

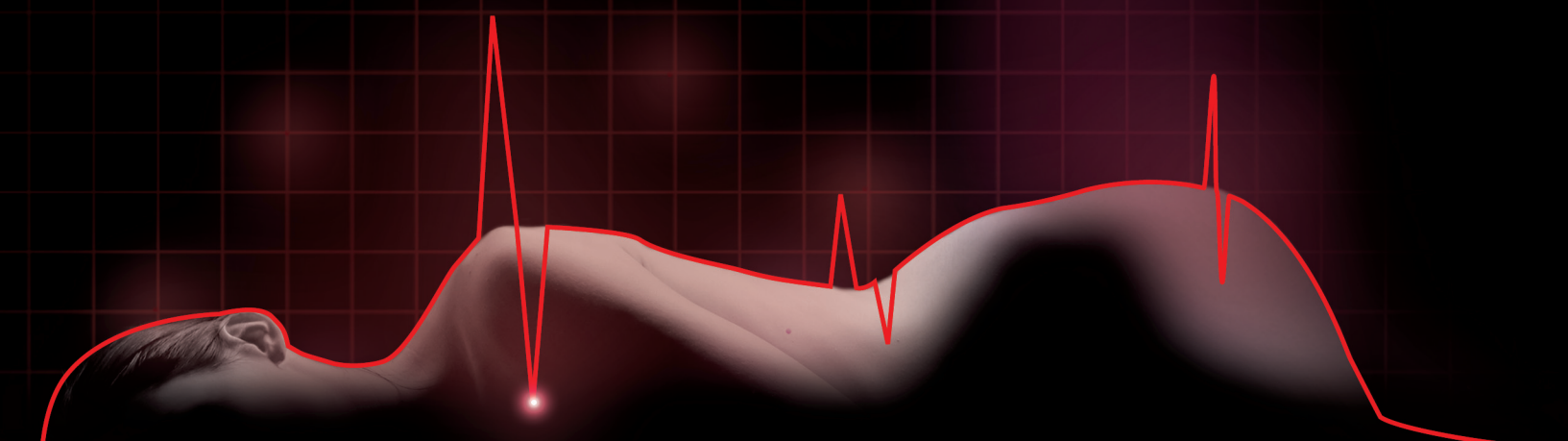
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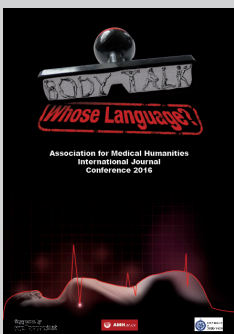
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2016 Body Talk: whose language? Conference Abstracts

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1.7. Patient Stories in the Undergraduate Curriculum and Emotional Labour. (paper) Dr. Linda Turner, Lawrence Day

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Jenni Mair, Hilly Raphael

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1.2. The Hidden Costs of Masking and Emotion in Consultations. (paper)

Bridget MacDonald
Consultant Neurologist, Croydon University Hospital and St George's Hospital Trust

This paper asks whether the current demand for and regulation of "good communication" involves emotional labour in medicine. And what unintended consequences may ensue.

In teaching consultation skills to healthcare professionals, students learn what patients and the profession expect of them (GMC, 2013). This necessarily involves at least some degree of self-restraint or modification of one's personal expression. This is a demand for what has been labelled interpretive or emotional labour (Graeber, 2013). It is implicit and supported by structures of power (Chisholm and Asker, 2006) and exploring the consequences might be of interest when we look at other problems in the health sector. Firstly, masking of emotion or "display behaviours" have been discussed in feminist theory, race studies and labour relations. It has been noted that those in more subordinate positions come to use these behaviours more than others. We also know that they require more cognitive effort than unmediated authentic interaction. In the immediate aftermath of cognitive effort, studies show that we then prefer quicker, less thoughtful cognitive effort to make judgments and decisions, and that these decisions are often poorer (Kahneman, 2012). This implies that a trade-off of "good decision making" for "niceness" may be occurring—perhaps too high a price in clinical decisions?

Additionally, display behaviours have been documented to be associated with higher rates of burn-out and the coining of a new depressive syndrome in female workers in Japan and Korea: "smile mask syndrome" (Wikipedia, 2016).

Keywords:

Power structures, health professionals, emotional labour, masking

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1.3. Whistleblowing in the NHS: A modern relative of Foucault's parrhesia. (paper)

Dr Toni Mortimer
King's College London

Whistleblowing in the NHS has been the subject of increased discussion since the publication of the report from the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis, 2013), which found many failings at the Trust could have been prevented by acting on the concerns of 'whistleblowers'.

Following a subsequent review into whistleblowing (Francis, 2015), NHS trusts are now to have 'Freedom to Speak Up Guardians' and there has been a push to encourage staff to raise concerns. Though the review was welcomed, some have expressed concerns that its actions will not change the culture which causes whistleblowing to arise (Walsh, 2014) and fail to see how a trust-employed guardian can be truly impartial (Campbell, 2015). Teasing out the forces at play in the cultural climate is challenging but certainly includes political and economic tensions.

Blowing a whistle is associated with policemen and referees – agents of the establishment who seek to impose order and enforce rules. The contemporary meaning, someone who reports on wrongdoing in an organisation, is thought to have been coined by Ralph Nader in 1971, referring to 'a high official in the U.S Department of the Air Force

who was fired [...] for relentlessly doing what he was hired to do' (Nader, 1972). More recently the term has been applied to those who disclose information anonymously, for example via the site Wikileaks.

This paper uses examples of real cases to show how our modern concept of whistleblowing closely aligns with Foucault's interpretation of parrhesia in Ancient Greece, and explains why its definition should be well defended.

Keywords:

Whistleblowing, parrhesia, Foucault, NHS

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1.4. Speech Without Sound: Signing as 'body talk'. (paper)

Dr Paul Dakin

Woodlands Medical Practice (GP Trainer)

Is communication between individuals only a process of exchanging spoken words? Most of us are familiar with the importance of body language and para-verbals (shifts in tone, volume, pace etc) in order to express ourselves fully. Health professionals may routinely examine such modalities, and educators train their students to use them in consultations, (Dakin, 2012) but the emphasis of personal communication for hearing people remains vocal and aural.

Sign language, as used by Deaf individuals, employs a wide range of features that have different emphases involving other areas of the body, including iconic hand signs,

finger spelling, posture, enhanced facial expression and lip patterns. British Sign Language, in common with other similar forms around the world, has evolved over many decades, becoming codified with its own distinct grammar and vocabulary (Brien, 1992).

As Deaf people have felt isolated from the mainstream hearing community, their common use of sign language has allowed powerful issues of shared culture and identity to emerge, which might threaten to intensify such separation (Ladd, 2003). However, recent developments, especially those denoted as 'Deaf Gain', seek to show potential benefits for both hearing and non-hearing communities, through a re-appreciation of Deafness and the use of sign language (Dirksen, Bauman and Murray 2014).

I will present an overview of the development of British Sign Language with some of its main features, alongside aspects of Deaf culture and identity. In the light of Deaf Gain. I will then consider whether signing that permits 'body talk' in a highly physical form is of benefit to hearing as well as non-hearing individuals.

Keywords:

Deaf, sign language, communication

References:

Dakin P. (2012). The drama of the consultation. *Education for Primary Care* 23: 311-2.

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Dirksen H, Bauman L, Murray J.J. (2014). *Deaf Gain. Raising the stakes for human diversity*. Minneapolis USA: University of Minnesota Press.

1.5. Progressing Through Partnership: Fostering humanities in Jorhat Medical College. (paper)

Purnima Barua,¹ Satendra Singh,² Angshurekha Das,³ Anju L. Saikia⁴

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Background: Despite India's rich culture, medical institutions in the country have never considered exploiting it by exposing medical students to its diversity. It was a felt need in our Institute to include cultural richness in a program by fostering humanities among faculty and students.

Methodology: A core group of students and faculty members was identified. We collaborated with the Medical Humanities group of University College of Medical Sciences and a month-long blended course was planned, comprising three weeks of asynchronous learning on Google Groups

and a three-day onsite workshop. The workshop was based on Theatre of the Oppressed techniques focusing on attitude, behaviour, communication, diversity and empathy. The online mentoring was supported by learning material from the journal *RHiME*, film screening, performing arts, and reflective narratives by students.

Outcomes: All 30 participants were exposed to different medical humanities methods. They created and performed five short plays based on things troubling them the most. On the final day, all five plays were performed and the audience chose one to be showcased as Forum Theatre. Other outcomes included the designing of a logo, the formation of a Medical Humanities group and the release of a newsletter. On Kirkpatrick's model of evaluation, the workshop achieved level 3.

Message: Faculty and students were partnered in the change process and contributed to student narratives, performing arts and Forum Theatre. The experiential design of the format transformed participants from spectators into spect-actors and helped sensitise participants in tools and methods useful for solving community-based problems.

Keywords:

Humanities/education; education, medical, undergraduate; drama, narration; ethics, medical; empathy

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1.6. Locating Recovery through Listening to and Talking with the Body. (performance)

Sarah Frossell, Jenni Mair, Hilly Raphael
Independent practice and research within the National Health Service (NHS)

Sarah Frossell, Neuro-Linguistic Programming expert, reflects on co-creating recovery from chronic ill health. In a collaborative partnership with each person seeking recovery, she fully identifies with their experience of illness and wellbeing. Asking "if your body were to say what it thought, what might it say?" often stimulates the person into voicing astounding responses and incisive insights into their own internal yet hitherto unprocessed and unvoiced wisdom. This becomes the dynamic material of transformation and healing.

In this presentation Sarah will reflect together with someone recovered from Chronic Fatigue Syndrome/ME, and a research occupational therapist. They will highlight their own observations of talking with and listening to the body within the context of a possibility, which is inherent within each of us, often forgotten, and yet awaiting an awakening.

This approach is the focus of the current National Institute for Health Research (NIHR) study: *A community intervention for severe Chronic Fatigue Syndrome/ME* (Southampton University) (McDermott and Frossell, 2015). An associated phenomenological study in a recent Health Education Thames Valley internship: *Co-creating recovery in Chronic Fatigue Syndrome/ME*, identified new hope and transformation for people as they rebuild their lives through attending to the voice of their body (Raphael, Mair and Frossell, 2015).

Keywords:

voice, body, listening, transformation

References:

McDermott, C; Frossell, S. (2015). Developing a new intervention for patients with severe Chronic Fatigue Syndrome/ME: An in-depth collaborative approach based on patient and public involvement, *European Journal of Integrative Medicine* 7, supp 1: 16, <http://www.sciencedirect.com/science/article/pii/S1876382015002000>.

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1.7. Patient Stories in the Undergraduate Curriculum and Emotional Labour. (paper)

Linda Turner, Dr. Lawrence Day
University of Southampton, UK

The use of narrative in medical curricula is well established and medical students will be exposed to patient stories as representation of illness and a means of accessing patients' perspectives and experiences. Throughout the undergraduate curriculum narrative occurs in various modes so medical students may experience expert patients telling their stories with regard to managing chronic conditions (Donaghy et al 2010) and through narrative analysis (Shapiro, 2011). However, there has not been much exploration of the impact on patients of telling their stories in an educational context or on the staff facilitating such learning experiences for students. This session will explore the experience of using a patient story in the early years of the undergraduate curriculum and the idea of emotional labour (Berry and Cassidy, 2013) as it affects patient, lecturer and learning activity in medical education. Through interview and dialogue a GP will discuss his experience of being an expert patient and facilitator in medical education, which involves sharing his story and experience of 30 years of bipolar illness.

The discussion will also explore the doctor patient as a narrator and the impact of telling stories in the early years of a science-based curriculum where different ways of acquiring knowledge can create tension and challenge the medical student, affecting their reception of such experiences.

Keywords:

Narrative, patient stories, medical education

References:

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1.8. Injecting Realism into Idealism: Articulating the dilemma faced by medical trainees in the modern day National Health Service (NHS) using 16th century poetry. (paper)

Miss Radhika Merh

William Harvey Hospital, Ashford, Kent

Written in the 16th century, the poem *The Passionate Shepherd to His Love* by Christopher Marlowe (published 1599), explores how an optimistic shepherd tries to persuade his love to live with him with idyllic imagery of landscapes, birds and flowers (Percy, 1847). The shepherd describes the “pleasures” and “delights” for which he would like his love to join him, and parallels may be drawn between his naivety and the very essence of idealistic goals underpinning new proposals for junior doctors and their contract changes. These proposals may negatively impact medical training and recruitment into many specialties if not done pragmatically with involvement from trainees themselves. Shortly after, and in response (published 1653), Sir Walter Raleigh published *The Nymph’s Reply to the Shepherd* contesting such romantic optimism and highlighting the need for pragmatism and transparency to deal with uncertainty and crisis. Indeed, Raleigh aptly articulates a dilemma that may parallel the one currently faced by medical trainees regarding the longevity of their career choice and quality of their training, balanced with continuity in patient care delivery. However, in Raleigh’s poem, the lovers’ shared vision to be together whilst acknowledging the vulnerability of their relationship infuses hope, in a seemingly dire situation, of working together potentially paralleling an outcome to allow better medical care provision in a sustainable NHS. Thus, what may be learned from the study of these poems is that through sheer sincerity and prudence in our practice, we can aspire to maintain high quality medical training whilst addressing constitutional and public expectations, promoting safe healthcare and protecting the medical workforce from pressures of unrealism.

Keywords:

Poetry, realism, idealism, medical training, national health service

References:

Percy, T. (1847). *Reliques of Ancient English Poetry: Consisting of Old Heroic Ballads, Songs, and Other Pieces of Our Earlier Poets, Together with Some Few of Later Date*. Bohn.

1.9. Keeping a Pulse on Autism Spectrum Disorder (ASD) In the East: A case study of ASD awareness and “face” in China. (paper)

Yilun Zhang,¹ Ruwimbo Makoni,¹ Fang Wang² and Guangxue Yang²

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Globally, Autism Spectrum Disorder (ASD) is a public health issue. As of 2013, the prevalence of childhood autism in mainland China was 11.8 per 10,000 individuals (Sun et al., 2013). As the most populated country and home to a different but dynamic sociocultural context, China serves as a unique and important opportunity to study and address some of ASD’s most fundamental problems affecting caretakers. Engrained into Chinese culture and psychology is the experience of shame. Accepted as an emotion alongside happiness, shame, and the emotion of losing face, considered the most significant “shame state”, present 31 unique terms in Chinese to describe the experience (Li et al., 2004). Understanding that face may dominate the mindset of Chinese parents more than that of their Western counterparts, this research examined ASD literacy, the pervasive effects of saving face, and attitudes of caretakers to autistic children.

Caregivers at a private school for autistic children in Jinan, China were given a questionnaire adapted from another study investigating ASD literacy in Harbin, China (Wang et al., 2011), and were interviewed on their ASD knowledge and response to daily situations that jeopardize “face”.

Comparing the results of the questionnaire to that of the study by Wang et al. 2011, minor differences were found between the responses from the two participant sets. However, the data echoed the conclusion that the current population, and arguably the entire Chinese population, still lacks general ASD knowledge. Additionally, the interviews suggested that this void of knowledge reinforced present stigmas surrounding ASD and encouraged a “face-saving self-fulfilling prophecy” amongst caregivers. This supports the idea that increased advocacy of ASD to raise awareness could be key to reducing shame and the need for caregivers to “save face”.

Keywords:

Autism, mental health in China, shame, caregivers

References:

Li, Jin, Wang, Lianqin and Fischer, Kurt (2004). The Organisation Of Chinese Shame Concepts? *Cognition & Emotion* 18(6): 767-797.

