makes the themes urgent. How does creation relate to power and consent? When do creations escape creators? Might the opposition between self and other, subject and object, or human and machine be deconstructed?

Interpretation pervades the genre's themes and techniques. Constructing a body is interpreting ordinary bodies, translating them, creating a metaphor for them (and some constructed bodies themselves are metaphors for, say, the id). Once constructed, the body invites more kinds of interpretation, often highlighting point of view and emphasizing who sees and who speaks.

Frankengenre often asks: how might a character pass as ordinary--or constructed? Some constructed characters themselves are unaware they are passing. Passing invites various ironies: dramatic irony on a structural scale and verbal irony more locally. In the many cautionary tales, the ironically unexpected outcome is dire, but elsewhere, as for Pygmalion, it brings joy.

The focus on interpretation makes these narratives self-reflexive. The genre asks: how is creating the body of a text like creating a human body?

Piercey, Raven R.
Bates, Molly
The Stories We Tell Each Other: Exercising the Moral Imagination Through Art

"We turn to stories and pictures and music because they show us who and what and why we are, and what our relationship is to life and death, what is essential, and what, despite the arbitrariness of falling beams, will not burn."
― Madeleine L'Engle

Medical education often looks like detailed instruction of evidence-based skills and clinical reasoning. When viewed through a different lens, medical education can be a place to encounter the breadth of human experience. In the cadaver lab, for example, some students see an entire life from birth to death, pain and suffering, joy and spirituality. They write stories in their minds, they see art before them. This paper will describe a medical humanities course that attempts to cultivate a different mode of thinking in medicine.

Our course trains medical students to contemplate topics including chronic disease, death, grief, and aging in their *artistic* facets. Students find stories and truth in literature, music, visual art, and film and consider the translation of these ideas to patient interactions. The stories found in art function to exercise the moral imagination, giving future physicians the tools needed to form careers imbued with creative and existential meaning. Focusing on discrete details at a level of depth reminiscent of art-appreciation and literature courses, students strive to discover, in the words of Madeleine L'Engle, "what is essential, and what. . . will not burn."

Our model is unique in two aspects. First, the art discussed in this course attempts to reflect as much of human experience as possible, thus works of physician artists are excluded. Students learn from artists with backgrounds as diverse as the patients they will eventually treat. Secondly, the course content is continually evolving, reflecting the most current concerns and artistic tastes of students. To achieve this, a student who has taken the class serves as a co-course director the following year and modifies the curriculum to include art that has impacted him/her profoundly. The curriculum each year retains some works from previous years and gains a flavor of its own with additions from the student co-course director.

Popova, Lilia
In the Shadow of Nazism: Disability, Monstrosity, and the 'Functioning' State

In Mary Shelley's *Frankenstein*, Frankenstein's creation is viewed as a monster because his differences are viewed as threats to societal order. Parallels can be drawn between the exclusion of Frankenstein's monster and the historical marginalization, mocking, and disparagement of people with disabilities. Worst were the atrocities during the Nazi Period in Germany, when people with disabilities were sterilized, unfairly institutionalized, experimented on, and murdered. Historians have connected the state-controlled oppression against people with disabilities during the Nazi reign to a greater story of disability culture in twentieth century Germany. However, further study on the relationship between disability culture and state policy is necessary in order to ensure that government policy provides adequate protections and assistance for people with disabilities. My research of public materials and legal documents from twentieth-century Germany argues that Germany's development of a more-inclusive disability culture was far from a swift march towards progress beginning with the end of the Nazi Period.

With five major regime changes in the span of a hundred years and the worst humanitarian crisis in modern history, twentieth-century Germany serves as a unique case-study for the relationship between the state's political vision of a "functioning" society and the resulting disability culture that this ideal promotes. Even after the Nazi Period, German culture consistently excluded disabled people from "normal" german society and made disability an individual problem rather than a societal one. This research argues that despite the improvements in social policy over the latter half of the twentieth-century, disability culture in Germany remained focused on mitigating the barriers that an individual's "illness" posed to social integration rather than on accommodating the diverse needs of people with disabilities by adapting existing institutions and environments. Such work is extremely valuable because it contextualizes the horrors of the Nazi Period within a greater story of marginalization and allows for the deeper deconstruction of social attitudes and government policy towards people with disabilities.

Kasthuri, Raghavi Ravi
Peter, Anu Mary
Reconfiguration of Alzheimer's disease in Dana
Walrath's Aliceheimer's: Alzheimer's Through the
Looking Glass

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"[A]nd what is the use of a book," thought Alice, "without pictures or conversations?"

Lewis Carroll

Reducing the life of an individual to a corpse, if the dominant biomedical discourse appraises Alzheimer's disease (hereafter AD) patients as Lewy bodies then the cultural discourse mediated through multiple texts (such as films, fictions among others) treat them as living dead or zombies. Apart from framing AD as a harrowing illness that progressively degenerates the memory of individuals, the extant biomedical and cultural discourse of AD is suffused with the notion that caregiving for AD patients is an enervating and unrequited exercise. Departing from these insensitive horror scripts, Dana Walrath, an Armenian American medical anthropologist and comic artist in her graphic memoir *Aliceheimer's: Alzheimer's Through the Looking Glass* (2013) (hereafter *Aliceheimer's*) chronicles the "magic and laughter" (3) that she has shared with her AD afflicted mother, Alice. The present essay through close reading *Aliceheimer's* seeks to explore how Walrath reconfigures the biomedical and cultural discourse of AD through the ingenious use of collage, positive lexical choices and through the appropriation of *Alice in Wonderland* as an urtext. Further, the essay also examines the following issues—what are the implications of invoking a positive lexis and image of an AD patient? How does the artistic technique of collage facilitate the representation of AD experience? and what are the anthropological visions that Walrath offers to her readers, specifically AD caregivers?

Keywords: AD, Collages, graphic medicine, positive language, and caregiving.

Raphael, Linda S.
Raphael, Marc Lee
Monsters and/or Ordinary Men and Women: Lessons from the Nazi War Machine

We propose to discuss the growing significance of teaching about the Nazi war machine in medical education. The impressive work on eugenics and Nazi doctors has been supplemented and refined by new understandings and research possibilities that we would like to share with other health-humanities educators. We regard Christopher Browning's seminal work *Ordinary Men* as basic to an understanding of the need to consider how any of us might be capable of what we regard as unthinkable acts.

Bureaucracy: The Nuremberg Trials clarified how many perpetrators were bureaucrats who worked at desks in Berlin and solved technical problems. They focused solely on their own duties and carried out the administrative tasks assigned them, and they offer medical students lessons for a modern bureaucratic society. The Wannsee Conference, where the "Final Solution" was finalized (January 20, 1942), offers a deadly look at the workings of bureaucracy: no one used the term "final solution," and none of those at the meeting had to consider matters any further than what was going to take place in his own particular area of responsibility. It is instructive to compare the bureaucratic organization of health-care in the United States, from practical matters of cost, distribution, and availability to specialists' treatment of specific parts of the body that sometimes leave patients in want of a holistic understanding of their bodies and the medicines and procedures prescribed for them.

Virtual reality and survivor interviews: The USC Shoah Foundation recently made it possible to access holocaust survivors' testimonies on-line, and through voice recognition, to hone in on particular topics, such as survivors' experiences with Nazi doctors. The act of interviewing itself is an issue here as well; in this unfamiliar context, students may become aware of subtle aspects of the medical interview.

We will conclude our presentation with a brief discussion of resources for teaching about Nazi medicine.

Redel-Traub, Gabriel
Enhancement and Imperfect Access

In *The Case Against Perfection*, Michael Sandel suggests that the moral issue with genetic enhancement is grounded in "the hubris of the designing parents, in their drive to master the mystery of birth" (Sandel 57). Such hubris distorts the amount of agency a parent ought to have in the process of having a child. For Sandel, when parents manipulate their child's nature beyond choosing with whom to mate, something has gone morally wrong.