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Wang, Jia et al. (2011). Autism Awareness And Attitudes Towards Treatment In Caregivers Of Children Aged 3–6 Years In Harbin, China. *Social Psychiatry and Psychiatric Epidemiology* 47(8): 1301-1308.

1.10. The Golden Years: Targeting loneliness and social isolation in the over 60s. (paper)

Claire King

Royal Free London NHS Trust and DABD Charity (UK)

The multitude of negative effects upon psychological and physical health is only just being realised, with many recent studies into the devastating impact of social isolation and loneliness (Davidson & Rossall, 2015). With these issues being more prevalent in older age groups, and with a rapidly ageing population, these issues are very relevant to healthcare today, and are closely linked with the holistic care and health promotion role of the modern practitioner.

This paper discusses a voluntary project, established with a charity that strives to connect isolated and lonely older people in the local community. This local charity works to form an understanding of every individual client's loneliness, and develop a truly personalised response to this. The charity has described the main issue echoed nationwide with regard to loneliness interventions, with reaching lonely individuals being the main challenge (Jopling, 2015).

The aim of the project was to create a loneliness intervention with the purpose of increasing the awareness of the project with local primary healthcare professionals, and therefore increase referrals into the service, as part of the holistic practice of community medicine. The intervention was performed by attending and hosting meetings with over 120 members of the primary care multi-disciplinary team.

A critical evaluation at the end of the project assessed and reflected upon explanations for the disappointing numbers of referrals received following the above intervention.

Keywords:

Loneliness, isolation, ageing, holism

References:

Davidson, S. and Rossall, P. (2015). *Evidence Review: Loneliness in Later Life*. AGE UK, London. <http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Age%20UK%20Evidence%20Review%20on%20Loneliness%20July%202014.pdf?dtrk=true> [Accessed 10/06/16].

Jopling, K, 2015. *Promising approaches to reducing loneliness and isolation in later life*. AGE UK, London. <http://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life-1.pdf> [Accessed 10/06/16].

1.11. Listening to the Dying: A conversation. (workshop)

Patricia Floriet

I am a volunteer "listener". I listen to people who are dying. People who are dying, rarely speak in words. This personal experience of listening to the patient has helped me to understand listening differently and to see it as a duality because listening to the dying is not merely about being close. It is an interpersonal conversation between persons, between our bodies, our minds and our needs.

Talking in this way through bodies can express tension, pain, need for action and desire just as much as it can express welcome, presence and availability. Body talk at the end of life can be a whisper shared in silence. In this work, our inner space opens out, tuning to the other, all senses alert. This demands, not abnegation but consciousness of self, learning to listen to our own body, mind and needs, thus enabling us to recognise those of our neighbours rather than to guess or decide in their stead.

This presentation shares the experience of my listening work since the 1980s. It envisages an exchange between participants that could help the growing number of us looking after elderly parents and caring for others in our daily lives. Professional carers and educators are as welcome as dancers and singers and all those who would like to explore conscious listening.

Bibliography:

William Faulkner(1930). *As I Lay Dying*, (1991 ed.). Vintage Books.

Sylvie Tezier (2012). *Corps et témoin*. Diplome Danse et Performance. Besançon: Université de Besançon.

Atul Gawande (2014). *Being Mortal*. London: Wellcome Collection and Profile Books.

1.12. Does the knowledge of Navras help students communicate better? (performance)

Anindita Patowary,¹ Purnima Barua,² Akankshya Kashyap,³ Satendra Singh⁴

^{1,2,3} **Medical Humanities Group, Jorhat Medical College, Jorhat, Assam**

⁴ **Medical Humanities Group, University College of Medical Sciences, Delhi**

“Sensory communication as an outcome of performing arts has been described in Sanskrit aesthetics as rasas”, which are emotional and mental states that art can induce. Rasa is considered fundamental to many forms of Indian performing arts: dance, music, theatre, cinema and literature. The rasa theory was originally developed by Bharata Muni in Natya Shastra into 9 principal Rasas: Love, Laughter, Anger, Compassion, Disgust, Fear, Brave, Wonder and Peace. This paper presents findings and soundings from a brief exploration of whether exposure to Navras can help Indian medical students empathize and communicate better with their patients than their counterparts.

Methodology – A workshop was designed for 40 undergraduate medical students and interns trained in classical and modern dance, incorporating image theatre. All participants were exposed to the 9 emotions in Navras and a brief account was given on performing arts, drama and humanities. At the end, anonymous optional feedback was requested in the form of a questionnaire with 10 questions and a 5-point likert scale for each response.

Results: The response rate was 100%. 55% of participants from the clinical phase felt that conscious awareness of Navras helped them in improving social intelligence, enhancing observational skills and surviving burn out. 45% of participants from the preclinical phase felt either indifferent or that it might help them in the near future in clinical postings. The workshop made 66% of participants aware of how one could use performance techniques based on Navras to communicate better while 34% were clearly already practising such techniques without conscious awareness. 73% felt that imbibing the concept of Navras builds a better rapport with the patients.

Conclusion: The workshop helped in sensitizing the participants to approaching and using Navras to enhance professional competency. Our study emphasizes the need for such workshops to support medical students through performing arts and image theatre, to inculcate a range of communication skills and to encourage team building through communication.

Keywords:

Rasa; navarasa; humanities/education; education, medical, undergraduate; image theatre

References:

Chmiel, A. (2015). Application of Rasas in Indian Classical Dance. Faculty of Humanities Theses (Masters). Available from Utrecht University Repository at <http://dspace.library.uu.nl/handle/1874/320610>

Pandey, Kanti C. (2008). *Comparative Aesthetics, (Indian Aesthetics)*. 4th ed. Varanasi: Chowkhamba Press.

1.13. Awareness of the Bodily-self. (paper)

Sabrina Kalam

St. George's Hospital, London

In his short story, *The Horla* (Mandell, 2005), Maupassant examines the deepest thoughts of a man who one day finds himself suddenly overcome by malaise and depression. We find the protagonist musing over the mystery of the influences that cause mood and disposition to suddenly change. During the days following this sudden occurrence, the narrator is convinced that the Horla, a being that exists separately from him, is trying to influence his mind and body. He feels this Horla as a physical presence and senses it squatting over him at night and sucking the life out of him, from between his lips. And yet he understands that the limitations of his human senses mean he cannot fathom what else is occurring in a dimension that his senses simply cannot reach.

Maupassant's story presents a subjective experience of being inside a man ravaged by thoughts of losing control of his physical body and mind. In my presentation I will explore how this prompts the reader to delve into the concepts of self-awareness and awareness of the physical body and to question whether there is a difference between the perception of the 'self' and the 'body'. It prompts questions about how this differs between the healthy mind and the mind that is not, and whether it is possible that the narrator was having an 'out of body experience'. Finally, the presentation will ask whether we take for granted our ability to 'possess' and 'control' our bodies.

Keywords:

Mind-body, sleep-paralysis, self-awareness, hallucinations

References:

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1.14. Artists' Books as Body Talk. (paper)

Dr Stella Bolaki
University of Kent

"People may not want to 'touch' the topics I explore in my books; yet the books invite handling, touching, interaction" (Martha Hall, artist's statement, 2003).

American artist Martha A. Hall created around a hundred artists' books to document her experiences with breast cancer, following a diagnosis in 1989, and long-term interactions with the medical community until her death in 2003. Her books are of diverse sizes and constructions, convey mood through colour, and consist of poems, quotations by health practitioners, drawings and objects such as x-rays, medical appointment cards and prescription bottles. This paper draws on Hall's book art, and the 2016 exhibition *Prescriptions*. It considers the medium of artists' books, works of art that utilise the format of the book, as "body talk" from several perspectives. As embodied narratives, artists' books offer a palpable, multisensory experience of illness and of the patient's world (Bolaki, 2016). Through their intimate and interactive form they illuminate the complex nature of touching and the ethics of response-ability that this generates for anyone who encounters them (Radley, 2009). Finally, in staging moments of silent witnessing and demanding alternative forms of examination, they have the potential to reconfigure the patient-doctor relationship (Bolaki, 2016).

Keywords:

Artists' books, breast cancer, ethics of touch, patient-doctor relationship

References:

Bolaki, Stella. Artists' Books in the Medical Community. In Bolaki, S. *Illness as Many Narratives: Arts, Medicine and Culture*. Edinburgh: Edinburgh University Press, 51-87.

Hall, Martha A. (2003). *Holding In, Holding On*. Exhibition catalogue, Smith College, Northampton, MA: Smith College/Herlin Press.

Bolaki, S. and Čiricaite, E. (2016) (curators) *Prescriptions: artists' books on wellbeing and medicine with featured artist, Martha A. Hall*. 21 April-14 August 2016, The Beaney House of Art and Knowledge, Canterbury.

Radley, A. (2009). *Works of Illness: Narrative, Picturing, and the Social Response to Serious Disease*. Ashby-de-la-Zouch: InkerMen Press.

1.15. Invisible Mending: Images and imagination in changing physical and behavioural patterns. (paper)

Dr Dawn Garisch
General practitioner, author and honorary lecturer at the University of Cape Town, South Africa

In this client-led phenomenological case study, a woman had been unable to resolve seemingly unrelated chronic problems. She uncovered potent associations when I supported her using the tools of Embodied Imagination (Bosnak, 2007). Identifying and focusing on the images underpinning her neck pain, her writer's block, a genetic problem and a relationship issue, she found relief and resolution in unexpected ways. This method of problem-solving accesses the unconscious associations and emotions that drive our patterns of thought, illness and behaviour.

Although evidence-based medicine is a powerful tool of measurement whereby health professionals can review best treatment practice, facts are often unhelpful in assisting patients to act in their own best interests (Goodwin, 1997). A system different from rational, sequential processing is able to engage when the logical brain is distracted from trying to solve a difficulty (Kandel, 2012). The Embodied Imagination approach stimulates and supports the 'creative brain' with its links to the unconscious, thereby revealing novel and helpful routes to insight and wellbeing.

Keywords:

Embodied Imagination, Robert Bosnak, problem-solving, creative brain

References:

Bosnak, R. (2007). *Embodiment: Creative Imagination in Medicine, Art and Travel*. New York: Routledge.

Goodwin, JS. (1997). Chaos and the Limits of Modern Medicine. *JAMA*. 278(17):1399-1400.

Kandel, ER. (2012). *The Age of Insight*. New York: Random House.

K.1. Professor Rita Charon, Columbia University***Living in a Body: Mortality, intersubjectivity and creativity.***

This keynote lecture will focus on the unities and separations found in health care. Since we are all mortals who live with bodies, we share properties of the mortal state, including pain and pleasure and death. Health care is one of the primary means of supporting and maintaining this body, this equipment of living. We experience this mortal state in our own singular ways, though, and health care is deeply complicated by the divides that separate the individual patient from the individual clinician, from language and class to values and sources of meaning.

We can heighten the unities and diminish the separations in health care delivery through attentive listening, skilled writing to represent what is heard, and active affiliation between clinician and patient. Creativity is at the heart of the listening, the writing, and the affiliating as the clinician tries to imagine the situation of the patient and to enter the narrative world being described and lived through by the patient.

Using these creative means, patients and clinicians can cross the boundaries that separate them to reduce isolation, to recognize one another, and even to bear witness to the suffering that forms the heart of their work. When done with rigour, such a practice—I call it narrative medicine—results in accurate knowledge of the patient, shared choosing of goals of care, and reciprocal recognition of both patient and clinician as mortals, doing their best to live until they die.

7th July 2016 - Translations, representations and contexts**K.2. Professor Lisa Blackman, Goldsmiths, University of London*****Body politics and theory: Assembled bodies, machinic vision and collective storytelling.***

This keynote will present some innovative propositions and ways of thinking about bodies, what count as bodies, and how we might rethink representational approaches to bodies in light of arguments being made within body studies, the field of affect studies and radical approaches to mental health and voice hearing. The author will draw out some approaches to phenomena often associated with psychopathology, including voice hearing, to explore how we might work with what Grace Cho (2008) has called "assembled bodies". She will draw on personal experiences of growing up with a Mother who hears voices, as well as her collaborations with the Hearing Voices Network to explore voices as potential modalities of communication. The critical question becomes how can we listen and hear with and through another's voice, another's voices? What role might art, film, music,

performance, fiction and other forms of creative and critical practice play in the invention and shaping of a collective storytelling project?

Cho, Grace M. (2008). *Haunting the Korean Diaspora: Shame, Secrecy and the Forgotten War*. Minneapolis, MN: University of Minnesota Press.

**Parallel papers session 2
Translations, representations and contexts****2.1. The Body of Medicine as a Real Metaphor Open to Change. (paper)****Professor Alan Bleakley
University of Plymouth, UK**

We can counter Susan Sontag's (2009) plea to not treat illness as a metaphor by claiming that the body - 'ill' or 'healthy' - is a real metaphor, a flesh and blood fiction, shaped by language, history and culture. The landscape of Western medicine has been shaped since the 16th century by the didactic metaphor 'the body as machine' and since the 17th century by the didactic metaphor 'medicine as war' (Bleakley). The medical gaze combines a martial and a mechanistic hubris. These didactic metaphors form an industrial-military complex that drives contemporary personalised medicine affording 'precision targeting' for individual patients and promising a future of genetic 'engineering'. The rise of neurophysiology brought with it engineering notions of 'circuits', 'switches' and 'transistors', and the brain is compared to a computer. How will authentic patient-centredness and collaborative inter-professional clinical teamwork establish themselves if medicine is still moulded by the heroic, dragonslaying, individualistic and masculine metaphors of the industrial-military complex? Perhaps our notion of 'machine' must shift to embrace Deleuze and Guattari's (2013) 'desiring machines' or deterritorializing 'assemblages' – bodies in flux, caught in folds, and constantly re-invented as 'liquid' identities. Medicine's horizon is surely feminine, collaborative and holistic, where the body is reconfigured as extended and co-operative. Will metaphors derived from feminisms and ecological thinking be established as didactic, shaping a future landscape of medicine that favours aesthetic, ethical and political values as much as it currently favours the technical and economic? In other words, will medicine and the 'hospital' achieve its promise of authentic 'hospitality'?

Keywords:

Metaphors, body, medicine

References:

Sontag S. (2009). *Illness as Metaphor and AIDS and its Metaphors*. London: Penguin Modern Classics.

Bleakley A. (2017, forthcoming). *Thinking With Metaphors in Medicine: Re-shaping Clinical Work*. London: Routledge.

Deleuze G, Guattari F. (2013). *A Thousand Plateaus*. London: Bloomsbury Academic.

2.2. Violent Encounters: The surgical body in the work of Osman Berberović. (paper)

Rebecca McKay

Doctoral student at Birkbeck College, University of London

This paper will look at the surgical illustrations by Osman Berberović made during the 1970s and 80s in Yugoslavia during his employment with the surgical team at the centre for tumours and similar diseases in Zagreb. With vivid colours and accentuated shapes, Osman Berberović's images are simultaneously beautiful and appealing in a modern fashion, but also because of the frightening subject matter, repulsive and horrific. The illustrations, although produced for the consumption of a purely medical public, are highly stylised and the distinctive aesthetic is somewhat at odds with what contemporary viewers may expect from medical illustration. However, the paper will show that medical illustrations in the 20th century could be spectacular through the conscious utilisation of advertising techniques to engage the viewer, despite the continuing promotion of a simplified style-less ideal of medical illustration. Selected images will be discussed with reference to theories of the aestheticisation of the pathological or medicalised body, including Sander Gilman and Claudia Benthien. Finally, it is also fruitful to question how the viewer response to the style of medical images has changed by questioning how they can be viewed now that the role of the illustrations is more one of an historical object.

Keywords:

Medical illustrations, style, perception, surgical illustrations

References:

Benthien, Claudia (2002). *Skin: on the cultural border between self and the world*, New York: Columbia University Press.

Biernoff, Suzannah (2010). *Flesh Poems: Henry Tonks and the Art of Surgery*. *Visual Culture in Britain* 11(1): 25-47.

Cooter, Roger and Stein, Claudia (2013). *Writing History in the Age of Biomedicine*. Yale University Press.

Gilman, Sander (1995). *Health and Illness: Images of difference*. Reaktion books.

Jordanova, Ludmilla (1993). 'Happy Marriages and Dangerous Liaisons: Artists and Anatomy', in *Sexual Visions: Images of Gender in Science and Medicine*

Between the Eighteenth and Twentieth Centuries. University of Wisconsin Press.

Kemp, Martin (2010). Style and non-style in anatomical illustration: From Renaissance Humanism to Henry Gray. *Journal of Anatomy* 216: 192-208.

Kemp, Martin and Wallace, Marina (2001). *Spectacular Bodies: the Art and Science of the Human Body from Leonardo to now*. Hayward Gallery and University of California Press.

Sontag, Susan (1990). *Illness as Metaphor: AIDS and its metaphors*. New York: Picador.

2.3. Bodytalk in Medieval France: Silent communication in Marie de France's *Lais*. (paper)

Alison Williams

Swansea University

Marie de France (fl.c. 1160-c. 1190) is one of the earliest known female writers in the French language. Thought to have lived in England and linked to the royal court of Henry II and Eleanor of Aquitaine, she is most famous for her collection of twelve narrative *Lais* (BL MS Harley 978), in which she adapts plots from Celtic folktale for her courtly medieval audiences. These short works, written in rhyming Anglo-Norman verse, were almost certainly intended for oral performance, yet many are marked by silence and non-verbal communication.

This paper will consider what happens when oral discourse is physically impossible because of changes to the body, or when it is denied by a dominant power. For Marie's protagonists silence is rarely a peaceful refuge or a choice to withdraw from communication but is instead a punishment, which restricts self-expression and is caused by supernatural transformation or the conventions of gender or class. In response, the protagonists' bodies become the locus for demonstrating emotions visually, from love to revenge, recognition to reconciliation. Equally, material possessions, needlework, wounds, catatonia and flora and fauna replace oral language in facilitating communication.

Bodies talk using non-verbal signs in Marie's *Lais* and her words, written and heard more than 800 years ago, provoke discussion today about the functions of storytelling and the denial and appropriation of alternative forms of discourse.

Keywords:

Marie de France, Middle Ages, silence, non-verbal communication

References:

Klapisch-Zuber C., ed. (1992). *A History of Women in the West: Silences of the Middle Ages*. Cambridge, MA: Harvard University Press.

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Goeres, E.M. (2014). Sounds of Silence: The Translation of Women's Voices from Marie de France to the Old Norse *Strengleikar*. *Journal of English and Germanic Philology* 113: 279-307.

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2.4. "The Wages of Sin is a Month in the Locke": Irish modernism and the politics of venereal disease. (paper)

Lloyd Houston
Hertford College, University of Oxford

This paper examines the politicised depiction of Lock hospitals in a range of Irish modernist and advanced nationalist texts. Brought under British military administration by the 1864 Contagious Diseases Act, Lock hospitals served as emblems of a gendered colonial double-standard which licensed the sexual conduct of British soldiers at the expense of the liberty of Irish women even as they tangibly belied nationalist efforts to figure Ireland as physically and culturally "pure". This paper examines how this paradox is registered in James Joyce's *Ulysses* (1986), first published in 1922, Oliver Gogarty's *Blight* (1917), and the publications of Sinn Féin and Inghinidhe na hÉireann. In doing so it sheds fresh light on the ways in which references to Lock hospitals, and the discourses of sexual hygiene with which they were enmeshed, could be deployed by figures from across the political spectrum to construct and contest models of Irish identity.

Keywords:

Irish modernism, Lock hospitals, venereal disease, sexual hygiene

References:

Alpha and Omega (Oliver St John Gogarty) (1917). *Blight, The Tragedy of Dublin: An Exposition in Three Acts*. Dublin: Talbot Press.

James Joyce, James (1986). *Ulysses: The Corrected Text*, ed. Hans Walter Gabler, Wolfhard Steppe and Claus Melchior. New York: Vintage.

2.5. Is the throat the way in? Using film extracts to help understand a symptom. (workshop)

Dr Claire Elliott
UCL

Is it a virus or tonsillitis, cancer or acid reflux, a throat abscess or an indicator of a serious underlying medical problem? What makes one person with a sore throat go to the doctor when another would stay at home? Is a sore throat a ticket of entry to the consultation room? How do doctors understand a patient presenting with a sore throat?

How can film support medical education? This workshop examines how film extracts can be used to explore how doctors and patients interact in diagnosing and differentiating the causes of sore throat. As a case study, the sore throat is particularly revealing in film as it visually portrays the patient's concern and allows the doctor's skill (or lack of it) in the consultation to emerge. Examining a person's throat is emblematic of the doctor's power (Launer, 2009). It involves a relationship of trust as the doctor is entering the patient's body (literally with a spatula and visual inspection) while the patient cannot speak. This workshop is for those who are interested in how film can help with the understanding of a symptom and how doctors listen, examine, investigate and make a decision about management of a patient based on their understanding of the medical science and the wider context of going to the doctor.

Keywords:

Medical education, medical humanities, sore throat, film in medicine

References:

Launer, J. (2009). Power and powerlessness. *Postgrad Med J* 85: 280.

2.6. A Critical Study of the Narratives of Doctors Working in Circumstances of Oppression: Reading *A Fortunate Man*, *The Use of Force* and *An Imperfect Offering*. (paper)

Haris Haseeb
University of Edinburgh

Medicine's commitment to a paternalist doctrine where patients were obliged to surrender their rights as autonomous individuals in exchange for healthcare characterised the profession throughout the early-mid twentieth century (Brannan, 24). In recent decades however, a growing body of literature has sought to reclaim the patient's identity, reinstate autonomy and recognise individuality. Considerable change has occurred as a result of this, though our progress towards a fully mutual and ethical practice of medicine remains obstructed by circumstances of oppression.

In this paper, my original readings of Berger's *A Fortunate Man* (1967) and William Carlos Williams's *The Use of*

Force (1938) draw attention to the impossibility to fulfil a holistic and ethical practice of medicine in circumstances of oppression. However, it is through a comparative analysis with James Orbinski's *An Imperfect Offering* (2008) that a moral basis upon which to build is demonstrated, that is, from a position of our shared vulnerability. This paper brings together three texts that focus on individual practice of medicine to present a comparative analysis of their common didactic purpose. Though I do not propose to solve the problem of oppression, I seek to raise levels of consciousness towards this in the context of medicine, and hope that, collectively, a cause for further change may be generated.

Keywords:

Medicine, ethics, Berger, Williams, Orbinski, literature, patient autonomy

References:

Brannan, Sophie. (2012). The Doctor-patient relationship. In *Medical ethics Today: The BMA's Handbook of Ethics and Law*, ed. Veronica English, 21-58. Chichester: John Wiley and Sons.

Berger, John. (2015). *A Fortunate Man*. Edinburgh: Canongate Books Ltd.

Williams, Carlos William. (1984). The Use of Force. In *The Doctor Stories*, ed. Robert Coles, 56-61. New York: New Directions Publishing Corp.

Orbinski, James. (2008). *An Imperfect Offering*. London: Rider.

2.7. The Changing Political Narrative on the Meaning of Special Educational Needs and Disability. (paper)

Dr. John A. Smith
University of Greenwich

In 2001 the Special Educational Needs and Disability Act established in law that children with special educational needs had the presumed right to be included in mainstream settings and that those settings could and should make proper provision. Since then the debate has coalesced around the difference between the so-called medical and the social narratives of SEN. Whilst 'proximity' is accepted as desirable and the professional dialogue has been given legal status there has been scant discussion of implications for the curriculum or the unintended effects of inappropriate provision.

The 2014 Children and Families Bill revised the definition of inclusion and what counts as 'special' needs, including an explicit political narrative of normalcy. A new Education & Health Care Plan replaces the old forms of assessment and statement. It is significant for medical and educational practitioners involved in this assessment to understand what this normal range means for pupils' entitlements. This paper will analyse the political narrative and assumptions that underlie the 2014 Act and set out further models of

the dynamics of SEN including those based on systems approaches, adaptive and acquired behaviours, the role of the emotions and the (re)active, possibly actively disengaging student modelled in contemporary learning theory.

I will draw on contemporary learning theory (Illeris, 2013) and dynamical systems approaches to cognition (Shapiro, 2010).

Keywords:

Complex systems, self-emergence, avoidance, sub-conscious adaptations

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2.8. Dracula Versus Twilight: Representations of disease, death and immortality through the vampire figure in literature. (paper)

Fenella Prowse¹ and Mark Harper²
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This paper presents a selection of vampire literature, to explore the extent to which the vampire can be seen as metaphor that has shifted from fear of disease and contagion at the end of the nineteenth century, to a more contemporary desire for youth and immortality. The vampire is a mythical creation without a reflection, yet this exploration of its shifting status as a metaphor arguably places it as an embodied reflection or 'doubling' of human health and scientific progress in contemporary culture.

The vampire has been associated with numerous metaphors including the invasion of the Other, racial conflicts, homoeroticism and bisexuality (Hindle, 2003). This paper argues that the vampire figure of the nineteenth century can also be seen as a metaphor for fear of contagion, or infectious disease. Bram Stoker's *Count Dracula* (1897) spreads his 'disease of the undying' through his blood and is feared and reviled by the men and women of the novel, known as the 'Crew of Light'. (Stoker, 2003) However, as we move into the late twentieth century, Anne Rice's novel *Interview with a Vampire* (1976) presents a tale from the vampire's perspective and witnesses the personification of a more humanistic and somewhat attractive vampire.

The more recent *Twilight* novel series (2005-2008) by Stephanie Meyers (Meyer, 2007; 2008a; 2008b; 2008c), present a further demonstration of this refiguring through protagonist Bella's open and unrestrained desire to become a vampire: 'it's not the end, it's the beginning', she says, begging Edward Cullen, the vampire protagonist and her lover, to make her immortal (Meyer 2007: 432). This can be interpreted as a shift in societal priorities in regards to health. Bella's desire for immortality is reflected in modern society's desire to live longer and younger. This essay will discuss what these changing and contrasting portrayals of vampires reveal about our changing attitudes to health.

Keywords:

Health attitudes, immortality, vampire literature

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2.9. Foreign Bodies: Irish immigrant women in late nineteenth-century New York. (paper)

Dr Ciara Breathnach
University of Limerick

The female body as a contested site of state or bio-power has provided a template for several recent studies of modernity and public health. What I would like to explore in this paper is the ways in which immigrant bodies operating on the margins of society formed their own categories of concern and scrutiny. Seasonal fevers associated with New York tenement life dominated medical discourses in the late nineteenth century but for some physicians, social reformers and clergy the risk of 'moral contagion' posed by 'new migrants' formed a far greater threat as it heralded further public health hazards (Kraut, 1994).

This paper traces narratives of pregnancy outside wedlock resulting in suicide and infanticide to explore how racialised tropes developed about unmarried Irish women who became problematised by judicial, medical and moral authorities alike. Sensationalised newspaper coverage lent considerable weight to the idea that immigrants in general, and the Irish in particular, were prone to 'moral contagion' and posed the threat of therefore potentially being what Irving (2000) has termed 'monstrous mothers'. The paper will use census records, hospital records and newspaper accounts to trace how the Irish came to be recognised as a problem group and the development of anti-Irish narratives in New York hospitals.

Keywords:

History, gender, immigrant bodies

References:

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2.10. Clinical Reasoning in Chinese Medicine. (paper)

Felicity Moir
University of Westminster

Central to the biomedical consultation and at the heart of evidence-based practice is the hypothetico-deductive method, which is practitioner-centred, steeped in an objectivist epistemology and focused on a defined knowledge base. Research, however, has revealed that experienced doctors use inductive reasoning more than deductive reasoning and that heuristics from experiential knowledge can lead to more diagnostic accuracy (Eva and Norman 2005; Higgs *et al.*, 2008; Monteiro and Norman, 2013). Reasoning can be seen as a critical and creative conversation, a narrational or hermeneutic process (Higgs and Jones, 2008). The practitioner is not a passive listener but an active interpreter while the diagnosis itself can be seen to be co-constructed.

This resonates with the clinical reasoning process within Chinese medicine. Farquhar (1994) suggests, we 'know' Chinese medicine as opposed to 'having knowledge of' Chinese medicine. Theory and practice are inseparable from each other with the thinking process of the practitioner being shaped by their personal insight and reflective judgement (Furth, Zeitlin and Hsiung, 2007). Through a process of triangulation, where information from the four methods of diagnosis (looking, questioning, palpation and listening/smelling) is analysed and reconciled, the practitioner can be seen to paint a picture of the patient and their illness in the colours of Chinese medicine. Using current theories of clinical reasoning from the health professions as a framework, this presentation aims to describe the meaning making process within a Chinese medicine clinical encounter.

Keywords:

Clinical reasoning, Chinese medicine

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2.11. The Problem with Problem Based Learning. (paper)

Clare Penlington
Senior Lecturer, Barts Medical School, QMUL

As part of my role as a member of the academic staff at a medical school in London, I facilitate problem based learning (PBL) sessions with medical students. PBL first developed in the 1960s, mainly in medical studies, and is based on the constructivist theory that students learn best when they are actively involved with others to construct new knowledge (Savery & Duffy, 1995). In PBL sessions students work in small groups with a facilitator in order to share, research and extend their knowledge prompted by particular clinical scenarios (Albanese & Mitchell, 1993; van Til & van der Heijden, 2009).

I find the role of being a PBL facilitator both engaging and troubling in equal measure. It is engaging, because PBL is an environment of inquiry-learning in which students are actively engaged, and I am able to get to know a group of 8-10 students fairly well. What I find troubling is that although PBL seems to offer the potential to begin to discuss the dimensions of medicine which go beyond the memorisation of biomedical facts, it is the facts that students and facilitators so often seem to cling to.

For the many researchers who have studied PBL, this focus on facts is not problematic. Indeed, the main thrust of studies of PBL has been to compare it with traditional didactic ways of teaching, to try and quantify which method might be superior in providing students with a solid grounding in scientific knowledge (Dolmans & Wolfhagen, 2005; Tayyeb, 2013).

The question which lies at the heart of the present paper differs from this research. Drawing on my experiences as a PBL facilitator and a review of research that has examined a number of dimensions of PBL (MacLeod, 2011) this paper asks why we tend to spend so much time clinging to facts in PBL sessions, who this benefits, and what this focus on biomedical knowledge leaves out.

This paper argues that exploring this question leads to a discussion about the potential for PBL sessions to be a much richer exploration of medical practice, in which the P comes to stand not just for 'problem' but for 'patient', 'personal' and 'professional'.

Keywords:

Problem-based learning, facilitation of learning, non-clinical knowledge, formation of professional identity

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2.12. Visual Representations of Atrocities: What the arts can teach us in preparing clinicians and students for work in an asylum clinic. (paper)

Dr. Caroline Wellbery
Georgetown University

Incorporating a discussion of physical and emotional trauma in medical education can help prepare clinicians for their encounters with trauma/torture survivors in clinical practice. (Asagary *et al*, 2013) However, introducing clinicians and students to the practice and impact of violence can be challenging. The profound emotional suffering trauma can induce in its victims means that providers themselves must be emotionally and psychologically equipped to tend to their patient's needs. This presentation focuses on the symbolic and interpretive power of visual images to convey the experience of trauma (Wellbery, in press).