Sandel's argument rests on a moral sense of what's *natural*. For him, genetic enhancement represents, "a Promethean aspiration to remake nature…to serve our purposes and satisfy our desires".[1] But hasn't much of human ingenuity been employed in an effort to distort nature? For Sandel, genetic enhancement is a different type of distortion altogether. Medical intervention, unlike genetic enhancement, "does not desecrate nature but honors it. Healing sickness or injury does not override a child's natural capacities but permits them to flourish".[2]

I think Sandel misses something crucial in his account. Our moral unease is not only a directed at the parents' hyper-agency, but also a worry about who will be granted the opportunity to yield this power and enhance their child. Inequality and social justice ground what's at issue.

Sandel disagrees. He quickly brushes off the fairness issue by noting that we are not created equal in all respects. Of course, natural variation exists among us all. Gene enhancement, however, is problematic because it changes the way in which such inequality occurs, disproportionally benefits those who can afford enhancement.

Political philosophers like Rawls and Nozick have suggested that enhancement is a morally acceptable eugenic model. Their premise is that eugenics, without coercion, might maximize human ability in a palatable way. But removing the coercion doesn't vindicate the practice. Gene enhancement in practice would look much like eugenics did —this time favoring wealth over any particular race or creed. This Social-Darwinist dystopia underlies any discussion about the moral tenability of genetic enhancement.

[1]Sandel 56

[2] Sandel 57

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2. Sandel, Michel. "The Case Against Perfection" The Atlantic Monthly. 3: 51–62, 2004

Reilly, Hilda
Bringing the Past to Life: Using qualitative research methodology to explore the subjectivity of patients who are no longer with us

This paper demonstrates how Interpretative Phenomenological Analysis (IPA) can serve to fill the patient-shaped gap in medical history identified by Roy Porter (1985). It focuses on two of the early "hysterical" patients of psychoanalysis, Bertha Pappenheim (aka Anna O, the 'founding patient' of psychoanalysis) and Anna von Lieben (aka Cäcilie M.).

Referencing my MA research on Bertha Pappenheim I show:

- how an exclusively physician-based perspective can give rise to tendentious reporting and to questionable theories based thereon
- how my own thinking about the case, realised in the form of a biographical novel, evolved to highlight the primacy of the patient's phenomenology

I then discuss my PhD research which explores the phenomenology of Anna von Lieben, regarded by Freud as one of his most important patients, using IPA to analyse her autobiographical poetry (von Lieben, 1901).

IPA is an idiographic and inductive qualitative research method, based on Heideggerian hermeneutic phenomenology and committed to illuminating first-person experience. It combines a hermeneutics of empathy with a hermeneutics of questioning to interpret a text *in its own terms* rather than by applying an existing analytical framework (eg, psychoanalytic, feminist) imported from outside.

The use of IPA for the interpretation of autobiographical poetry is an innovative approach inspired by the ground-breaking work of Spiers and Smith (2012). Further qualitative analysis of family correspondence and memoirs will provide additional contextual data.

The findings of the IPA study will permit a re-imagining of the case from the perspective of von Lieben herself, set within her own lifeworld.

The project overall will develop a research methodology applicable in the fields of Medical Humanities and related disciplines.

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Riley, Natalie
Artifice Come to Life: Mary Shelley's Frankenstein and Richard Powers Galatea 2.2

In his 1995 novel *Galatea 2.2,* Richard Power's narrator compares the neural *network he is training to the creature from Mary Shelley's Frankenstein; or, the Modern Prometheus* (1818). Describing how Frankenstein's reanimated and rearticulated humanoid learned to speak by eavesdropping on the exiled De Laceys', the narrator (also a contemporary novelist named Richard Powers) insists that as its creator *he* will be the one to teach the 'infant' machine language. Unlike his fictional progenitor, who flees from the catastrophic success of his toils, Richard instead envisages a nurturing and sustained relationship with the artificial intelligence that he has helped to bring into being.

In this twelve-minute paper, I will give a close reading of the above scene in *Galatea* 2.2., addressing its detailed allusion to Frankenstein, and exploring the contrasting representations of scientific methodology that shape the narrative events of both novels. As I will demonstrate, both Victor and Richard predict instrumental applications for their creations: where Shelley's scientist would 'banish disease from the human frame,' Powers's novelist sees the telos of artificial intelligence as the desire 'to eliminate death.' Yet, while Frankenstein's solitary and secretive pursuit takes place beyond the bounds of human society – in darkness both physical and metaphorical – Richard's collaborative endeavour with the connectionist Dr Phillip Lentz is a multifarious and institutionally-supported inquiry; viewed from several different perspectives within both literature and the cognitive sciences.

Unlike Frankenstein, then, which is often read as a cautionary account of narrow or limited vision in the scientific disciplines, Galatea 2.2 presents the creation of artificial life as an object around which many disciplines (within both the sciences and humanities) gather, and are recognised, as participants. As I will conclude, in the contemporary era – an age in which the need for new and complex modes of thinking that model our dynamic biocultural context has reached its apogee – Powers's speculative narrative thus offers us an interdisciplinary, and arguably much more successful, space in which to explore the conceptual and ethical problems of biological and medical research.

Rogers-Carpenter, Katherine
The Cholera Fiend (1850): a Nineteenth-Century Story of Horror, Sentimentalism and Disease.

This paper explores the relationship between Gothic tropes, sentimentalism and mid-nineteenth-century attitudes towards medicine, religion, and disease in Charles Averill's *The Cholera Fiend, or, Plague Spreaders of New York* (1850).

In *The Cholera Fiend*, the nefarious Dr. Quackenbush, the morally bankrupt Reverend Mathews, and hunch-backed sailor Broken-back cause New York's 1849 cholera epidemic. As the story opens, the men develop a plan to spread the disease throughout New York City. If cholera spreads, Dr. Quackenbush stands to profit from treating patients and selling medicine. Reverend Mathews plans to poison his fourth wife with arsenic (a death that mimics cholera) and marry her beautiful younger sister. Broken-back will celebrate as more victims suffer. Luckily, Reverend Mathews' stepson, Francis Clinton discovers that his stepfather poisoned each of his wives and tries to stop him. The current Mrs. Mathews perishes before Clinton can save her, but her deathbed scene is pious and beautiful—classically sentimental. Clinton rescues Quackenbush's daughter from a life of prostitution and reunites her with her long-lost son. Having secured a map of the city's cemeteries, the villains (now on the run) open the 1832 cholera tombs in the area and trigger another epidemic.

Written in the sensationalist style of the penny press, *The Cholera Fiend* fed a need for cheap, accessible fiction in a growing middle-class population. Although dramatic, and fast paced, most modern readers would dismiss this story's two-dimensional characters and saccharin morality. However, the book was published at a unique point in history—a year after the 1849 cholera epidemic, four years before John Snow's groundbreaking discovery in London, and decades before the medical establishment embraced germ theory. Even well-meaning physicians in 1850 could not cure cholera, and many practiced extreme, but ineffective treatments.[1] *The Cholera Fiend*'s explicit sentimentalism, expressed in deathbed scenes, and vulnerable women and children saved by a charitable self-sacrificing hero, shows that immorality was the true contagion—an idea reinforced by the story's grotesque villains.

[1]For more about "heroic" cholera treatments see William Dowling,"Boston in the Time of Cholera," The New England Quarterly, vol. LXXXVIII, no. 2 (June 2015). 316-24.