Documentary evidence for torture reaches back thousands of years. The purpose of historical or current representations of torture includes rationalizing state-sponsored torture, providing an outlet for critique and protest, and organizing representation of the enemy. These representations, from the most tendentious to the most subtle, challenge the viewer to ponder the right and wrong of state-justified torture.

Images of torture, war and genocide invoke ethical concerns relating to the impact of visual images, where viewing can elicit an ambiguous response, casting the viewer into the role of voyeur. At the same time, indifference or inattention has its own liabilities. Recognizing the respective roles of perpetrators, victims and observers offer opportunities for the viewer to engage in self-reflection, in particular about his/her responsibility toward vulnerable survivors.

Art also offers opportunities for advocacy on the victim's behalf, sometimes facilitated by dissemination of visual representations, but also by involving the victim in activities that exploit the healing power of art.

Keywords:

Trauma, torture, visual art

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2.13. A Medical Autobiography of Frida Kahlo. (paper)

Nicola Demonte
Saint Xavier University

Frida Kahlo's *Tree of Hope, Remain Strong*, 1946, records the traumatic event of a 1925 bus accident that fractured the artist's pelvic bone, spinal column, legs and torso. Following the accident, she endured over 30 surgeries that fused her vertebrae, and underwent a series of spinal taps and bone grafts. Frida Kahlo had struggled with Polio at an early age (from 1913), which had left her leg and foot deformed.

This paper presents a critical reading of the painting *Tree of Hope, Remain Strong* provides as a fascinating insight into the landscape of pain management, narratives of illness, and the use of art in documenting medical history. The paper examines Frida Kahlo's painting style and metaphors of Greek architecture and anatomy as a unique form of medical autobiography. My analysis of Frida Kahlo's paintings will illustrate the extent to which the painter revealed details of her injury, miscarriages, pain, isolation, trauma and surgeries. The iconography expressed in these drawings and paintings emphasizes the artist's ability to come to terms with her diagnosis through

the creative process in defining her body through medical-artistic analogies and letters to loved ones and colleagues.

Keywords:

Frida Kahlo, art, therapy, x-ray, pain, medical, autobiography, painting, rehabilitation, dissection, surgery, neurology

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2.14. Ageing, HIV and the Body: Women's experiences. (paper)

Jacquie Stevenson,¹ Peter Keogh,² Elizabeth West³ and John A Smith⁴
^{1, 3, 4}University of Greenwich; ²Open University

The number of older women living with HIV in the UK is increasing (Yin *et al.*, 2015), as treatment improves and life expectancy increases (UNAIDS, 2013). For many women, a diagnosis of HIV in the pre-treatment era means they never anticipated reaching old age. For other women, an HIV diagnosis in later life introduces new and unexpected challenges. The literature on women's experiences of ageing with HIV is relatively limited. This paper draws on PhD research that aims to contribute new insights to contribute to filling that gap.

This paper presents emerging findings from an ongoing doctoral study: 'Women's experiences of ageing with HIV: personal, clinical and social care responses to the challenge of ageing with HIV in the UK'. With a specific focus on women and the gendered experiences of ageing, this research explores how women are responding and adapting to ageing with HIV, with a specific focus on community, social support, social and healthcare needs and the role of the State and third sector services in meeting these needs.

Ageing is already a challenging social and biological process for women, and the addition of HIV sees new issues such as stigma emerge. As women with HIV age, they encounter new medical and healthcare professionals lacking expertise in HIV, and so encounter new sites of discrimination. The experience of ageing is made more uncertain, as women are unable to be certain how and whether HIV is changing their physical ageing process, so whether a night sweat is related to HIV or menopause, for example.

This experience of uncertainty and of unknown and unknowable body experience has informed the question of appropriate methodology, which therefore has been complex. The presentation will discuss how participatory methods including creative techniques and narrative, in particular body mapping (Solomon and Morgan, 2007) within three workshops with women over 50 living with HIV in London (diverse in length of diagnosis, ethnicity and migration status) have permitted insights into the unique experience of ageing with HIV, in the context of adapting to an ageing body.

Keywords:

HIV, women, ageing, gender, discrimination

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2.15. The Global Diffusion and Application of Medical Semiotics: From medical semiotics to medical semiology. (paper)

John Tredinnick-Rowe
Peninsula Schools of Medicine and Dentistry

Medical semiotics in the ancient world involved physicians diagnosing patients by evaluating the signs of bodily disorders, suggesting remedies, and prognosticating the future based on these sign systems. However, by the 18th century medical semiotics in Western medicine had become incorporated into pathology, and had become what Hess (1998) termed a *premodern form of Diagnosis*. Throughout this period, both the linguistic structuralism of Ferdinand Saussure (1857-1913) and the abductive logic of Charles Sanders Peirce (1839-1914) were formed and went on to leave their individual and differing marks on semiotics in the 20th century. More critically, the 18th century was also the time in which medical publications ceased to name medical semiotics as an autonomous entity, until it disappeared as a discipline, within Western medicine and in medical schools (Ten Have, 1997).

Predominately Anglophone medical semiotics publications in the 20th century have applied Peircian frameworks to medical semiotics, and viewed medical semiotics as a discipline in semiotics rather than in medicine (Tredinnick-Rowe, 2016). This trend however did not occur in Hispanophone and Lusophone countries in South and Central America, where medical semiotics has taken an entirely different approach, and even a different name, *Medical semiology* (la semiología médica), which as a subject is still taught in medical schools across South America and represents a form of clinical reasoning based in semiotics (Olivero and Barraez, 2011). However, this tradition does not see itself as either Saussurean or Peircian, and rarely engages with established semiotic theory. Rather, it has constructed its own symptomology rooted in general semiotic principles. This paper documents these historical global divisions and explains how these two distinct forms of medical semiotics have come to exist, and concludes with reasons for why these two distinct traditions should be integrated as an antidote to the existing statistically-driven, Cartesian approaches to diagnosis.

Keywords:

Medical semiotics, medical semiology, clinical reasoning, South America

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K.3. Dr Satendra Singh, University College of Medical Sciences, Delhi ***Embracing Brokenness: Disability and body image.***

Body image stems from cultural messages and our bodies become our main instruments for expressing ourselves. By definition body image is the inner picture of outer appearance. But in reality this view from inside tends to be shaped by the outside world. Body image is influenced by how our culture(s) defines attractiveness and ability—social value placed on our bodies, including our looks, differences, and abilities. Body and self-images are created in the interplay between people's internal views of themselves and the views of others that they internalize.

Disabled bodies are part of spaces outside the mainstream society and therefore become a reason for gaze. They view their bodies and lived experiences as different from others, and disregard their own knowledge and strengths. Ableism plays a vital role in distortion of their body image and becomes the main driving force behind internalizing disability, leading to lack of confidence.

People with disabilities encounter judgmental comments, intrusive stares, and questions about their bodies. These occur not only during the interactions with family, friends, strangers, teachers and colleagues but surprisingly even with health care professionals.

Though individuals with disabilities adjust to their different bodies and increasingly accept their disabilities over time, at the same time disabled bodies are reduced to their biological lack of functioning both by medical and paramedical practitioners. There is objectification of a 'disabled body' in medical discourse with an aim of finding treatable solutions for their disability. Quite often these bodies are photographed, pictured and labelled to serve as a 'text' for giving practical lessons to the medical students without even having miniscule consideration about the human mind, human soul and human psyche living inside the same living bodies. They are subject to invasion and remodelling for 'fixing' or 'regulating' by the surgeon's knife. Stress is often laid on medicalization in order to 'normalize' and even become subject of state intervention. Consequently, there is a disassociation of their minds and bodies resulting in a numbing of all their needs and natural desires.

The educationist Palmer rightly said: "Wholeness does not mean perfection: It means embracing brokenness as an

integral part of life." Patients' bodies speak to us, and our bodies speak back. The Image theatre as part of the *Theatre of the Oppressed* can break these attitudinal barriers and create change.

K.4. Dr Deepa Apté, Ayurveda Pura Academy

Understanding your Body Type based on Ayurveda.

This keynote lecture discusses the Ayurveda system of perceiving, diagnosing and treating bodies.

History of Ayurveda

Ayurveda is the ancient holistic medical system from India, based on achieving physical and mental harmony with nature, which has been practised for more than 5000 years. Ayurveda means "science of life" ("Ayu" meaning life and "Veda" meaning science). Ayurveda was created during a time of great enlightenment, when the sages of ancient India developed and refined the skills of Yoga, a technique that is being increasingly appreciated in the West today. Ayurveda and Yoga are complementary to each other; some Ayurvedic remedies consist of special Yoga exercises.

Holistic Approach

Ayurveda is a complete way of life. It is prevention-oriented, is free from harmful side-effects and treats the root cause of a disease rather than just the symptoms. Ayurveda views illness as caused by an imbalance in a person's physical or mental constitution and therefore seeks to gently bring a person's body back into a healthy balance. Ayurveda is not just for people who are ill but also for healthy individuals, because use of Ayurvedic techniques maintains good health.

Principles of Ayurveda

Ayurveda sees everything in the universe, including human beings, as composed of five basic elements - space, air, fire, water and earth. These five elements in turn combine with each other to give rise to three bio-physical forces (or *Doshas*) – *Vata* (air & space), *Pitta* (fire & water) and *Kapha* (water & earth).

Every individual has within them all three bio-physical forces, but it is the dominance of any one or two or all three that makes up a person's individual constitution.

K.5. Cinzia Scorzon, University of Westminster

Reading the Body, East Asian Perspectives.

East Asian medicines (EAMs) have always been interested in the interior of the body – organs, circulatory pathways, muscles, flesh, bones – but they never developed technologies that made these structures visible for the purpose of diagnosis. Western science sees this as but another example for the inferiority of EAMs. Instead, if Western concerns for the body's interior evidence a deep distrust into human sensibilities that date back to ancient Greeks, then EAMs physicians, like East Asian philosophers, writers and painters, believe that a skilled observer can read

a situation – specifically its propensities and dynamics of development – from the way it manifests itself. Amongst other things, this means that non-verbal communication skills, such as observation and palpation, are of fundamental importance for the process of diagnosis in EAMs.

Observation includes looking at the patient's complexion, skin quality, gait, movements, tongue, etc., while palpation meticulously covers pulses, abdomen and meridians. The information gained by these simple skills is very valuable and takes a short time to be gathered: for example, a red tip of the tongue, sensitivity in the epigastrium with a heart beat felt superficially might indicate that the patient is suffering from some sort of psycho-emotional disturbance, such as sleeping problems or anxiety; another example is that a very tight/choppy pulse, sublingual veins distended and a very specific area sensitive to pressure in the lower abdomen could indicate that the patient suffers from dysmenorrhoea; furthermore, if the tongue is thin and pale, the pulse is feeble and thready and the complexion is sallow and lustreless, the patient might be suffering from anaemia, and so on. These checks, when carried out by an expert practitioner, take only a few minutes and are used to formulate a diagnosis when they are correlated with the information provided by the patient, the biomedical diagnosis and the answers to specific questions asked by the practitioner.

Reading the body is not only a tool for diagnosis but is also helpful for understanding health issues that might be hidden or difficult to perceive in the short consultations typical of today's NHS practice. These kinds of skills could be useful in conventional clinical settings because they could make the consultation more informative and would help to 'personalise' treatment, thus, potentially saving significant costs to the NHS.

Parallel papers session 3

Translations; Representations; Reflections, Reading; Perceiving; Contexts

3.1 The Body, Health and Illness in the Eighteenth Century: Insights from *Casanova's Memoirs*. (paper)

Lisetta Lovett¹

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Giacomo Casanova's *Memoirs* provide a rich source of material of the lived experience of a variety of diseases in the eighteenth century. He was a scholarly and intelligent observer who, thwarted in his desire to study medicine, continued a life-long interest in the subject. This paper provides primary source material from the *Memoirs* (Casanova, 1894), which informs understanding of the mid-18th century health transaction in the following three areas: how the lay public responded to illness; how practitioners behaved towards their patients; how higher levels of society viewed the status of their physicians and surgeons. Casanova's peripatetic life allows examination of examples across Europe.

The 18th century was a key period in the development of medicine as a discipline and the medical market place (Corfield, 2000). An explosion in print culture facilitated healers to advertise their services and remedies thereby increasing medical competition. One way university-trained health practitioners differentiated themselves from 'quacks' was by following exemplary codes of conduct such as *galatei* (Pancino, 2015; French 1993). These focussed on medical etiquette rather than ethics. The *Memoirs* illustrate that ethical standards of confidentiality, truth-telling and consent were very different to the present day. Sourcing a competent practitioner could also be problematic because a university trained physician or empiric. However, the paying patient could pick and choose, disobey medical instructions, dismiss his practitioner or employ another for a further opinion. There are several examples of Casanova doing just this. Although during the long Enlightenment a variety of newer medical theories evolved, the *Memoirs* demonstrate that ancient medical theory, which emphasised humours and regimen, was still embedded in popular culture. Its accessibility, the growth in self-help manuals and patented medicines in an intellectual climate prepared to challenge all authority arguably maintained patient power in the health transactions.

Keywords:

Casanova's *Memoirs*, eighteenth century medical practice and etiquette, doctor-patient relationship.

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3.2. Is there an art to ageing well? (paper)

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This paper explores the art of ageing well, and questions how this fits in with modern care of the elderly. It uses the literary method to explore ageing in the work of two authors, Gabriel-Garcia Marquez and Julian Barnes. In Marquez's book, *Love in the Time of Cholera* (Garcia-Marquez G, 1985), Florentino Ariza waits 51 years to be with his love. Marquez, through Ariza, explores the relation between love, ageing and death (similar analysis has been done before (Jones AH, 1997)). Ageing is presented as a negative change, seen in characters like Florentino's lover who becomes ashamed of her elderly body (Garcia-Marquez G, 1985). Similar changes are reflected in the characters of Julian Barnes' short stories in his book *The Lemon Table* (Barnes J, 2004), presented in a Western setting.

Modern society treats ageing through a program of care, which includes nursing homes. This enables people to continue normal activities, like washing and cooking. However, this does not translate into living a normal life. Atul Gawunde (Gawunde A, 2014) presents the case that current care of the elderly focuses on just medical needs. Others have made this point, such as Ivan Illich's critique on the medicalisation of society (Clark D, 2002; Goodwin JS, 1999; Illich I, 1976). Thus, life is medicalised and safety becomes its only purpose. Gawunde argues that people want something else; they want to continue living as close to their normal lives as possible (Gawunde A, 2014). In the stories discussed there is also a celebration of the way we cope with growing old. They show how we try to keep a positive constant, like a role or relationship, in a time of negative change. This essay explores the art of ageing well, and ponders how this fits with modern care of the elderly.

Keywords:

Ageing well, *Love in the Time of Cholera*, care of the elderly, medicalisation

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3.3. Medicine: The talk of power. (paper)

¹Dr Vassilka Nikolova
¹Medical University of Sofia, Sofia, Bulgaria

This paper considers ways in which medicine and medical practice embody paternalising state practices and the way in which this embodiment is transferred to patients. It uses a reflective methodology to expand a philosophical argument.

The classic model of the doctor-patient relationship is a paternalistic model the principles of which are found in the Hippocratic Oath. In this model, the medical practice reflects the state ideology, symbolic of union between the members of society and the mechanism of community governance (Lloyd, 1986).

The relationship is one of authority-submission (Garber, 2008). The doctor knows and speaks to the patient who has to listen and therefore - to obey him. The connection has a vertical direction: higher-lower, charge-subordinate, leader versus common man. The cult of master and its analogues - ancient and modern - expressed consciously-sought dependence as a form of support and protection; but anyone who honors someone else as superior, is placed in a subordinate position (Knox, 1966). Therefore, medical science gives the individual his "head". Such view suggests a perspective of research popular in European science: wisdom is self-knowledge and self-knowledge is knowledge of the human spirit procreated in culture (Nicolova, 1996). Thinking, feeling and behavior of the individual as a human being are nothing else but participation in a socio-cultural process.

There is an important analogy here. The thought-brain relationship corresponds to that of "medicine-doctor" or "responsibility-father" dyad. In this way, medicine-doctor evokes the same moral meaning as responsibility-father (Raymond, 1981). Indeed it is easy to reach the attitude conscience-consciousness that defines this purely paternalistic relationship. Consciousness precisely becomes the ability of the individual society member and of the "masses" to obey willingly prescriptions formulated consciously by the knowledgeable leader (Reglan, 1956).

The political discourse of such a statement is obvious (Kleingünther, 1933). The effect of ritualization reduces human spontaneity. That means it subdues emotions to the mind, the body - to the brain. Political discourse is similarly displayed directly, as power actually transforms the man into a body.

Keywords:

Doctor-patient relationship; paternalistic model; leader; symbolic union

References:

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3.4. The Pain Artist: How to see pain. (performance)

¹Dr. Caroline Wellbery

¹Georgetown University, Washington, DC

The body has its own language, and sometimes communicates in ways that verbal expression can't capture. Pain in particular is notoriously elusive in its pre-linguistic despair, and yet it seeks witness, if not understanding through a variety of ways, and perhaps none better than through artistic expression. The arts, with their immediacy and expressive potential, help physicians and patients 'organize their involuntary proximity to pain' (Haslett, 2008).

The question behind the presentation is: What can we learn from patients who seek to communicate their pain, and how do we respond? To answer this question, I draw on the story of Martin O'Brien, a 27 year-old cystic fibrosis patient and performing artist, who undergoes self-mutilating endurance acts as a form of theatrical expression. Mr. O'Brien cuts himself in public with scalpel blades, suffocates himself and smears himself with blood and mucus, often for many hours at a time. After seeing him on stage, I became deeply preoccupied with his notion of masochism as a form of survival. I have written about him in different contexts: first, in an essay posted on my medical humanities website mdarts@georgetown.edu; and second, in a play performed at Georgetown University on March 31, 2016 as one of a series of 10-minute plays on the theme of the body. For this presentation, I provide a brief introduction to Martin O'Brien and his work, followed by a reading of the two-person play, in which an audience member will be invited to read the part of the 'young man' while I read the part of his mother. The mother confronts her son about his self-destructive acts; the son in turn challenges her right to question him, since she is the carrier of the CF gene, which has condemned him to a life of progressive illness. After the reading audience members will be invited to imagine the reasons the artist/patient has for engaging

in this sort of 'performance art' (Aldama and Lindenberger, 2016; Kolářová, 2016; Heinrich, 2012). In addition, they will be invited to discuss their response to this scenario as physicians, and its potential utility as an educational tool (Moseley and Butler, 2015).

Keywords:

Pain, performance art, queer studies

References:

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3.5. The Soul and the Body: A dialogue upon a dialogue about metaphors. (performance)

¹Professor Michael Mangan and ²students

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One of the most exciting, and potentially fruitful, interdisciplinary developments in medical humanities of recent years has been the way in which concepts which have traditionally been seen purely as the domain of arts and humanities scholarship have been – and continue to be – revisited and re-evaluated in the light of their potential application to the practice of medicine. Concepts such as metaphor (Coulehan, 2003), narrative (Charon, 2006) and performance (Case and Brauner, 2010) are beginning to have resonance in terms of health and wellbeing.

This performative presentation will take as its starting point Andrew Marvell's short poem, written in about 1650, "A Dialogue between the Soul and the Body" [4]. Drawing on a well-established tradition of dialogue poems, Marvell employs a staggering array of metaphors in order to paint a picture of Soul/Body dualism which both resembles and diverges from that proposed by his contemporary René Descartes (1596-1650), whose similarly-themed *The Passions of the Soul* (Voss, 1989) and unfinished treatise *Description of the Human Body* (Gaukroger, 1998) established the agenda for philosophical understanding of the relationship between mind and body. Marvell's enigmatic and inconclusive poem has proved challenging

to generations of scholars and has produced a wide range of readings and interpretations. Rather than attempting to resolve contradictions between existing readings, or offering a new interpretation to add to the pile, this presentation uses a performative mode of dialogue in order to explore the poem, the issues it raises, and some of the implications of both of these for contemporary medical humanities (Datta, 1969; Osmond; Bossy; Parker)

Keywords:

Body, Soul, Mind, Dialogue, Marvell, Dualism, Metaphor

References:

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3.6. Politics of Immunity, Ethics of Immunity; Body, illness and society in Christa Wolf's *Leibhaftig*. (paper)

*Im Kyung Hwang*¹ M.D., Ph.D.

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Christa Wolf's *Leibhaftig (In the Flesh)* is a complex narrative, intermingling personal memories and imaginations with historical facts and social circumstances in East Germany (Wolf, 2005). In her autobiographical narrative, Wolf vividly portrays how the protagonist, an unnamed woman, suffers from a life-threatening systemic illness originating from a perforated appendicitis, ultimately causing the total collapse of her immune systems. This paper responds to the question of how a critical evaluation of Wolf's *Leibhaftig* can explore a dynamics of ethics and politics in which the body and immune systems are not just biomedical materials or phenomena, but also metaphorical representations of declining social security and the state's ongoing crises. It presents philosophical thought combining politics, ethics and immunity.

According to Roberto Esposito, modern western political thought can be fully understood within a logic of immunity (Esposito, 2011). He claims that immunity both protects and preserves life while also negating and destroying it through the inner connection between the body and politics (Esposito, 2011). By the same token, paradoxically, the greater the social forces to protect people, the more vulnerable to either internal or external threats the integrity of society becomes. This dynamic also leads to Jacques Derrida's "autoimmune crisis" in the case of 9/11 and global terrorism (Borradori, 2004: 20). For Derrida, terrorism is the symptom of an autoimmune crisis that threatens democracy from inside and outside (Borradori, 2004).

In *Leibhaftig*, the protagonist's body represents the vulnerability of East German society just before the fall of the Berlin wall. The total breakdown of her immune system represents the inner exhaustion of her body in the face of personal and social stress from the specific political conditions of East German society. In this sense, Wolf's *Leibhaftig* is an excellent example of the convergence and divergence of the body, illness, and society, linking political philosophy to the immunitary thinking. And the notion of 'immunity' might provide valuable insights on how to bridge the gap between the humanities and medicine.

Keywords:

Immunity, *Leibhaftig*, Illness, Body Politic

References:

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3.7. Hysteria: speaking through the body? (paper)

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Consideration of 'hysteria' helps reflect on the different ways of interpreting symptoms and signs that have occurred over time and the various explanations proffered by medical practitioners based on theories of the human body.

Hysteria is often said to have a history that began with the 'wandering womb' of antiquity, becoming a 'nervous' disease as medicine developed, before disappearing some time during the twentieth century (Veith, 1965). The preceding century had witnessed the florid displays of hysterical women at the Salpêtrière in Paris under the medical gaze of Jean-Martin Charcot, often considered to be the founder of neurology (Goetz, 1995). Freud was a contemporary of Charcot and his interest in hysteria was important in the formulation of his theories concerning how mental processes can generate physical symptoms and signs – speaking through the body (Freud and Breuer, 1974). Historically, hysteria has predominantly been considered to be largely an affliction of women, but this view was modified particularly with the occurrence of 'shell shock' during the First World War.

What, then, is the nature of hysteria and what has happened to it? This paper explores some of the possible explanations in terms of how disease, illness and the body have been conceptualised during different historical periods under the influence of social and cultural factors, the interplay of the mind-body problem, the divergence of psychiatry and neurology and the stamp of medical historians.

Keywords:

Hysteria, conceptions of medicine

References:

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3.8. Joseph Conrad: A lens for reviewing medical relational power. (paper)

Nathan Hodson¹ and Mark Harper²

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²Royal Sussex County Hospital

Power is a central theme in Joseph Conrad's writing (Wesley, 2015). The relationships in *Heart Of Darkness* (1899) and *Youth* (1898) can inform our perception of medical power in the 21st century. Several of the roles of the doctor can be explored through five power relationships experienced by Conrad's protagonist Marlow: repairman, recommendation, storyteller, civilizer, and explorer.

The doctor is analogous to the repairman Marlow waits for and the recommendation or referral to Marlow's aunt. These ideas are explored using Dahl's (1957) theory of power and influence adapted for a medical context.

The storyteller role, seen in Conrad's subtle use of nested first person narration and reflected in the use of medical language and application of biomedical narratives to health ideas, is explored through Tannen's (1990) feminism and Foucault's (1980) concept of 'knowledge-power'.

The power of the civilizer reflects the doctor's position as a totem of middle-class lifestyle. This concept is developed through Fromm's (1991) 'internalization of external social demands' and Fanon's (1967) post-colonial approach compared with Lukes' (1974) political theory describing 'the dominated party's acceptance of the reasons for their own domination'. The explorers in *Heart of Darkness* resemble the medical researcher entering the unknown. These theories of power are applied with reference to empirical research on randomized controlled trials (Edwards *et al*, 1998) and *grassroots eugenics* (McCabe and McCabe, 2011).

Parallels between Conrad's colonialism and modern medicine shed light upon the accumulation and concentration of power by the medical profession. The power, influence, or authority of the doctor is intrinsic to the assistance the doctor can offer the patient, but related currents of linguistic domination, internalization of values, and expanding biological knowledge raise questions about the boundaries of legitimate power.

Keywords:

Power, Relationships, Colonialism, Joseph Conrad

References:

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3.9. Age and Changing Values: What does an aging body tell us? Approaches from medical ethics and sociology of the body. (paper)

Assoc. Prof. Dr. Rainer Brömer¹, Assoc. Prof. Dr. Hakan Ertin², ³Assoc. Prof. Dr. Elif Vatanoğlu-Lutz¹Istanbul University Medical Faculty, ^{2,3}Yeditepe University Medical Faculty, Istanbul, Turkey

The experience of aging and the place of the elderly in social life change from society to society. Already, the conditions of modern medicine have postponed the period of life when we are considered to be elderly, but even after reaching a generally agreed “old age”, the perception of what that means to the individual subject also changes (Sweiry & Willitts, 2012). Developments such as ever-later pregnancies (RCOG, 2009) or pharmaceutical support for male sexual functions, leading to aspirations of youthful performance (Gross & Blundo, 2015), are indeed changing perceptions of the period of old age.

Further critical scrutiny of the psychosocial and ethical implications of bodily modifications in redefining old age is necessary. If we suspect there to be ethical concerns (Bostrom, 2008), might this make practices such as aesthetic surgery a partner in crime in this process? What other contributors are pushing these boundaries forward? Dreams of bodily enhancement are already challenging boundaries of inherited biological potential, promising (or threatening?), for all intents and purposes, near-immortality (Harris, 2007). The broad spectrum of potential modifications of human “hardware” raises the question if “whatever is doable technically (medically) should be done in practice”, one of the basic issues of ethics. This presentation will discuss a number of case study examples at the interface of medical ethics and body sociology.

Keywords:

Enhancement, Ethics, Old Age, Sociology of the Body

References:

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3.10. The Mind-Body Problem and DSM-5. (paper)

Nicola Demonte¹

¹ Saint Xavier University

Functional magnetic resonance imaging (fMRI) and tracking neuroplastic structural changes offer clues to solving the mind-body problem. Vilgis *et al.* (2014) used fMRI and found differential activation of left PFC (prefrontal cortices) during working memory tasks in young people with dysthymic disorder (DSM-5). Even prior to the DSM-5 studies examined the mind-brain problem using neuroimaging to understand the etiology of PTSD (Lanius *et al.* 2001). fMRI studies of pathological gamblers show activations in the dorsal anterior cingulate, right middle and inferior frontal gyri, bilateral inferior frontal gyri, right insula, and right thalamus (Potenza *et al.* 2003).

Neuroimaging studies may be the final key to understanding the true nature of the mind-body connection, putting to rest René Descartes assumptions, declaring once and for all that correlative psychophysiology is the answer to the question: How does a non-spatially located psychological process like trauma interact with a spatially located physiological process like a neurotransmitter? Advances in depression research have highlighted the role of the default mode network mechanisms in patients who receive transcranial, deep-brain stimulation. Looking beyond neuroimaging and deep-brain stimulation, there are exciting inroads being made by Pezawas *et al.* who discussed a genetic susceptibility for depression in the human cingulate-amygdala. These neural mechanisms also showed a reduced gray matter volume in participants who tested for an elevated risk of depression.

This paper discusses solutions of the mind-body problem or Cartesian Dualism explained within a convergence of psycho-physiological processes of interrelated

functional systems that embraces the results of correlative psychophysiology in favour of the reductionist arguments that overlook the wealth of data from the most sophisticated brain imaging studies of our time.

Keywords:

Mind-body, dualism, neurology, neuroimaging, synapses, DSM, DSM-5, brain, consciousness, neuroscience

References:

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K.6. Professor Zoe Playdon, University of London

'Monsters, Modernity and Medical Humanities'

The early scientific explorations that accompanied European colonial expansion developed an anthropological classification which included amongst homo sapiens the category of 'monsters'. These are the people described by Shakespeare's *Othello* (1.3.144-5) as 'the Anthropophagi and men whose heads/ Do grow beneath their shoulders', but the 'monster' category also included 'androgyni or hermaphrodites . . . and also people who have changed their sex' (Bendyshe, 1865: 397). Concurrently with the European colonial project, medicine was establishing itself as a science. So, in late Victorian Britain, a year after the Greenwich Meridian Line was established to separate the Orient from the Occident, in 1885, the Labouchère Amendment to criminal law divided gay men from heterosexuals. Twelve months later the new monstrosity of 'psychical hermaphroditism'³ was anatomised by Krafft-Ebing (1886: 352) in his *Psychopathia Sexualis*. Published first in 1886, admired by Freud and Havelock Ellis (Robinson, 1947: ix), *Psychopathia Sexualis* was still current, translated into the English edition, in its twelfth edition in 1947.

I should like to relate the European colonial project to some of the ways in which sex, sexuality, and gender gave rise to social exclusion and legal disenfranchisement, and the impossible demands this placed on medicine to exorcise, contain, de-legitimise, and hygienicise these monstrous bodies, desires, and behaviours. These issues from the past are related to present-day medical practice by governmental debates, legal actions, and cultural theories, which provide polycentric perspectives. Trying to trace a genealogy and pathology of the monstrous, I borrow the term 'modernity', using it in Marx's sense of 'real conditions of life'⁵, to consider the social relations available between differently embodied people, and to explore how they impact on practice-based medical humanities (Marx and Engels 1840: 6).

References:

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8th July 2016 - Bodies and Talk

K.7. Professor Gregory Sporton, University of Greenwich

'Digital Body: is resistance futile?'

Plenty of techno-fantasists, sci-fi writers and futurologists dream of a time when we can upload our consciousness or preserve our thoughts and somehow take humanity to a different plane of existence, mainly into some sort of cosmic internet. These accounts focus solely on the mind as the locus of experience and knowledge and seem to entirely neglect the sensual as if it were not as significant a factor in our notion of what it is to be human. In this talk, Professor Gregory Sporton will critique ideas of virtuality, with its emphasis on the visual or the cerebral, and challenge us to look for technologies that tell us more about the corporeal world we are so dependent on. For Sporton, we run risks when we fail to see how the development of the conceptual works from the visceral, and why we should be wary of being seduced into losing the connection to our bodies.