Rovak, Angela
Ancestors, DNA, and Time Travel in Octavia Butler's Kindred

In *The Social Life of DNA: Race, Reparations and Reconciliation After the Genome*, Alondra Nelson describes "the special status afforded to DNA as the final arbiter of identity" since the completion of the Human Genome Project in 2003 (4). Nelson discusses her surprise at the popularity of commercial genetic testing services in African American communities and concludes that, "genetic analysis is indeed increasingly being used as a catalyst for reconciliation —to restore linages, families, and knowledge of the past and to make political claims in the present" (6). Before the technological advancement of DNA mapping, authors explored the imaginative possibilities and risks of ancestral recovery. Octavia Butler's novel *Kindred* uses the trope of time travel to reveal the protagonist's unknown genetic heritage by throwing Dana back into the antebellum South. Dana must keep her white relative alive until he impregnates a young enslaved woman, Dana's long removed grandmother. *Kindred* engages speculative fiction tropes to interrogate the lasting legacies of racial injustice from the time of American slavery in the contemporary moment. As a contemporary narrative of slavery, *Kindred* rejects the idea of a full reconciliation between the past and the present. At the close of the novel, Dana returns to the present but her arm is severed, remaining stuck in time and space. *Kindred*'s project of racial reconciliation reveals the hazardous practice of defining human identity through DNA and genetic mapping. Butler's formal technique of time travel and other speculative fiction elements is how *Kindred* engages what Barbara Katz Rothman, a sociologist of genomics era ethics, calls "genetic thinking" (173). Genetic thinking "is a way of understanding the world," and before the advent of DNA mapping, literature interrogated the social and political implications of reducing human identity to genetic heritage.

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Sample, Susan
The Corpse as Kairotic Body: Transgressing the medicalized boundary between life and death to re-animate physicians as ethical practitioners

Disability studies have drawn attention to divergent bodies that transgress boundaries and speak in different and resistant ways. This presentation is part of a larger project in the rhetoric of medical discourse that explores the human body as it transitions from nearly dying to newly dead and the impact this has on physicians and end-of-life care. As the body transgresses the medicalized boundary between life and death, physicians are professionally disabled by the dead body. It represents failure in terms of the medical imperative. The patient who is now the corpse is dehumanized by physicians who can no longer *care* for the body that is beyond their control.

I propose that we re-examine the dying/dead body and re-envision the corpse as the "*kairotic* body" conceptualized by Debra Hawhee in her re-interpretation of ancient Greek rhetoric (2004). *Kairos* refers not only to an opportune time; it means a critical location on the body, a fatal opening, and connection. By re-cognizing the corpse as *kairotic*, we open a new critical, rhetorical space where the transgressive body can infuse physicians with a new sense of identity as the corpse animates physicians to transcend medicine's dualistic thinking: life versus death, physician versus patient. As physicians *care* for dying patients, they are morally re-connected in a radically new doctor-patient relationship.

In this presentation, I will examine physicians' personal narratives published in medical journals in which they describe witnessing the power of human body as it transforms at death. As their medical power diminishes, the dead body "moves" into the position of authority. Powerless and vulnerable, physicians are freed from restraints imposed upon them by the culture of medicine, which allows the corpse to instruct them. Physician-authors tell how they recompose their subjectivity as embodied persons aware of mortality, their own as well as patients'. Accordingly, they realize their capacity to *care for* and heal patients as equals. They reincorporate humanistic values of ancient Greek physician-healers to create a renewed practice of medicine as *phronesis*, contingent upon narratives of their personal experiences of knowing, which renders medicine personally meaningful, professionally sufficient, ethical and humane.

Schneider, Gregory
Guests and Hosts: The Odyssey as a Teaching Tool for the Ethics of Home Visits

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Florida International University

Sharing the same word roots, "hospitality" and "hospital" also share a longstanding cultural history. Two of the oldest epics in Western literature, the Iliad and the Odyssey, both wrestle with questions of hospitality, of being a good or bad host or guest. The Odyssey in particular involves numerous explorations of xenia, the Ancient Greek notion of hospitality. At the Florida International University College of Medicine, we require all of our medical students to participate in home visits in underserved neighborhoods in Miami-Dade County. To introduce those students to the ethical questions raised by these visits, we developed a novel teaching module, based upon episodes from the Odyssey. All second year medical students participated in the two-hour module, which included a lecture, an extended period of small-group self-directed case studies, a whole-class de-brief, and pre- and post-session surveys.

The lecture to the class of ~120 students introduced the concept of hospitality and its relevance to medicine, whether serving as a host of patients in an office or hospital or as a guest in people's homes. It also provided an overview of the Odyssey as an exploration of xenia and example scenarios from the Odyssey that have parallels in household visits. The students then broke into small groups of ~12 students, where a web-based series of three home-visit ethical scenarios inspired by the Odyssey unfolded. We asked the students to evaluate the cases and determine a plan of action for each of the dilemmas. A spokesperson for each group reported back during the whole-class de-brief that immediately followed.

Preliminary analysis of the pre- and post-session surveys demonstrated a statistically significant improvement in students' awareness of potential ethical dilemmas involved in home visits. It also showed a notable increase in students' attestation that they had a framework which helped them to come to terms with these ethical dilemmas and an ability to place themselves in the perspective of their patients. During this paper, we will provide an overview of the session and its educational outcomes.

Seligo, Carlos
Westphal, Lynn
Williams, Katherine

The Human Egg: Foundation of the oocyte donation program at Stanford, psychological evaluation of donors and recipients, cultural and scientific history

The Human Egg is at the center of modern reproductive technology, medicine, and psychology, but it also has a long cultural history which informed and often confounded scientific research about our biological origins. In this panel Dr. Westphal, who founded the Oocyte Donation Program at Stanford Medical Center in 1998, will bring us up-to-date on the progress of fertility medicine and its institutional context. Dr. Williams worked with Dr. Westphal to establish psychological evaluation and counseling services for both ovum donors and ovum recipients.   She will provide this clinical perspective on Third Party Assisted Reproduction and describe research findings regarding motives of ovum donors, psychological reactions of donors and recipients, and recent studies after follow up with ovum donor conceived children. In her seminar "Madness and the Womb," Dr. Williams teaches students about the history of psychology and reproduction and Dr. Seligo, who guest lectures about Frankenstein, will also present 18th C theories of reproduction Mary Shelley would have known and extrapolated in Frankenstein. In this historical context, he will argue, it was more scientifically plausible for a man to be made by a man, without an egg. The Royal Society did not even fully accept the female genetic contribution of the egg until 1876, when Oscar Hertwig observed chromosome reduction in meiosis and the fusion of egg and sperm in fertilization. Our cultural preconceptions about the roles of the sexes in reproduction still underwrite our hopes and fears about Assisted Reproductive Technologies. The panelists will try to answer questions, not about the birth of monsters or saviors, but about the consequences reproductive technology has for our society now and might have in the future.

Servitje, Lorenzo
The Science-Fictionality of the Antibiotic Apocalypse

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The word *Frankenstein* is often used as rhetorical shorthand for an unchecked technological innovation that has escaped the bounds of its human creator's control. As a technology, antibiotics have followed this narrative trajectory: namely with the "apocalyptic" threat posed by increasing antimicrobial resistance (AMR), occasioned by over- and misuse of antibiotics. Popular news media has deployed this construction in fear-inspiring headlines such as "Why the Post-Antibiotic World Is the Real-life Version of the Zombie Apocalypse" (*The Week*). What is the cultural work of science fiction vis-à-vis AMR: is it merely a rhetorical hook, or a scare tactic? This presentation considers the implications of framing AMR in the language and intertextual framework of science fiction.

The science-fictionality of Shelley's novel and other post-apocalyptic texts affords us an opportunity to consider the past, present, and future of AMR. Recalling that *apocalypse* does not only refer to the end of the world, but also denotes an "unveiling," we can consider how science fiction helps us interrogate the social forces and modes of thinking which led to this processual crisis. In Shelley's novel, we recall, Victor fears the apocalyptic threat the monster poses: fostering a "race of devils [that] would be propagated upon the earth who might make the very existence of the species of man a condition precarious and full of terror." We can also recall that Victor's original aim was to "banish disease from the human frame, and render man invulnerable to any but a violent death"—a construction uncannily similar to the mid-century ethos of Boris Sokoliff's (1949) *The Miracle Drugs*: to "see infectious disease banished from the earth."

The stakes of understanding the literary qualities of the "antibiotic apocalypse" lie in defamiliarizing the naturalized antagonism and anthropocentric relation between humans and microbes, an epistemic imperative that emerged in the nineteenth century, and was redoubled during the mid-twentieth with the discovery of antibiotic pharmacology. We must reimagine this history and future to make the already present antibiotic apocalypse an unveiling rather than an end.

Shifrin, Susan
Pohl, Charles A.
Lee, Jeffrey

Frankensteinian Collaborations: Creating "HeART Stories: Building Empathy Through the Arts"

In recent years, programs at the intersections of arts and dementia have been implemented across the globe to enhance the quality of life of people with dementia diagnoses. The most successful locate participants at the center of their design, addressing their personal stories, experiences, and needs. Interviews of people living with dementia have revealed that the preservation of self-esteem and dignity is fundamental to the interviewees' definition of quality of life.

Likewise, the changing landscape of healthcare requires new skills for the future healthcare workforce -- beyond discipline-specific knowledge and skill sets -- to improve the quality of patient care. These include stellar communication skills, empathy, emotional intelligence, ability to work with others, tolerance of ambiguity, and comfort with targeted patient populations.

A radical "piecing together" of these two sets of priorities is taking place in Philadelphia in a collaboration between Thomas Jefferson University – a health science institution founded in 1824 – and two small arts organizations: ARTZ Philadelphia and Theater of Witness. Funded by the Pew Center for Arts & Heritage, these three organizations have entered into what may seem an eccentric (even Frankenstein-like) collaboration, through which people living with dementia mentor Jefferson students, students explore their own stories as a means of more deeply connecting with their mentors, and the arts serve as vehicles for these interconnections.

ARTZ Philadelphia provides "opportunities for self-expression and for the rebuilding of self-esteem and dignity to people with dementia and those who care for them through interactions around arts and culture." Theater of Witness is "a form of testimonial performance … that brings people together across divides of difference to bear witness to each other's life experiences. …The performances weave the performers' stories together with music, spoken word, visual imagery and film into dynamic theater that humanizes the 'other' and cultivates compassion and empathy."

ARTZ Philadelphia, Theater of Witness, and Jefferson may be seen as coming from different worlds, shaped by different practices. And yet we have entered into the challenging process of collaborating with each other to create a new kind of education for the health professionals of the future.

Shifrin, Susan
Pohl, Charles A.
Lee, Jeffrey
Frankensteinian Collaborations: Creating "HeART Stories: Building Empathy Through the Arts"

PANELISTS:

Dr. Charles A. Pohl, Vice Provost for Student Affairs, Thomas Jefferson University; Vice Dean for Students Affairs and Professor of Pediatrics, Sidney Kimmel Medical College at TJU

Dr. Susan Shifrin, Founder and Executive Director, ARTZ Philadelphia; art historian, educator, museum professional, and arts accessibility advocate and facilitator.

Jeffrey Lee is a first year medical student at Sidney Kimmel Medical College - Thomas Jefferson University.

Sidiki, Bassam
America's Monstrous Doctors: Frankenstein, Race, and Islamophobia

Rarely are questions of race and imperialism brought up when *Frankenstein* is discussed in the context of bioethics or the health humanities, as if the history of the scientific revolution could be neatly divorced from these concerns. As we commemorate the 200th anniversary of this seminal text, this paper aims to demonstrate the continued relevance in America of one of the book's most underappreciated themes: the triangulation of medical science, monstrosity, and the Oriental Other, especially in the form of the Middle Eastern character Safie who learns English along with Frankenstein's creature, thereby becoming his foil. In the age of Trump and immigration bans, Safie represents America's new monster – the Muslim – who also paradoxically constitutes ten percent of the country's physicians. In the figure of the Muslim American physician, the scientist Frankenstein and his monster have become one and the same.

This paper shall first outline postcolonial critiques of *Frankenstein* such as Gayatri Spivak's influential "Three Women's Texts and a Critique of Imperialism" (1985) and histories of scientific racism and monstrosity to suggest how the paranoia surrounding Europe's scientific and medical advances was closely tied with the colonial encounter. The paper shall then examine how this paranoia manifests in a different form in the United States today through analysis of written and spoken narratives by Muslim American physicians about the difficulties they face in the healthcare setting due to their race and/or religion. The paper shall thus conclude that Mary Shelley's book has continued relevance not just as speculative science fiction but also as a document bearing witness to medical science's fraught historical legacies vis-à-vis race and imperialism.

Sile, Agnese
Representations of Mental Illness in Children in Photographic Essays and the Question of Vulnerability

This paper will examine what kind of knowledge is contained within photographic essays that portray children affected by severe mental illness and explore ways in which these can inform existing scientific and advocacy paradigms. I am concerned with four major issues: How mental illnesses in children that do not have any visual signs are communicated in the photographic medium? How the photographs and the text construct experiences and articulate a child's private expressions of illness? How these projects manifest and challenge the meanings of 'vulnerability' and 'care'? How the photographic representations disclose new realities and challenge core assumptions?

I will focus on Lynn Warberg's online project My Brain is on Fire (2013), which documents her son, who was diagnosed with Pediatric Bipolar Disorder and Leon Borensztein's Sharon (2016), a publication which includes textual narratives and portraits of his daughter who has a range of mental and physical disorders. I have chosen works that contain not only images, but also text. Photographs here are not singularly explanative; rather they act in a complex web in which text and image play unique roles, adding to a collective narrative.

The status of photography within medical arts or humanities is still relatively insecure. When it comes to depicting ill children, the ethics of representation becomes increasingly complex. The perception of photographs as voyeuristic and objectifying (Sontag, 2003: 72) is of particular concern here and resonates with widespread fear about the eroticisation, mistreatment and exploitation of children. Although these fears are reasonable, I would like to argue that the lack of visual representations of lived experiences of mental illness in fact reinforce existing stigma, misunderstanding and embarrassment. The fact that in the last half decade there have been an increasing number of photographic essays (published online and offline) that depict children's mental illness narratives suggests that there is an urgent need to find visual and textual language to communicate these experiences, as well as to seek a wider community. Photography can offer a space in the sense of providing a community in which alternative narratives of the parent/child can be enabled.

Snauwaert, Maïté
Frankenstein: or, A Meditation on (Complicated) Grief in the Era of A New Death

Maïté Snauwaert, Associate Professor, University of Alberta

While many studies (1979, 1990) have focused on biographical elements of Mary Shelley's life in her novel, most notably in terms of her status as a mother of dead children, as well as the child who herself caused her mother's death, not so many seem to have taken an interest in the fact that *Frankenstein* is a story of repeated griefs. Grief indeed seems to be the engineering element of the novel, allowing its plot to move from one episode to the next, in a rather destructive fashion, since soon enough, the fantasy of a harmonious childhood, together with the picture of a complete family, explode into *bits and pieces* – never to be retrieved as a whole, never to be animated again by the wholesome spirit of family binds, of natural love connections…

Concurrently, in The Hour of Our Death (1981), French historian Philippe Ariès dated to the end of the 18th century a paradigm shift to Western societies' ways of dying. Moving away from religion and getting closer to science, death became increasingly medicalized, emerging – as we know it today (Gawande 2015) – as a problem to solve rather than a reality to accept. Along with a general turn toward individualization in the European ethos, it became more outwardly expressed, seen as scandalous, and soon after more isolated and private, two tendencies that distanced mourning practices from a social, routine acceptance of death, with its quiet rituals, and lead the dying as well as the bereaved to deal with their own grief.

I would like to posit that the creature comes to embody those bits and pieces of a lost past, but furthermore, that its very creation is tantamount to an inability to let grief fully occupy its place, as occurs in what clinicians have coined as "complicated grief," or sometimes "prolonged grief" (Lundorff et al. 2017; Shears 2015; Stroebe et al. 2012), i.e. in this case, a (materialistic) holding on to dead parts in the desperate attempt to make them into something whole again...