Parallel papers session 4 Transfigurations, Transformations; Intersections; Intersubjectivity I

4.1. The Embodied Physician: "Physician heal thyself". (paper)

¹*Younie, Louise*

¹*Clinical Senior Lecturer, Queen Mary University of London*

The sick doctor is a particular kind of beast, not that all doctors engage in a sickness that befalls them in the same way. We are each sick in our own particular way (Broyard, 1992). But in the doctor there is the potential for a most severe clash between the intellectual and the embodied, or what has been learned and what now is experienced (Poirier, 2006). Once I learned about where each cancer would most likely metastasise; now each symptom located in my body is a potential personal threat. Once it was them and us (Carel and Macnaughton, 2012), approached of course with respect and compassion. Now it is just us and us. Once I thought it was hard to be a doctor; now I realize it is harder to be a patient (Lawrence and Lawrie, 2012).

The embodied lived experience is continually shifting (Jaye, 2004). This paper considers a journey into the disembodiment and voicelessness of the clinician (Gothill and Armstrong, 1999) disrupted somewhat by autoethnographic writing experiences within my doctoral studies (Younie, 2011), later to be blown apart by cancer.

Keywords:

Embodied, sick doctor, autoethnography

References:

Broyard, A. (1992). *Intoxicated by my illness*. New York: Ballantine Books.

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4.2. 'Fowl Language' – a medical-humanities conversation. (conversation)

Andrew Nason-Williams¹ and Nicola Scudamore¹
¹Virtual Academic Unit, CDC, Northampton General Hospital. UK

This is a joint presentation from a parent of a child with special needs and that child's consultant community paediatrician. The presentation concerns a real little girl, Rosie, with Goldenhaar's syndrome. Rosie is deaf, mute, has a tracheostomy, plus other complex congenital medical problems requiring ongoing major surgeries and is under 20 different consultants at Great Ormond Street Hospital, London. In spite of this Rosie is happy, imaginative, brave, kind, intellectually very able and has a thirst for life.

Serendipitously, a character of a signing 3 legged chicken evolved, using a form of British Sign Language, 'Fowl Language', from a completely unexpected event in an otherwise routine outpatient clinic. The story 'Fowl Language – the adventures of Rosie and her 3 legged chicken friend' now supports and prepares Rosie for her ongoing medical challenges, including a series of major surgeries, and for a long life beyond. There are now a series of 'adventure' stories with Rosie and her 3 legged chicken friend. All are illustrated by Rosie's mother.

Grove (2013: 53) a leading practitioner in the use of storytelling argues for an inclusive provision which is creative: "children with special needs do not necessarily need a specialized curriculum, but one that offers



opportunities to learn and consolidate in a wide range of imaginative ways that is rich and memorable". Daniel (2012: 6) draws attention to storytelling as "a detailed, character-based narration of a character's struggles to overcome obstacles and reach an important goal".

Together the presenters explain a shared journey in a conversation complete with Powerpoint presentation, illustrations, some film and a short segment of a public reading of the first story. Rosie, her mother and the illustrations can be seen on the online film. <https://www.youtube.com/watch?v=7hA5kmP7lkw>.

Keywords:

Complex disability, British sign language, Goldenhaar syndrome

References:

Daniel, A.K. (2012). *Storytelling across the Primary Curriculum*. London: David Fulton Press Routledge.

Grove, N. (2013). *Using Storytelling to support Children and Adults with Special Needs: transforming lives through telling tales*. London: David Fulton, Routledge.

4.3. Real or Simulation: True and false? (paper)

Delia Muir¹ and Penny Morris²

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²Education Lead, London Professional Support Unit, Health Education England

This paper illustrates the development of a pioneering performance practice (Whitehouse *et al*, 1984), applied in the context of medical education and public engagement. The London Professional Support Unit offers developmental support for junior doctors and other professionals in training within multicultural London. The Leeds Institute of Clinical Trials Research regularly brings together patients and researchers to look at research design and conduct (Keen *et al*, 2015). We will introduce education and research projects where performance is used to facilitate learning, reflection and dialogue across professional boundaries. This performance practice allows co-creation of tailored, simulated scenarios between learners and specialist role players. It also provides opportunities for professionals to enter the experience of 'the other' in role play. These experiential methods use an open, experimental approach, respecting personal experience and the patient voice and facilitating embodied rehearsal of alternative approaches to personal encounters. Attention is paid not only to individual feeling and behaviour but also to context, systems and wider professional and community resources. In this way we address the communication complexities involved in providing effective, compassionate clinical care in an

uncertain and pressured healthcare environment. The paper considers how such an approach addresses the 'authenticity problem' of medical education (Powers *et al*, 2014), the validity issue of simulation (Atkins *et al*, 2016) and questions around including the voice of the patient (Towle *et al*, 2016) in mutual learning for co-production (Morris *et al*, 2009). Prototypes that expand co-creation in simulation are explored to enable more creative and collaborative learning with patients (Bleakley and Bligh, 2008). We discuss Boal's notions of the 'Cop in the Head' and 'democratic theatre' (Boal, 1995) and if/how 'performance' can be taken forward in supporting the changing roles of professionals and patients towards a more 'democratic professionalism' (Dzur, 2013).

Keywords:

Performance; authenticity; co-production; patient voice

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4.4. Using a Mirror to Talk to the Body - Altering phantom limbs. (paper)

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Phantom phenomena, whether good or bad, can arise when limbs are missing. Experienced as if in the room, phantom limbs can present issues related to awareness, movement ability, size, alignment, itching and pain (Giummarra *et al*. 2007). Usually difficult to access, phantom limbs can be "seen" by viewing a mirror illusion whereby the existing limb is mirrored into the space of the missing limb; this often results in alleviation of phantom pain (Ramachandran and Altschuler, 2009; Rothgangel, 2015) Clinical findings have since been confirmed with brain imaging studies (Deconinck *et al.*, 2015). What accounts for non-successful cases? Are these linked to mirror agnosia as observed in hemineglect in stroke (Ramachandran *et al.*, 1997) or to a developmental or acquired body schema disturbance, for example telescoping (Foell, 2014)?

The differentiated part of the sensory cortex receives input from adjacent parts on the homunculus, for example their cheek, neck or upper arm, and respectively for lower limb amputees the groin, femur or genitals (Aglioti *et al*. 1994). In addition, phantom limbs can take on information from other people's corresponding limbs (Ramachandran and Rogers-Ramachandran, 2008) and anecdotally even from films.

Although the research on these phenomena together with the mirror illusion is rapidly growing internationally, there is a lack of communication between disciplines (Hagenberg and Carpenter, 2014). The next stage will be to collect comparable data on a large scale across geographical and professional borders.

Keywords:

Phantom limbs, mirror therapy, body representation, body perception

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4.5 Exploring the Use of Imagery in Burning Mouth Syndrome Patients to help identify Impact. (paper)

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Burning mouth syndrome (BMS) is recognized as a neuropathic pain affecting the inside of the mouth, tongue and lips, with no visual signs or biomarkers (Zakrzewska Buchanan 2016). As communication can be problematic for those living with pain, previous research developed and explored the use of photographic images with patients suffering from chronic pain. The research concluded that the use of such images with other patients would be helpful in pain consultations (PAIN CARDS; Padfield *et al* 2015). The current study asked, whether these Pain Cards could be helpful with BMS to determine the impact of the condition on Quality of Life (QoL).

Adult patients (n=88 women; n=26 men) attending 10 separate 'BMS information sessions' were invited to choose at least one Card that represented the characteristics of their condition and at least one which reflected the impact of BMS on their lives.

Patients selected more images to reflect the impact of pain (n = 127) rather than images to represent the characteristics/symptoms (n = 73). The most frequently used image of all (n= 13) was used for both characteristics of the pain and its impact. Cards chosen for 'character' confirmed the commonly reported physiological sensations of BMS such as the tingling, burning nature of the pain, taste, location and timing. Themes such as difficulties within family relationships, breakdown of relationships, poor communication and lack of understanding were explored through images chosen for impact. The Pain Cards built on current insight into the impact of BMS on QoL.

Keywords:

Photographic images, patients with burning mouth syndrome, quality of life

References:

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4.6. Negotiating the Gap: Both-end approaches to the practice of being a patient. (paper)

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What if the medical humanities learnt from the mistakes of a more established discipline? What if binary discourses of clinician to patient exchange were interrogated from within an emergent field, and what might these hierarchy-resistant strategies look like? Drawing on our experience as performance studies academics, and working from a widespread recognition that the audience is an oft-forgotten yet fundamental element in the performer/audience exchange, this paper intends to foreground a concept we are tentatively positioning as 'patient practices'. This term draws upon John Fiske's (1992) concept of 'audiencing', an approach used by both cultural and performance studies scholars, which understands audience engagement as sensorial, self-determined, and potentially resistant. Thus the embodied responses of the audience are given equal value to the critical/analytical, affording space for the body to know and to speak.

Patient practices involve knowledges that range from procedural and implicit/tacit understandings, to declarative and explicit knowledges that place experience in a grounded context. Between these two is the 'gap', where the patient exists on a daily, moment-to-moment basis, negotiating between these dynamic processes. This paper strives to appreciate the relationship between the microcosm and the macrocosm, between the human body and its environment. Beginning with the 'messiness' (Law, 2004) of what we are positioning as 'patient practice', we identify tentative and competing narratives which may afford the patient a valuable space in which to generate a deeper understanding of their interaction with clinicians, and thus impact positively upon their experience. It might appear at the outset that the principle of a self-reflective process for the patient that identifies a range of occlusions, rather than a series of 'answers', could present some anxieties. However, through a mindfulness of this gap, this paper hopes to offer an approach that allows space for multiplicity, fragmentation and, where appropriate, change.

Keywords:

Intersubjectivity, exchange, contract, negotiation.

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4.7. Patient based Learning: An argument for humanities in medical education. (paper)

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Debate about the inclusion of medical humanities as a pillar of medical education in the undergraduate and postgraduate phase has been robust—not simply in the UK, but internationally (Perry et al., 2011, Willson, 2006, Gordon, 2005). The main argument supporting its inclusion is that that the study of medical humanities has positive effects on attitudes and behaviours of doctors in training (Perry et al., 2011, Baum, 2002). The evidence supporting this assertion, however, is not completely clear (Ousager and Johannessen, 2010). This paper argues that whilst it is hard to measure these effects in an outcomes based curriculum, the study of the humanities is invaluable in developing holistic and considerate doctors.

As a medical student, my experience is that the social aspect of care is a postscript to the more highly privileged scientific knowledge. The social effects of the cases we study tend to appear as token learning objectives; we learn to appreciate that the social aspects of care exist but opportunities to explore these dimensions of care in a way that is meaningful or helpful are few.

The study of humanities may be the bridge that helps medical students truly understand what health and illness mean to their patients and give them the necessary skills to become caring and compassionate doctors (Blease, 2016). Arts, theatre and literature can widen the students' understanding of the human experience, and give them a safe space to reflect on that learning. This paper explores the student perspective on the absence of medical humanities in medical school and suggests ways in which the area can be explored further outside the undergraduate curriculum.

Keywords:

Student perspective, undergraduate, humanities

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4.8. Interactions between Patients and Healthcare Practitioners portrayed in Punch Cartoons (1938-1951). (paper)

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This paper presents a preliminary analysis of the attitudes and beliefs of patients and healthcare staff about their interactions using satirical cartoons in Punch magazine; it focuses on the years 1938-1951 (which include peace-time and war-time, and pre- and post- NHS years). The majority of cartoons relate to doctors (87 of 146).

Cartoons are predominantly visual and provide a lay perspective, which thus complements academic and professional discourses. Cartoons have been used to explore attitudes in both non-medical and medical studies (Hardy and Phillips 1999). Satire frequently ridicules real failings (Schiller, 1795) (a 'reality' which may be comically exaggerated) and thus illuminates the often unstated ideals which are failed.

I use cartoons to illustrate specific failings which relate to broader categories and ideals: (Kleinman and Sung 1979; Kleinman, 1981; Neumann *et al*, 2009) the definition of ill-health; the goal of healthcare; society's organisation of healthcare delivery; the patient; the doctor; and the patient-doctor interaction. These failings include;

- uncertainty about boundaries between illness and problem behaviour
- abnormal illness behaviour
- problems with accessibility and abuse of healthcare
- the patient rejecting lifestyle advice
- the doctor failing to focus sympathetically on the patient
- patient loyalty and 'doctor-shopping'

My analysis will demonstrate that the cartoons satirise patients and staff roughly equally. This contrasts with both the allegedly privileged role of doctors described in mid-twentieth century sociological definitions of the sick role (Parsons 1950; Parsons 1964) and illness behaviour, Mechanic 1960; Mechanic, 1962) and the emphasis on the rights of patients in more recent academic and professional discourse (Evans, 2007).

Keywords:

Satire, communication, illness behaviour, sick role, Punch cartoons

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4.9. Osteo-Biographies of Dwarfism in Infancy: Retrospective diagnosis and implementation in medical practice. (paper)

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Experiences of disease, like those of birth and death, are events with biological and social dimensions (Cunningham, 2002; Gould, 2003; Gowland, 2001; 2003). Given this, it is self-evident that there can be no social perspective to disease without biological evidence (Mitchell, 2011). Paleo-pathologists are faced with the task of translating abnormal bone features into a skeletal diagnosis. The determination of an accurate "retrospective diagnosis" (Mitchell, 2011) in archaeological populations is of salience, both for the respect that is owed to the deceased and for follow-up studies (Buikstra and Ubelaker, 1994:107; Brickley and McKinley, 2004). The firmer the diagnosis it is, therefore, the closer one gets to the biographies of patients in the past (Montgomery, 2009; Lewis, 2007; Craig and Craig, 2011). Clinicians of any specialty share the same concern in diagnosing the symptoms of a disease and engaging with the medical history of their patients (Hall *et al.*, 2012). This paper argues that converging multiple lines of evidence (i.e. osteology, anatomy, imaging technique, histology, medical history and medical narrative) on the diagnosis of bone growth and disorders in infants of past and modern non-adult populations may be of help in demystifying 1) the aetiology of and 2) the responses to skeletal dysplasias as well as 3) to placing (alleged) evidence of child abuse into a specific socio-cultural context. Cases from anthropological collections and clinical ante- and post-mortem databases will be presented. A complex interdisciplinary methodological approach of this kind offers a promising potential for future researches and teaching.

Keywords:

Skeletal disorders, non-adult populations, osteology, pathology, medical education

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4.10. Changing the Narrative: How women talk about their breasts and their bodies after the Esoteric Breast Massage. (paper)

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Breasts have become a barometer for how women view and value themselves. (Lee, 1997; Yuan, 2012). It is telling then that research indicates many women isolate the breasts as a part of the body they dislike, fear, ignore or change. (Lee, 1997; Millsted, 2003). Indeed, this isolation of the breast from the whole body mirrors medical treatment's increasing specialization and compartmentalization of the body. The breasts are a part of a greater whole where the whole and the part equally affect each other. (Benhayon, 2015).

This study is the first to examine women's experience of a complementary therapy, the Esoteric Breast Massage (EBM). (Esoteric Women's Health, 2016). The EBM is a very gentle massage developed to support women's reconnection to qualities they naturally have within. We asked the question what is the effect of the EBM on women's relationship with their breasts and body?

A phenomenological approach was used to examine women's lived experience of the EBM through a thematic analysis of online blogs about EBMs written by 23 women. The emphasis was on how women talked about their breasts and their bodies after having EBMs.

What emerged was a narrative of rediscovering feeling in their breasts and bodies, the development of a reconnection with inner qualities of stillness, tenderness, delicateness, a reclaiming of the breasts as part of the whole body, and the development of a greater level of self-care and nurturing based on a restored appreciation of the breasts and body. An increased awareness of the connection between one's breasts, body and lifestyle choices seems to support women to make changes in the way they take care of themselves and their sustained motivation to do so, with some evidence that this can lead to improvements in breast conditions and menstrual related health issues.