Snauwaert, Maïté
Frankenstein: or, A Meditation on (Complicated) Grief in
the Era of A New Death

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Spencer, Danielle
Asif, Saljooq
Bukatman, Scott
THE UNCANNY X-PANEL: From Frankenstein to Logan: Bodily Narratives in the X-Verse

THE INTERNATIONAL HEALTH HUMANITIES CONSORTIUM
FRANKENSTEIN@200 CONFERENCE PRESENTS

APRIL 2018 — STANFORD

THE UNCANNY
X-PANEL

FROM
FRANKENSTEIN TO LOGAN:
BODILY NARRATIVES IN THE X-VERSE
FEATURING X-SCHOLARS
SCOTT BUKATMAN, SALJOOQ ASIF,
& DANIELLE SPENCER

DON'T MISS THIS ONCE-IN-A-CONFERENCE OPPORTUNITY TO DIVE FEARLESSLY INTO THE FRANKENSTEINIAN SIGNIFICANCE OF THE *X-MEN* COMICS & FILMS AND THEIR RELEVANCE TO THE *HEALTH HUMANITIES*. FROM BUKATMAN'S *"RE-INVENTING THE BODY: SUPERHEROES AND THE CORPOREAL IMAGINATION"* TO ASIF'S *"MUTANT BIOHORROR: TRANSGRESSIVE BOUNDARIES BETWEEN BODY AND STATE"* TO SPENCER'S *"LOGAN, FRANKENSTEIN, AND SHANE: FAMILY, SACRIFICE, AND GENERIC MUTANCY IN THE WESTERN X-VERSE"* --JOIN US AS *WE TRAVEL TOGETHER TO NEW AND UNCANNY MUTANT DIMENSIONS!!!!!*

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X-PANEL

FROM FRANKENSTEIN TO LOGAN: BODILY NARRATIVES IN THE X-VERSE

As Frankenstein's creation clambers into the 21st century, we look to its evolution and mutation in the guise of the culturally significant X-Men franchise. Here the fearsome spectre of the creature escaping the laboratory is echoed in the theme of mutancy--a process evading control, with complex consequences--alongside issues of the body, technology, scientific research, difference and identity, disability, politics, and family, offering a powerful pedagogical tool for the health humanities.

Scott Bukatman's *"Re-inventing the Body: Superheroes and the Corporeal Imagination"* explores the ways in which superhero comics, and now films, have been the site of a sustained re-imagining of bodily limits and constraints. Some superheroes are born, others made, but all are possessed of bodies that do what ours cannot (yes, even Batman). This talk will concentrate on the X-Men, who represent a particularly diverse group of corporeal modifications, and who often have a particularly tormented relation to the things of which their bodies are somehow capable.

In *"Mutant Biohorror: Transgressive Boundaries Between Body and State,"* Saljooq Asif traces the development of Frankensteinian themes of unintended consequences in the series of X-Men films, from the scientific interventions on specific bodies--such as Magneto and Wolverine--to technological innovation with broad societal effects--such as pharmaceutical vaccines and Sentinels. These threatening advancements are the offspring of politics and eugenics, seeking to create a nation-state with uniformity and impenetrable boundaries. Thus the X-Men franchise--which itself is foregrounded against Nazi history--presents a disturbing biohorror rooted in our own reality.

Danielle Spencer's *"Logan, Frankenstein, and Shane: Family, Sacrifice, and Generic Mutancy in the Western X-Verse"* explores the re-figuration of Frankenstein and *Shane* in *Logan* (2017). Building upon the X-theme of found kin, *Logan* depicts the evolution of family structure with aging super-bodies and a new generation of laboratory-bred mutant children. Moreover, the film adopts a bricolage of cinematic styles and sources, prompting the addition of a new typology to Cawelti's modes of generic transformation--that of *generic mutancy*--and invoking Zingsheim's model of "mutational identity theory", a helpful metaphor as we continue to evolve into the future.

Stoyan-Rosenzweig, Nina
Bassi, Yasmina
Freeman, Mary
Segal, Eric
Sommi, Arvind
Trumble, Olivia

Collaboration Between Undergraduates and Faculty to Develop Classes and Exhibit Programming in the Health Humanities

How has the term "monster" varied over time and in different cultures? Its derivation from Latin refers to an abnormal occurrence, such as a monstrous birth, or something else outside nature or norms. Thus the term was used to describe something that had gone wrong, often times biological or medical in nature. Since then, it has come to have a connotation of evil- but what is seen as a monster can, with familiarity, seem less unnatural. And in popular culture, monsters can even become friends.

This discussion will describe an upcoming project which will be developed through the UF Health Science Center Library, Honors Program, and Harn Museum of Art. It is focused on the concept of monsters and monstrosity and includes a team of undergraduate honors students interested in healthcare, education and the humanities.

To start this project, they will attend the Medical Humanities Consortium Conference in April to learn about medical humanities, -and they hope to present on this upcoming project. Later, they will develop an exhibit for the Health Science Center Library on changing ideas about monsters and the relationship of the term "monster". They will collaboratively create a syllabus and design a one credit course focused on a single book-- Lester D. Friedman's and Allison B. Kavey's Monstrous Progeny: A History of the Frankenstein Narratives -- for the fall of 2018. Dr. Friedman will come to the University of Florida to speak during this semester.

These students will help to teach the class. They also will guide their classmates, with supervision and advice from Nina Stoyan-Rosenzweig and Harn Museum staff, in selecting art work that illuminates the monstrous, creating label text, and creating a Spring 2019 exhibition on the evolution of what it means to be a "monster." The label text will discuss questions related to piece selection, what makes them monstrous, and perhaps even how they might resonate differently for different individuals.

The panel discusses this project with the team of honors students on hand to discuss the project, and to discuss with attendees their own ideas about monsters, health and humanities.

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Sudabattula, Mohan
The Essential Role of Narrative Medicine in Global Health Ethics & Sustainable Medical Interventions

Introduction:

Sustainable Development Goal 3, issued by the WHO, sets forth the aim to "ensure healthy lives and promote well-being for all at all ages" (1). Recognizing this, the role of private and non-profit sectors to promote sustainable global health initiatives (GHIs) has become imperative (2). Consequently, the demand for increased global health interventions has shed light on challenges in data management, particularly in program evaluation and sustainability. Actors of GHIs regularly interact with foreign agents in the local community and government. Ideally, the global actors will have a thorough understanding of the culture and environment where the intervention will take place, regardless, certain experiences are unique to circumstance and are often the result of inconsistencies in assumed cultural competency. These experiences are essential in program evaluation and are best documented as narratives in medicine due to their subjective nature. However, this data is often overlooked and are not drawn upon in program evaluation. This must change, as the collection and utilization of global health narratives can be used systemically to assist in the development or continuation of global health initiatives to operate ethically.

Methods:

A qualitative evaluation was done on the recent activities of Project Embrace (ProEm), an international medical non-profit based in Salt Lake City, UT. Between July and October 2017, ProEm completed two medical campaigns in both Manzini, Swaziland and Hyderabad, India. Each campaign operated similarly in low and middle-income communities (LAMIC), however, both campaigns varied immensely in the personal interactions needed to operate. Each campaign recorded the personal interactions under three essential narratives, 1) interactions prior to the intervention, 2) interactions during the execution of the intervention, and 3) interactions post the intervention.

Outcome:

Each campaign was evaluated to be successful but reported different narrative experiences influenced by the culture in their given community. Conclusively, narrative medicine plays an essential role in the data collection and program evaluation of GHIs.

Discussion:

These two medical campaigns, under ProEm, illustrate the necessary role of narrative medicine in global health programming as it provides qualitative insight needed to understand cultural implications for continuing and/or developing GHIs to operate ethically in LAMIC abroad.