Keywords:

Breasts, breast care, esoteric breast massage, self-care, women's health, qualitative research

References:

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4.11. The Transformed Body in Illness: First person and third person intersection. (paper)

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This paper examines the philosophical and interdisciplinary study of breathlessness and bodily transformation. It considers how breathlessness in physical and mental disorders affects and changes lived experience, being *shaped by* and *shaping* human shared existence.

Detailed philosophical study of the experience of breathing and breathlessness is strangely lacking despite the necessity of the former and the ubiquity of the latter, to human existence. In breathlessness, this need is particularly pressing with regards to the increasing prevalence of smoking and air quality related lung diseases. Within medicine and the medical humanities we find many studies of the physiological processes of respiration and respiratory diseases, and yet first person, *lived* experiences of breathing and breathlessness are, for the most part, unexplored (Carel, Dodd and Mcnaughton, 2015). Moreover, breathlessness in chronic or life-limiting illness is reported as one of the most distressing symptoms and life-changing experiences, which warrants further study (Abernathy and Wheeler, 2008). Using a phenomenological approach, this paper asks how this suffering is experienced (Husserl, 1999; Heidegger, 1942; Merleau-Ponty 1962; Carel, 2012). I describe the transformations to embodiment and self via the medium of dyspnoea to capture the life changing impact of chronic illness in addition to drawing out the alienating perspective of medicine versus the lived experience of illness.

Keywords:

Breathlessness; embodiment; ability-to-be; phenomenology

References:

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4.12. Shared Anxieties, Shared Resistance: Comics-based research into shared leadership in a group of hospital consultants. (paper)

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NHS discourse has often focused on leaders as heroes - for example "turnaround chief executives". This stance is slowly giving way to one which values leadership as a fluid, malleable process that is distributed (The Kings Fund, 2011) (West *et al*, 2014).

The role of lead in our department has been to contain anxiety (from outside and within the department); and to resist this and other pressures on us as a group. In 2015, our department reached a point where no one was able or willing to be lead consultant. We used this as an opportunity for a thoughtful re-imagining of leadership; emphasising the role of multiple actors, actively collaborating. The aim was for leadership to move away from being a noun and become an active process, a verb (Penlington and Holmstrom, 2013).

We are using an ethnographic comics-based methodology (Al-Jawad, 2015) to research the process of moving from a heroic to a shared model of leadership. We use comics as part of our data, data-interpretation and to present our findings. Examples of these comics exploring our values as a department and our journey to shared leadership will be presented within the session. We will illuminate the pitfalls and emotional impact of this change on us as practitioners.

Keywords:

Shared leadership, post-heroic leadership, graphic medicine, ethnography

References:

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4.13. Forum Theatre and Community Engagement. (performance)

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Background: Theatre of the Oppressed is a creative tool for personal and social transformation. Created by Augusto Boal, it has its genesis in the work of the educationist Paulo Freire.¹

In a Forum Theatre (FT), the spectators are transformed into 'Spect-actors' thereby changing the course of the scene.² As medical students encounter various experiences of Oppression during their training and professional tenure, FT was used as a means to help them understand how to change the course of action under such circumstances. This paper tries to explore forum theatre and community engagement with 'medical students' as the target sector.

Methodology: A forum theatre was designed for 150 medical students, where 3 plays were enacted on particular themes decided during the workshop. Participants picked the theme to which they could best relate. It was performed again and again with the students replacing the characters (except the oppressor) at any point they wished to, to provide possible solution. Open and closed ended feedback was taken at the end.

Result: Of 150 participants enrolled, 120 responded to the questionnaire with an 80% response rate. Most of the students found the FT very engaging; felt empathy and concern for the oppressed; felt it helped them express themselves better and can contribute to a change in perspective. They felt it was exciting to transform from passive observers (spectators) to active participants. A majority also said that this could help them in identifying and addressing their problems better.

Conclusion: The participants were given a platform where they experienced that strategic intervention is the key to 'change'. The exercise helped them not merely to advise but to discover what they themselves can do and can prevent. The forum theatre challenged the senses, offering a promising and enjoyable medical humanities option.

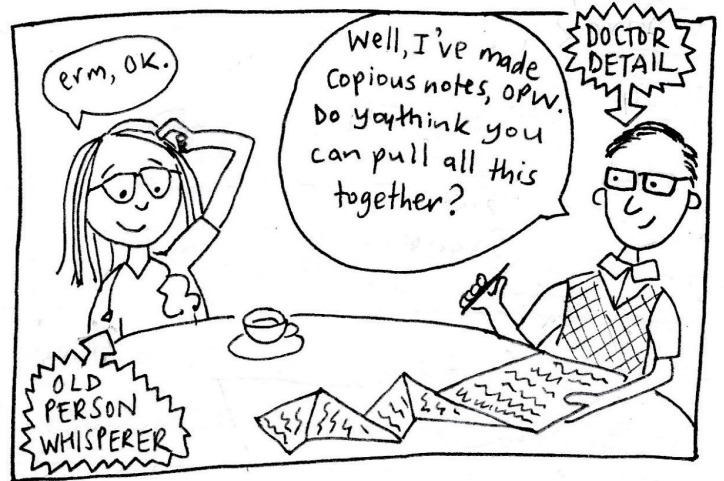
OPW SUPERGERIS: What are we fighting for?

why are we fighting when we should be collaborating?



In their secret base under The Barry Building, some of the Supergeris team meet to discuss their values...





Whatever is thrown at us...
we, the Supergeris team, pledge to:

MAINTAIN
our humanity
by CARING
FOR PATIENTS &
LOOKING AFTER
each other



Keywords:

Humanities/education; education, medical, Theatre of the Oppressed; Forum Theatre

References:

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4.14. The Authentication of Neil Hilborn's Obsessive-Compulsive Disorder Identity in Slam Poetry. (paper)

Noorafifah Salihah, Mohd Noor¹
¹King's College London

Spoken word poetry is a new popular platform where poets, especially marginalized identities, can represent their voices on their own volition. It maximizes the generated identity by adding dramatic performance aspects and self-expression into the reading (Somers-Willett, 2010).

Following the rise of the medium, poet Neil Hilborn utilizes the stage to shed a light on how it is to live with Obsessive-Compulsive Disorder (OCD) within a relationship. The video of his performance became viral in August 2013, receiving various positive responses from the public and the OCD community (Youtube, 2013). In fiction and media, OCD had been projected as a humoristic character, thus reducing its severity (Cefalu, 2009). Hilborn's performance demonstrated traits that were not stereotypical, such as aggressive tics, impulsive thoughts, and also conflicts in interacting with their caregivers (American Psychiatric Association 2013; Boeding *et. al*, 2013). The authenticity of the piece was also questioned, as he admitted to the disassociation of the persona after rehearsing the piece many times.

Hilborn's example shows how spoken word poetry has the potential to help change stereotypical perceptions on mental illnesses. The paper also looks at the medium's potential to explore disability and illness narratives.

Keywords:

Spoken word, obsessive-compulsive disorder, disability identity, performativity

References:

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Somers-Willett, Susan B.A. (2010). *Cultural Politics of Slam Poetry: Race, Identity, and the Performance of Popular Verse in America*. Michigan: University of Michigan Press.

4.15. Great Escapes: The elderly are running but what are they running from? (paper)

Antonia Mortimer¹
¹Kings College London

The number of over 65-year olds in care homes in England and Wales has remained relatively stable from 2001-2011 but the proportion of those aged 85 and older in care has increased, making for a more vulnerable care home population (ONS, 2014).

Stories about escape are popular in film and literature. Whether the escapist is a notorious criminal, a political activist or even a self-entrapping artist we find ourselves rooting for the escapee. Recently a growing number of works feature a particular genre of escape; the flight of elderly residents from care homes.

Using works of fiction such as *The Little Old Lady Who Broke All the Rules* by Catharina Ingelman-Sundberg (2012) and *Cloud Atlas* by David Mitchell (2004) alongside real stories of older people in long term care, this paper questions whether the emergence of this novel genre is a symptom of societal attitudes towards our solutions for care of the ageing population. Since care homes possess the characteristics of a total institution and the associated negative attributes, it asks whether popular beliefs about care home living are representative of reality. Ultimately, through these narratives, this presentation explores and evaluates what could be considered a modern 'great confinement', referring to the systematic exclusion of the 'mad' from society in the seventeenth century as described by Foucault (Porter, 1990).

Keywords:

Ageing, literature

References:

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Transfigurations, Transformations; Intersections; Intersubjectivity II 8th July 2016

5.2. Language, Literature and the Obesity Crisis

Tricia A Thorpe¹

¹ University of Bristol

This presentation will explore a pedagogical approach, aimed at undergraduate medics, to working outwards from a literary text to synthesise literature, language and a contemporary health care issue: obesity. This combines the importance of active and interactive learning Vygotsky & Kozulin 1989; Bligh, D 2000; Petty, 2009) with an interdisciplinary mode, echoing Jeffrey et al (2012).

Maupassant's brilliant story, *Boule de Suif* (1880) is set during the Franco-Prussian war with themes including morality versus social *mores* and what it means to be a decent person. The most significant amongst a set of sharply drawn characters is the protagonist, a prostitute nicknamed 'Boule de Suif' (suet dumpling) for her size and shape. The other characters scorn *Boule de Suif* but ultimately she is depicted as the most principled person amongst a band of egotistical, snobbish and hypocritical fellow travellers thrown together on a long, wintry coach journey through Prussian-occupied Normandy.

The story acts as a springboard to linguistic activities including the scrutiny of words relating to fatness and thinness, the neutrality or otherwise of various adjectives referencing body size and a glance at the paradox of contemporary ideals of thinness, in a society growing ever more obese (Dimello 2014, *Public Health England, 2014*). Mingling the study of literature for its intrinsic worth with work relating to a contemporary health issue may be a way of reconciling the conflict between Medical Humanities as instrumental or as transformative (Hudson Jones, 2013). *No knowledge of French required*. A translation of the story is available on-line here: http://www.tclt.org.uk/maupassant/Boule_de_Suif_2011.pdf

Keywords:

Pedagogy, teaching Medical Humanities, literature, linguistic activities, interdisciplinary, obesity

References:

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Hudson Jones, A. (2013). Why teach Literature and Medicine? Answers from three decades. *J Med Hum* 34: 415-428.

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De Maupassant, G. (1880) *Boule de Suif: Et Autres Nouvelles (Petits Classiques Larousse Texte Intégral)*. 2007. Paris, Editions Larousse.

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5.3. Voicing body and embodying voice (performance)

Hilly Raphael¹, Jenni Mair², Sarah Frossell³

¹⁻³Independent practice and research within the National Health Service (NHS)

Rebuilding your Life (RyL) is a recovery-focused programme developed by those recovered and recovering from Chronic Fatigue Syndrome/Myalgic Encephalomyelitis (CFS/ME) and healthcare professionals (McDermott, 2015). Its ethos of co-enquiry enables all participants (recoverers and facilitators) to be equal collaborators (Raphael, 2015). The main facilitator, Sarah Frossell, uses Neuro-Linguistic Programming (NLP) and coaches each person within the group by truly attending to the voice of their body in terms of the illness and of their return to wellbeing.

Jenni Mair (recovered after eighteen years of CFS/ME) and Hilly Raphael (a RyL cofacilitator) celebrate the restorying they experienced through RyL. They've identified concepts of each finding a voice, further enabled through their collaboration (Raphael, Mair and Frossell, 2015). They explore the voice that Jenni discovered which empowered her to acknowledge aspects of life previously unvoiced, and to create an image of a positive future that she's already entering. They acknowledge the role of voice as a conduit of emotional and bodily stories, which transition from the internal to the external body, and from one to another ultimately, when attended to, enabling healing and transformation.

This reflection, acting as a meta-performance, explores the initiation of recovery through voice and body performing.

Keywords:

Voice, body, healing, recovery

References:

McDermott, C. (2014). *Patient and Public Involvement: Case studies in primary care research*, National Institute for Health Research: 22-24. Available at <https://www.spcr.nihr.ac.uk/PPI/rp/case-studies-final-november-website.pdf> [Accessed 05/06/16].

Raphael, H. et al. (2015) *Co-creating recovery in Chronic Fatigue Syndrome/Myalgic Encephalomyelitis (CFS/ME) - Rebuilding your Life group programme* Available at: <http://www.oxfordhealth.nhs.uk/resources/2014/01/RYL-poster-Feb-15.pdf> [Accessed 05/06/16].

Raphael, H; Mair, J; Frossell, S. (2015) Finding new voices for recovery: A narrative from co-learners in an innovative group programme, *European Journal of Integrative Medicine*, 7, supplement 1, 18-19, Available at: <http://www.sciencedirect.com/science/article/pii/S187638201500205X> [Accessed 05/06/16].

5.4. Performing Medicine. (workshop)

Suzy Willson¹, Bella Eacott²

¹Artistic Director, Clod Ensemble/Performing Medicine; Honorary Senior Non-Clinical Lecturer, Barts and The London School of Medicine and Dentistry, Queen Mary University, London

²Research and Curriculum Manager, Clod Ensemble, Performing Medicine programme

Healthcare is an embodied, as well as an intellectual practice. We know that the experience of the healthcare professional (how stressed or supported they might feel) has an impact on the quality of care patients receive and their subsequent health outcomes. However, the entire embodied experience of health professionals: emotional, gestural, postural, sensorial, physiological is paid little attention: the healthcare practitioner's body is noticeably 'absent'. Beyond manual handling, healthcare professionals receive little standard training in how to look after their own bodies to meet the physical demands of their jobs, nor in developing an understanding of how their physicality impacts on those around them.

For over 12 years Performing Medicine has worked in health education and professional training to address this absence, using methods from the arts to train medical students, junior and senior doctors and nurses, and other healthcare staff. Methods from disciplines such as theatre, dance, sculpture, yoga, architecture and others can be useful in nurturing the embodied skills essential for the provision of high quality healthcare.

This practical workshop will highlight the impact of the healthcare professional's own body, using exercises and techniques that focus on non-verbal communication, spatial awareness, and self care. It will provide an insight into how we use these practical techniques in our courses and also introduce the framing for these exercises which contextualise them.

Keywords:

Arts based learning, embodiment, medical education, training

References:

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Maben J, Peccei R, Adams M, Robert G, Richardson A, Murrells T. and Morrow E. (2012). Patients' experiences of care and the influence of staff motivation, affect and wellbeing. Final report. *NIHR Service Delivery and*

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www.performingmedicine.com

5.5. "Nothing is certain except death and taxes"(Smith, 1907): A personal reflection on death and dying today. (reflection)

Joseph O'Dwyer¹

¹ Western Sussex Hospitals

Advances in medicine over the last hundred years have challenged our understanding of death. Where once death was established through the observation of gross morphological changes to the body, the introduction of the stethoscope led to cessation of cardiopulmonary function becoming the basis of establishing that death had occurred. However the introduction of mechanical ventilation and cardiopulmonary bypass into medical practice led to uncertainty regarding the status of comatose individuals who showed no signs of regaining consciousness following neurological trauma.

New definitions of death were introduced nearly fifty years ago yet despite being widely adopted since then, 'brain death' remains problematic (Truog and Miller, 2010). Continuing uncertainties exist which are both ontological and epistemological. Additionally, other concepts have been introduced which challenge our traditional understanding of what constitutes the divide between life and death. This presentation explores these and other areas of uncertainty surrounding death and dying (Gillet, 2001) and reflects on my own experiences, as a practising clinician, in engaging with such uncertainties.

Keywords:

Clinical death, dying, uncertainty, professional reflection

References:

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Truog R.D. and Miller F.G. (2010). Counterpoint: are donors after circulatory death really dead, and does it matter? No and not really. *Chest* 138(1):16-8.