Torrents, Hope
The Fine Art of Healthcare

This experiential workshop will offer attendees an overview of the theory and the opportunity to practice what participants in the Lowe Art Museum's program, The Fine Art of Healthcare, have done since it began in 2009. The workshop will incorporate works of art, on view in the **Iris & Gerald Cantor Center for Visual Arts**. The structure of the workshop will outline the emergence, over the past decade, of collaborations between health professionals and museum educators who use Visual Thinking Strategies to mitigate cognitive habits, such as premature closure of judgment and intolerance of ambiguity, which prevent the successful delivery of healthcare. Visual Thinking Strategies (VTS) is an art discussion method and museum education tool used in healthcare education to improve observation, communication and critical thinking skills of students. Art, used as a tool, for collaborative meaning making, relies on the uniqueness of the works themselves, open to multiple perspectives, tolerance of ambiguity, reframing, and de-biasing. Museums across the country are working in tandem with medical educators, hospitals and clinics, to help professionals hone their clinical skills. These include: critical thinking, visual literacy and communication. The Lowe's program, the Fine Art of Health Care, helps graduate students in medicine, nursing, physical therapy and psychology, understand the importance of collaboration and de-biasing. Participants in the workshop will engage in discussions as well as co-facilitate these discussions and conclude with the group discussing best-practice skills and intersections between looking at works of art and patient care. We will lead attendees in interactive discussions of works of art using VTS and share curricular materials used during the workshops. Growing interest in practicing VTS in healthcare contexts reflects an innovative and interdisciplinary educational approach to providing tomorrow's healthcare providers with critical skills of empathy, perspective-taking and cultural competency. The workshop will build a case for how dynamic group discussions of visual images can stimulate these skills in arts contexts and create a bridge for transfer to clinical and community health environments.

Troscianko, Emily T.
Consuming fictions: Self-report evidence of the benefits and dangers of fiction-reading for eating disorders

Eating disorders are a major public-health concern, and some (especially anorexia) remain notoriously treatment-resistant. In the search for new (and cost-effective) solutions, there is growing evidence for the efficacy of reading self-help books for eating disorders and other mental illnesses. By contrast, 'creative bibliotherapy' (the therapeutic use of fiction, poetry, or drama, rather than self-help) is widely practised but poorly understood: although a range of theoretical models exist, claims of the healing power of literature are far more commonly made than tested. I present self-report evidence from a large-scale survey conducted with the leading UK eating-disorders charity, Beat, suggesting the importance of fiction-reading, both positively and negatively, to eating-disorder prevention, development, maintenance, and recovery.

Surprisingly, fiction specifically about eating disorders was perceived by respondents as broadly detrimental to mood, self-esteem, feelings about one's body, and diet and exercise habits, while respondents' preferred genre of other fiction was experienced as beneficial or neutral on the four dimensions. The findings pose direct challenges to existing models of creative bibliotherapy's efficacy, which tend to insist on the importance of a close match between the reader's and the protagonist's situations in the interests of promoting 'identification', which in turn is meant to stimulate insight and problem-solving.

These preliminary findings suggest other ways of conceiving of how embodied cognitive acts of narrative-cued interpretation may intervene in the psychopathology of disordered eating – for good and for ill. This work is now also contributing to the development of an app to support recovery from anorexia: cognitive-literary research on reader-text interactions is helping create textual prompts to maximise users' engagement with the central task of weight restoration, while hypotheses generated by these survey data will inform invitations to users to engage in structured ways with works of visual art, music, and literature. In concert, these initiatives aim to further our understanding of the dynamics of both aesthetic and digitally mediated therapies.

Tseng, Jocelyn
Chattopadhyay, Aheli
Dackman, Linda
Shibley, William Patrick
Legacy Project: Wisdom from Lives Well-Lived

The Legacy Project is a free video-recording service helping individuals who are facing life-threatening illnesses record messages for their loved ones. Though video recording devices are widely available, the structure and production value of the Legacy Project helps participants stay accountable to their desires to record their messages, guides and enriches their sharing, and allows them to have a professional quality video. One participant with metastatic cancer and two young children praised the Legacy Project for adding a timeline and structure to their storytelling process: "Once you get started it's easy. You just have to figure out what is the right time and jump the hurdle of doing it. It's something my kids will hold on to. I am very appreciative of this opportunity." Many participants express that the videos have empowered them to tell their life stories. The life stories that people share on-camera define not only the individual but the context, location, and time in which they took place. The videos also provide an opportunity to express how loved ones have shaped their lives.

The Legacy Project has fielded over fifty inquiries and inspired families to record their own video messages through a structured process. The Legacy Project serves participants in the extended San Francisco Bay Area. Unfortunately, many interested in filming Legacy Videos are unable to continue the process in the face of advancing illness. The Legacy Project relies on referrals from health and palliative care professionals from the UCSF Helen Diller Family Comprehensive Cancer Center, Kaiser Permanente, the VA, and Stanford University, as well as on word of mouth and advertising in local cancer resource center newsletters. Greater investment in advertising to create awareness among health and palliative care professionals could increase our ability to record earlier in a participant's disease process. This would 1) ensure more people interested in filming could complete the process, and 2) help participants record when they are physically and mentally most like themselves. Overall, the Legacy Project serves as a cathartic process for all those both in-front of, and behind the camera.

Uthayakumar, Arany
"...still, I am you": Monologue of a Malformation

There have certainly been moments where the vascular malformation in my dominant hand feels more like a monstrosity than part of me, though this amalgamation of extraneous blood vessels has been an underlying part of my life for almost 10 years. Sometimes my hand is incredibly tender and needs to be sheltered from the slightest nudge, lest it become inflamed. Other times it roars for recognition, and swells with aggravating pain. Its erratic patterns are beyond my control, and in these moments, I cannot help but see this venous mass as "other." Why would something in my own hand want to be an obstacle that causes this much agony, instead of harmoniously working in tandem with the rest of my body? It is that malaise I felt compelled to analyze, because it seemed like this predicament might be somewhat universal: the difficulties of seeing part of yourself as a monstrosity or "other," and the challenges in reintegrating that entity back into your concept of self. Another angle emerged from that reflection—how would that entity respond if it were aware that you didn't consider it to be part of yourself? How would my vascular malformation respond to my tortured cries wishing I could reject it and supplant my hand with a robotic device altogether? Would it feel hurt? Guilty? Apologetic? How would it characterize our relationship? I concluded that my hypothetically sentient venous mass would be remorseful, and sympathetic. It would also fight, however, to convince me that despite the suffering it is responsible for, it is not "other," but very much a part of me. It would try to show me how the enthusiasm that characterizes my demeanor defines it as well, though regrettably, that enthusiasm translates to my discomfort. It would say that I am stronger for having it, because in learning to endure physical pain, I became resilient. And thus, to explore these themes, "…still, I am you: Monologue of a Malformation" was born—a fictional exchange between myself and my venous malformation, focused on a candid and insightful monologue from the malformation itself.

van den Berg, Machteld

Where is the Monster? Lessons learned from malaria vaccine development in sub-Sahara Africa

In recent years there has been an accelerated investment in the push for the development of a malaria vaccine. Through a public-private partnership with PATH Malaria Vaccine Initiative (MVI) and GlaxoSmithKline (GSK), a malaria vaccine candidate targeting children has been approved by the WHO for pilot implementation in three selected African countries. The complex ethical concerns around the risk of exploitation in these vulnerable populations, a favourable risk-benefit ratio, and justice are left to be explored. As the RTS,S malaria vaccine transitions out of clinical trials and into pilot studies in 2018, the needs of the local communities must be balanced with the wishes of the researchers. The metaphorical monsters in vaccine development are birthed in response to over-looking key ethical aspects around research in low-resource settings. In this project we seek to identify context-specific monsters that may have ethical implications in malaria vaccine research using empirical evidence gathered from 39 semi-structured interviews in Tanzania and Uganda. Interviews were held with parents of children who were enrolled in pediatric malaria vaccine studies. Based on the experience of the parents, the respondents shared their perspectives on the malaria vaccine clinical trial their child was enrolled in. The responses allowed for the identification of the need for strong community engagement to identify context-specific risks. Neutral situations within vulnerable circumstances create local challenges – unmasking the "lurking monster". In this study, we identified the key role relational ethics plays in successful trial procedures. Failing to speak frankly about the implications of education, standards of care, inducement and power discrepancies with the community leads to an aggravation of vulnerability in these low-resource settings. Relational ethics is central to building the trust needed to address these concerns conjunction with formal bioethics.

Vishnepolsky, Julia
Integrating Creative Arts in Health Care

Abstract: Rigorous studies of the arts used in healing contexts show biological evidence of stress reduction. Studies done at UCLA have shown that creative arts therapies used with cancer patients are beneficial for reducing anxiety, depression and pain, and improving quality of life and Art and movement has been found to uniquely develop areas of the brain impacting empathy and cognitive function. Creative expression invites self-reflection and dialogue that can lead to meaningful self-discovery, connection with others, and personal empowerment. The nonverbal aspect of the arts transcends traditional barriers of age, ability, and culture, and enhance the patient experience of care.

Session summary: This didactic and experiential training, will provide an introductory overview of the benefits and need for integrating expressive arts in health care. Participants will learn about the neurobiological premise of creative arts, and experience several therapeutic creative arts techniques including those within a curriculum created by UCLArtsandhealing called Medical Social Emotional Arts (MedSEA), designed to practically integrate the arts within healthcare settings. The arts modules include visual art, creative writing, movement, and music, are designed on the assumption of little or no supplies being available. This enables sustainable delivery by care providers or educators in places with limited resources, such as hospitals, nursing homes, schools, shelters, and community clinics.

Learning objectives:
Participants will learn how to use the arts to:

- Create rapport and connection
- Evoke positive emotions and bolster resilience
- Empower patients in managing stress and pain
- Facilitate verbal and nonverbal communication
- Strengthen the creative vs. illness narrative
- Gain familiarity with the Medical Social Emotional Arts (MedSEA curriculum) and UCLArtsandhealing continued education for integrating arts in health settings.

Vishnepolsky, Julia
Integrating Creative Arts in Health Care

About the presenter:

Julia Vishnepolsky, M.A., LMHC, R-DMT, is a licensed psychotherapist, expressive arts therapist, and registered dance movement therapist, specializing in integrating somatic and creative arts therapy to address biopsychosocial and chronic health concerns.

Julia has provided individual and group therapy to a range of populations, including children and adults coping with the effects of trauma, substance use disorders, and chronic mental illness.

Her mind-body approach supports individuals to externalize pain, reduce stress and anxiety, overcome depression and trauma, navigate life transitions, increase resiliency, and become more self-aware and expressive in their life.

Julia has developed and implemented uniquely integrated somatic and creative arts curriculums for multiple treatment settings, including therapeutic elementary schools, day treatment, skilled nursing facilities, community mental health clinics, intensive outpatient programs and residential treatment facilities.

Currently, Julia Grace facilitates expressive arts therapy groups at residential treatment centers for adolescents and adults dually diagnosed with mental health and substance abuse disorders and offers individual trauma-sensitive somatic and expressive arts therapy sessions in her private practice. Her integrative mind-body approach uniquely addresses depression, anxiety, and trauma, inspires creative self-reflection, and provides practical tools for stress and pain management, emotional regulation, and becoming more present, fulfilled, and self-expressed.

In addition to her clinical work, Julia Grace is the founder and executive director of Plant Pals, a non profit program dedicated to enriching quality of life by reconnecting generations through nature inspired arts. The nonprofit provides volunteer opportunities to visit underserved elderly in nursing homes and engage with them through music and nature inspired creative arts. To learn more visit www.counselingwitharts.com and www.plantpals.org.

Voeller, Megan
DeMuth, Michele
Lee, Jeffrey
Richter, Benjamin
The Medical Humanities Scholarly Concentration: Monstrous Curricular Appendage or Inspired Supplement?

The medical humanities are often described as a supplement to medical education—a patch on an education system that produces doctors viewed as lacking, or losing over the course of training, qualities indispensable to patient care, such as empathy, comfort with uncertainty, or the ability to observe closely while reserving judgement. But while esteemed in the abstract, when it comes to curricular integration, the humanities are seen as a problematic graft onto medicine. Humanities topics and methods suffer from perceptions as unruly, immeasurable and insufficiently relevant. This panel investigates the tension inherent in designing the humanities scholarly concentration as a meaningful supplement, through an overview of one such program and three case studies of research and reflection offered by participating second-year medical students. The overview addresses the problem of defining humanities research in the context of medical education (offering a hybrid response that combines methods from arts, humanities and social science-based research traditions) and examines justifications for its integration as a supplement. In Case Study 1, Michele DeMuth details a project developing theater exercises for youth living with autism spectrum disorders, to improve social engagement and empathy for the youth and to serve as a protective factor against her own loss of empathy as a medical trainee. In Case Study 2, Jeffrey Lee outlines a project that combines photography and mindful practice as a way of navigating cross-cultural encounters with people and creating space for self-care. In Case Study 3, Benjamin Richter describes a bioethics seminar that he developed and facilitates for first-year medical students, engaging students in debate-style exercises and improvisation of ethics vignettes on topics from assisted reproductive technology to end-of-life care.

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Waller-Peterson, Belinda
Black Frankenstein in the Age of #BlackLivesMatter

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This paper analyzes Victor LaValle's critical response to current instances of police brutality against African Americans in his six-series comic *Destroyer*; a series that is in conversation with Mary Shelley's *Frankenstein* as well as #BlackLivesMatter. *Destroyer* engages a central question: what would black mothers be willing to do to bring back their children?[1] This question emerged for LaValle after watching so many distraught black mothers mourn their murdered children; dead at the hands of the officers who were supposed to protect them. LaValle's Frankenstein is Josephine Baker, a black woman scientist who is the last descendant of Victor Frankenstein. Her "monster" is the reanimated corpse of her son Akai Gurley, who was twelve years old when he was murdered by a police officer. I use Elizabeth Young's construction of the black Frankenstein monster as a metaphor that "affirms, and at the same time challenges, structures of race and masculinity in U.S. culture"[2] in order to engage LaValle's depiction of the monster as a young African American boy. This depiction is informed by American anxieties about black bodies and racial difference. Young identifies three elements that contribute to the black Frankenstein metaphor: amalgamation, re-animation and revolt against a creator. Each of these elements emerge in *Destroyer* and serve to expose and critique those cultural anxieties that manifest as dehumanized depictions of African Americans and result in the destruction of black life. Amalgamation occurs on at least two levels: Akai as a character and the reconstruction of his body. LaValle names Akai after a young, unarmed black man who was killed by police in New York and his age matches that of Tamir Rice who was killed by police while playing with a toy gun. Akai's physical body is reanimated even as his consciousness, or a trace of his consciousness exists prior to the re-animation. Finally, LaValle's depiction of Akai as the amalgamated embodiment of two victims of police violence acts as a revolt against the creator of racialized violence: U.S. culture.

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Waples, Emily
Frankenmothers: Wordsworth's Maternal Monsters and the Eighteenth-Century Obstetric Imaginary

Emily Waples
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Foundational feminist criticism of Mary Shelley's *Frankenstein* pointed to the ways in which Victor Frankenstein usurps the generative function of the female body in the production of his monstrous offspring—a parodic response, as critic Alan Richardson suggests, to the "Romantic poet's urge to assimilate feminine qualities." As literary historians have observed, poets like William Wordsworth often invoked Romantic emblems of motherhood, infancy, pregnancy, and nursing to signify affective exchange and intersubjectivity. Yet for Wordsworth and his contemporaries, such intersubjectivity contained the prospect of monstrous consequences, given women's presumed abilities to influence their offspring both *in* and *ex-utero.* With the establishment of obstetrics as a subfield in late eighteenth century, concomitant with the rise of a vehement public discourse surrounding breastfeeding, medical science increasingly attempted to explain—and render visible—biological connections between mothers and infants. Yet to the frustration of physicians—and to Wordsworth's poetic personae—the maternal body often remained mysteriously inaccessible, unable to be colonized by the scientific gaze, or adequately appropriated by observing eye of the lyric poet. Reading Wordsworth's witnessed scenes of monstrous mothering in the first volume of *Lyrical Ballads* (1798) alongside the groundbreaking anatomical illustrations in William Hunter's *The Anatomy of the Gravid Uterus* (1774), this paper demonstrates the ways in which Wordsworth addresses material maternal bodies not as symbolic objects, but as problematic sites of agency that often disrupt the logic of Romantic symbol systems. Ultimately, it aims to expand this discussion of the eighteenth-century "obstetric imaginary" to question how continued disruption of the paradigm of "biological" motherhood can make space for more diverse and expansive forms of reproduction and parenting in our own era.

Webster, Annie
What's-it's-name?: Frankenstein's creature and the politics of naming in post-2003 Iraq

In 2018 – the 200th anniversary of Mary Shelley's Frankenstein – an English translation of Iraqi author Ahmed Sa'adawi's *Frankishtayn fi Baghdad* (*Frankenstein in Baghdad*) will be published by Penguin. This paper interrogates the politics of naming in this recent remoulding of Shelley's canonical text set in post-2003 Iraq. The name 'Frankenstein' transliterates simply as '*Frankishtayn*' in the title of Sa'adawi's novel but the text plays with the namelessness of Frankenstein's creature. The Frankensteinian creature in Sa'adawi's novel – built out of the corporeal remains of bomb victims scattered around Baghdad – is referred to over the course of the novel as the '*shisma*' (a colloquial Iraqi term that can be translated as 'what's-it's-name'), 'Criminal X' and 'the one who has no name'. Like the creature in Shelley's novel, this anatomical abomination remains nameless, referred to by terms that emphasise its unidentifiable, not-quite-human status.

This paper suggests that the naming – or rather not naming – of the Frankensteinian creature in Sa'adawi's novel alludes to the problems of naming casualties killed in Iraq during the waves of communal violence that have dominated the country since 2003. As initiatives such as the Iraq Body Count demonstrate, and as scholars such as Judith Butler have discussed, many of those killed during the series of conflicts in Iraq's recent history have not been identified, named or comprehended as human, ontological losses. The *shisma* in Sa'adawi's novel embodies these victims, not only through the semantics of naming but also through the plot of the novel in which he is forced to incorporate the body-parts of other unnamed victims into his own anatomy to replace decaying body parts. By arguing that the problems and politics of naming articulated in Shelley's *Frankenstein* translate into the ethics of recording and representing civilian casualties in *Frankishtayn fi Baghdad*, this paper will assert that Frankenstein's iconic, yet nameless, creature continues to be a point of reference in contemporary considerations of whose remains are sufficiently human to be nameable.

Wellbery, Caroline
Segal, Elizabeth
Zaki, Jamil
Is Empathy a Monster? Social regulation of human connection

In this panel, we respond to the current discourse on empathy, which acknowledges the potential for empathy to unite individuals, as well as misinterpretation and misapplication to reinforce social divisions. While empathy provides security, protection, and a deep sense of attachment and belonging, human behaviors that contribute to empathy can deviate from true understanding of others and be isolating, hierarchical and even lead to violence through ideological tensions or socially constructed differences in identity. Our panel explores where and why empathy goes awry and suggests antidotes to the associated difficulties based on each participant's research.

Panelists:

Caroline Wellbery [Professor of Family Medicine, Georgetown University School of Medicine] will use literary and other narrative examples to elucidate the socializing nature of empathy and its exclusions. These illustrations provocatively invoke the 'monstrous' potential of empathy to discriminate against the unreal other. She will then discuss her study of medical students' social empathy and the associated need for an institutional culture of empathy.

Elizabeth Segal [Professor, School of Social Work, University of Arizona] will stress the need for historical insight as an antidote to restrictive tribalism. Empathy, particularly social empathy, means taking the perspective of others, understanding their lived experiences as members of different groups and identities as if we were experiencing them ourselves, and doing so with insight into historical context. When we do that, we diminish tribal boundaries and expand our sense of connections to others.

Jamil Zaki [Assistant Professor, Department of Psychology, Stanford University] will report on techniques from social psychology that have been successful in encouraging empathy in difficult circumstances, and with applications that help people "grow" their empathy past typical tribal boundaries

Williford, Daniel
Mother Monster: Queer Monstrosity and Drag Technology

Individual paper (10-12 minutes)

This paper puts into conversation *Frankenstein* and contemporary drag, based on three related ideas: 1. the tradition in contemporary queer theory to understand queerness as a position of the abject (due to being outside of social identity norms); 2. queer identity as identification with Frankenstein's monster (via Susan Stryker, Ellis Hanson, etc.); 3. drag makeup as a set of techniques and technologies that allow a person to transform into a larger-than-life genderqueer monster, as exemplified by RuPaul (whose nickname is "Mother Monster"). In this paper, makeup and costuming become the metaphors for technologies of science that raise issues as to who or what counts as human; who or what counts as "woman" and "man." Makeup, this paper argues, is the result of technological advancements that make complex and sophisticated materials widely accessible, safe to use, and effectively transformative. The technologies of makeup and costume were taken up by queer people and taken far away from their intended uses in female beauty, mainstream fashion, and theater, to become drag personas and drag monsters. After showing the history of invocations of *Frankenstein* in queer theory, I analyze the contemporary resurgence of drag as an art form that privileges queer monstrosity by looking at several famous performers: RuPaul, the Boulet Brothers' *Dragula*, Sharon Needles, Alaska Thunderfuck, the "Tranimals" of Austin Young's photo series, and others. I make use of the recent trend among drag performers to identify the drag queen with the ambiguous category and nomenclature of "monster." I argue that *Frankenstein* makes possible an identification with and celebration of *monstrosity* due to Shelley's sympathetic depiction of the unnaturally constructed monster, whose struggle to understand who and what he is represents the quintessentially human struggle of ontology and social existence.

Daniel Williford

University of California, Los Angeles

Yamasaki, Jill
Reimagining Old Age in Early Years:
A Narrative Analysis of Positive Aging in Children's Storybooks

Research demonstrates that how people talk about age, starting early in life, can have implications for how they cope with aging later in life. While original definitions of positive aging focused on the absence of disability, decline, or disease, recent constructs acknowledge the myriad experiences of aging and highlight instead a person's capacity for resilience, optimism, and creativity in the midst of changing or challenging life circumstances. From this perspective, aging is a natural, lifelong process of growth and development shaped largely by personal and collective understandings, expectations, and performances of age.

This study is a narrative analysis of the ways positive aging is storied in children's books specifically identified as meaningful portrayals of older adults. To counter negative depictions in classic fairy tales, Dr. Gene D. Cohen, founding director of the Center on Aging, Health & Humanities at The George Washington University, collaborated with the American Library Association to assemble an annotated list of children's books that portray older adults and aging in realistic and positive ways. The initiative came from the Center's SEA Change (Societal Education about Aging for Change) Program and was predicated on the belief that attitudes about aging formed in early childhood shape receptivity throughout the lifespan for both the problems and possibilities of later life. Other advocates have compiled similar lists with a similar objective: to combat ageism and start children on a path to positive aging.

Of the 487 combined titles from six lists, including SEA Change, this study examines the 75 storybooks that feature older characters outside of grandparent or familial roles. Thematic and structural narrative analyses revealed multidimensional experiences of aging across three common plot types: (1) portraits of older adults who are interesting, engaging, or inspiring for reasons other than their age; (2) intergenerational friendships and community connections characterized by reciprocity, appreciation, or mutual interests; and (3) portraits of resilience in which older characters cope with loneliness or change perspective (theirs or others') in simple yet satisfying ways. Importantly, these storybooks highlight both the potential of aging rather than any problems and resilience in aging despite any problems.