Gillet G (2001). The RUB *New Zealand Medical Journal*, Apr 27:188-9.

5.6 The Body Talks: Empowering medical students to be self-caring by listening to their own bodies. (paper)

Ms Eunice Minford¹

¹Antrim Hospital, Northern Health and Social Care Trust & Queen's University Belfast

Doctors have higher rates of addiction and suicide than the general population and rates of burnout reaching 50% (Beyond Blue, 2013; Davies, 2013; Berge, Seppala and Schipper, 2009). Many of the traits that give rise to these issues are present in medical students (Drybye, Thomas and Shanafelt, 2006). To address this issue, a 3-week 'student selected component' is run for 3rd year medical students at Queen's University Belfast on self-care based on the holistic and energetic understanding of the human person. We wanted to ascertain if this module could enhance students' self-caring relationship with themselves and their bodies. The fundamental principles of this module are firstly that everyone has an essence of love and is worth caring for first and foremost by themselves, and secondly that the body speaks truth and can discern which choices are healthy or unhealthy. A wide variety of presentations, tutorials and practical sessions are given that cover many aspects of holistic self-care and mind-body awareness. Students experiment with their choices and listen to their bodies and how they feel as a consequence. This paper presents the module that set out to improve self-aware healthy wellbeing in medical students and its results. Prior to the module 79% (27/34) students did not know they had an essence of love, 6% (2/34) did and 15% (5/34) were neutral). As a result of the module 94% (32/34) students felt more aware of their bodies and how their daily choices of living (100%) and emotions (82%) impact their bodies. The body cannot lie (unlike the mind) and so listening to the body is the key to true self-care, health and wellbeing (Benhayon, 2013). Medical students can be empowered to know for themselves what is healthy and not healthy by listening to the truth of their own bodies.

Keywords:

Self-care, body awareness, love, holistic, energy

References:

Australian National Mental Health Survey of Doctors and Medical Students (2013). *Beyond Blue*: Mindhealthconnect. Available at: https://www.beyondblue.org.au/docs/default-source/research-project-files/bl1132-report---nmhdms-full-report_web (accessed 01/06/16).

Davies. M. (2013). 'Revealed: Half of GPs at high risk of burnout'. *Pulse*. Available at: <http://www.pulsetoday.co.uk/your-practice/battling-burnout/revealed-half-of-gps-at-high-risk-ofburnout/20003157>.article accessed 01/06/16).

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5.7. Refusing to Reduce the Other in Community Mental Health Care: Is it enough? (Paper)

Racine, Catherine¹

¹Durham University, Department of Theology and Religion

In considering the moral practice of narrative research and an ethics of wonder defined by Emmanuel Levinas, this paper asks if an idealised or *divinised* perspective of the vulnerable help-seeker can enable the clinician to side-step or *subvert* the reductive constraints within which she manoeuvres. The perspective of the help-seeker's "Face," as described by Levinas (1999) may help "awaken" the clinician from the normalised perspective of clinical praxis to a stunning level of responsibility for the help-seeker, for which the clinician is utterly unprepared. This is a vision that can and *should* fire the clinician's desire to protect the least resourced person in the therapeutic relationship. But while we must continue to develop ethical strategies to go *beyond* the reduction of the wholly/holy "Other" —and narrative research is surely one way — we should not yet imagine that this perspective can actually protect the help-seeker from the clinician herself. For, even when the clinician can see the help-seeker beyond the constraints of the institution, she will continue to be hamstrung. More worryingly still, she may imagine that her ability to see the help-seeker in this "special way" is the ethical end point, rather than the beginning of an enigma for which the clinician will find no easy answer within her praxis or role.

Keywords:

Ethics of wonder, Emmanuel Levinas, autoethnography and moral inquiry, clinical reduction

References:

Levinas, Emmanuel (1999). *Alterity and Transcendence* Columbia University Press.

5.8. Disgust and the Object Body: Challenges in teaching about the fat body from an artistic and critical perspective in medical education. (paper)

Natalie Beausoleil¹

¹*Faculty of Medicine, Memorial University of Newfoundland, Canada*

It is particularly challenging to bring critical obesity scholarship and fat studies to current medical education. As a critical obesity scholar, a feminist, an artist and a sociologist, my attempts to bring this critical perspective in my own Faculty of medicine have met with strong resistance and limited success (Ward, Beausoleil & Heath 2016).

This presentation bridges my career-long work as a sociologist of the body (Beausoleil, 1994, 1998, 1999, 2000, 2003, 2009; Beausoleil & Martin, 2002; Beausoleil & Petherick, 2015; Beausoleil & Ward, 2010; Petherick & Beausoleil 2015, 2016; Porter & Beausoleil, 2012; Rail & Beausoleil, 2003; Shea and Beausoleil, 2012; Ward, Beausoleil & Heath, 2016; Wareham et al., 2009) with my more recent foray into arts and health humanities scholarship. I use autoethnography to describe the strategies I have developed and the obstacles I have encountered. Autoethnography begins from one's personal experience to highlight the specific culture and social relations in which it is embedded, through the use of a reflective and reflexive approach (Denzin, 2014). I reflect on how most students and colleagues in medicine are profoundly invested in dominant obesity discourses and harbour disgust for fat bodies under the guise of 'health risks' and 'disease.' I explore my attempts to use visual arts and testimonies in order to make emotions explicit and problematise dominant notions of the healthy or unhealthy body. I discuss the implications of teaching about the fat body when most students embody the thin ideal and my own body deviates from that norm. Given the documented high level of discrimination fat people encounter from health care professionals this discussion about the education of future health professionals is crucial and timely.

Keywords:

Body, body size, representation, emotions, feminism, critical obesity scholarship, fat studies, autoethnography, visual arts, critical pedagogy

References:

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5.9. The Architecture of Healing: Building a feeling. (paper)

Lindsey Vyse¹

¹**University of Aberdeen, United Kingdom**

Describe the best hospital that you can imagine experiencing. Tell the architect exactly what you, a healthcare provider and future patient will need: make sure that it is as 'future proof' as possible. What will you say?

Whether or not the 'ideal hospital' can ever be defined in the imagination and expressed in words, my research project is investigating the reality. The challenge of meeting expectations in new healthcare architecture relies on communication between professions. For every project planned there has to be an architectural brief, and the words within that brief must detail the specifications and qualities that the client believes are required for the best possible outcome.

This paper presents qualitative research, drawing on hermeneutic phenomenology (Gadamer, 1965), which analyses the language used by healthcare professionals during the planning stage for two new hospital projects in the North-east of Scotland. From approach, through reception, to treatment, discharge and exit, how the users may react to the spaces as yet only imagined has been described in their Design Statements (NHS Grampian, 2015). The apparent emphasis on how the spaces should feel, rather than how they should appear, provides a further insight into the creative challenge that must be met by

architects interpreting these words. The analysis results are then examined in connection with the growing body of research into neuro-aesthetics (Mallgrave, 2013), discussing how science and the arts and humanities combine in this architectural theory.

Keywords:

Architecture, healthcare, language, communication

References:

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5.10. Vulnerability and Resilience. (paper)

Younie, Louise¹

¹**Clinical Senior Lecturer, Queen Mary University of London**

Arts-based inquiry is a term I have borrowed from the research literature (Liamputtong and Rumbold, 2008) and use to describe the making of artistic expressions as a way of understanding and examining experience (McNiff, 2008). In my work with medical students I invite them to engage with any art form: dance, narrative, sculpture etc as they reflect on their lived experiences (Younie, 2013a). Using such arts-based approaches within a group setting can lead to emotional expression, personal engagement as well as inviting vulnerable reflection (MacKenzie and Wolf, 2012). Similarly sharing creative expressions and explorations can foster solidarity, individuality, greater confidence and resilience.

Drawing on qualitative Masters and Doctoral research in the field of arts-based inquiry (Younie, 2006, 2011) and a decade of facilitating student creative-reflective processing (Younie, 2014; Younie, 2013b) this presentation explores the delicate balance and inter-relationships between creative expression, vulnerability and resilience. Facilitator ability to maintain a safe learning environment is essential to student engagement in this kind of learning.

Keywords:

Arts-based inquiry, vulnerable reflection, reflexivity, resilience.

References:

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5.11. Autoimmunity: A phenomenological poetics. (performance)

Dorothy Lehane¹, Dr. Elinor Cleghorn²
¹ *University of Kent*, ²*Ruskin School of Art, University of Oxford*

This presentation uses innovative poetics as a creative methodology to interrogate the following questions:

What are the contradictory impulses an author faces when figuring illness in the representational space of the poem?

How do poets devise ways to shift the perspective from the subjective realm of lived experience to the objective eye of scientific engagement in phenomenological writing, and how might such shifts alter the perceptual response for a reader?

In this collaborative work by poet Dorothy Lehane and writer Elinor Cleghorn the lived experience of autoimmune disease foregrounds an exploration of the connections and points of tension between phenomenological practice and objective medical language. This creative presentation takes the form of a composite textual performance offering multiple clinical views of autoimmunity enmeshed with first-person articulations. Following philosopher of science

Donna Haraway's call for the radical value of "situated knowledge" in scientific discourse (Haraway, 1988). Lehane and Cleghorn's intervention posits embodied experience as a conduit for the critical understanding of a polysymptomatic condition. In what ways, to use Haraway's term, does the "partial perspective" of lived experience prove revelatory or opaque? What implicit sensibilities are revealed in immunological terminology when those terms are opened up through polyvocal dialogue? And how might meaning be produced in both the convergences and constraints between technicality and sensibility?

Keywords:

Autoimmune disease, phenomenological practice, representational poetics, creative methodologies, lived experience

References:

Haraway, D. (1988). Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective. *Feminist Studies*. 14 (3): 575-599.

5.12. Autoimmunity and Phenomenology: The personal IS political. (paper)

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Autoimmune disorders are on the rise in the Western world with increasing aetiologies that indicate a growing sensitivity, especially among women to environmental stressors such as viruses, bacteria, occupation, chemicals and internal mediators such as hormonal changes (Cooper and Stroehla, 2003; Molina and Schoenfeld, 2005).

This paper argues that discourses and perspectives of medical science originating in post-industrial C19th changes to treating larger populations in expanding cities are long due an overhaul and are currently going through a positive crisis indicating aspects of an autoimmune disorder at play. The movement to give patients a voice, recognition that technology does not have all of the answers, personalised medicine and environmental medicine are all symptomatic of a fragmentation of different ways of thinking about and knowing health from individual perspectives. The paper argues that the repression of these experiences and the methodologies and treatments they involve presents a suicidal impulse similar to Derrida's (2003) reading of the 9/11 terrorist attack as autoimmunity. It argues such repression inhibits a positive flourishing of future healthcare that must of necessity involve re-cognition of patient autonomy rooted in an experiential partnership, especially in the face of technologies that can offer diagnosis but often not yet treatment.

The experiential process broadly describes the method of inquiry known as phenomenology originating in the philosophical work of Husserl, Heidegger, Sartre and Merleau Ponty. This paper locates feminist correspondences with phenomenology in the work of de Beauvoir and

Irigaray that offer a re-reading of postmodernist reflexive practices aligned with the work of Michel Foucault. It explores and offers some context for contemporary issues and challenges in autoimmunity as an experiential illness and considers how this and phenomenology offer positive transformative potential for patient experience and self-authoring. Ultimately the paper concludes and demonstrates arguments for critical study of the Humanities in Medicine and Healthcare.

Keywords:

autoimmunity, patient experience, phenomenology, health paradigms

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K.8. Professor Sandra Kemp, Victoria and Albert Museum, London

Future Face: New Lexicons for Identity.

Visual depiction of the body has always been at the heart of medical enquiry and instruction. Indeed, generations of artists, forensic experts and surgeons have probed beneath the surface of the face and mapped its contours, inside and out, on the living and on the dead. The fascination the human face holds for us, its deceptively complex structure and the face as a three-dimensional bar code of identity, are key to both 'body talk' and to body ethics.

Centred on the human face, this plenary will explore facial legibility and its transcription in a variety of fields including art and anatomy, anthropology and history, psychology and computer science. Faces are uniquely individual and their diversity, their versatility and their unrivalled ability to communicate are still incompletely understood.

The question of where a face begins and ends is particularly urgent at a time when the 'virtual' person prefigures new realms of interaction and experience. As our rapidly developing understanding of life sciences also provokes debate about the parameters of human identity and the material body, the new arts, sciences and technologies require new visual and verbal languages, representations and interpretations.

Anna Halprin's Dance of Death: Performing Pain and Dying

Christina Lee, King's College London christinayajinlee@gmail.com
<http://adogcalledpain.wordpress.com>

Exorcism, or Dark Side Dance (1975)

In 1972, Anna Halprin was diagnosed with serious colorectal cancer. Three years after her colostomy, she performed *Dark Side Dance*. It consisted of Anna dancing in front of a large drawing of herself, in front of ten Jewish family members and friends to form a minyan. Her cancer went into spontaneous remission after the dance.

PAIN of cancer
Sharp screams, wailing



GRIEF of loss of past self
Recite Kaddish (Jewish mourning prayer)

ANGER at 'Dark Anna'
Stabbing, punching with arms

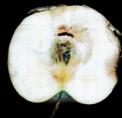
ACCEPTANCE of new body
'Health Side' Dance
visualise water cleansing body

Dance As a Healing Art (2000)

Anna went on to work with other AIDS and cancer patients to develop her dance as therapy using Gestalt theory.



- **'BODY' LANGUAGE** reconcile self with estranged body
- **RELEASE PAIN** through body
- **'SYMPATHY'** intercorporeal feeling together through bodies
- **INCLUSIVE** all bodies can dance



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 Halprin, Anna, 'Exorcism' or 'Dark Side' Dance, (San Francisco, 1975)
 — Dance As A Healing Art: Returning To Health With Movement And Imagery (Mendocino, CA: LifeRhythm, 2000)
 — Anna Halprin, David Greenway, Jeff Rehg, Lakshmi Aysola, [part.] *Intensive Care: Reflections on Death and Dying* (June 2000)
 Halprin, Anna and Jacqueline Cox (dir. and prod.) *Out of Boundaries* (2004)
 Padfield, Deborah, *Perceptions of Pain* (London: Dewi Lewis, 2003)
 Serlin, Ilene A., 'Interview with Anna Halprin', *American Journal of Dance Therapy*, 18.2 (1996), pp. 115-126, p. 119 <http://union-street-health-associates.com/articles/interview_with_Anna_Halprin.pdf> [Accessed 10 April 2014]

Intensive Care: Reflections on Death and Dying (2001)

Inspired by fears of dying when Anna's husband was hospitalised, the dance brings together Jeff Rehg (who had AIDS and sarcoma), David Greenway (palliative carer), and Lakshmi Aysola to explore their personal relation to death and illness.



"Hold my hand"
"Don't leave me"

The dancers perform a tableau of emotions from terror to agony, moving slowly but gradually quickening until they reach a climax of screams. They then turn to touch each other, as participants whisper 'last words' among the audience. The dance concludes with the dancers walking towards the stage in fading light.

Life/Art - Conclusion/Consolation



COMMUNITY OF BODIES
Mutual fear of death between dancers, audience immersed in emotions



BODILY SYMPATHY
Excruciating to watch actual dying bodies in pain



ARS MORIENDI
Patients 'rehearsal of death', emotionally prepared

P.1. Dance of Death: Performing Pain and Dying in Anna Halprin's Intensive Care and 'Dark Side' Dance (student poster)

Christina Lee¹
¹King's College London

In 1972, Anna Halprin was diagnosed with colorectal cancer. Unable to put her pain into words, she let her body speak for itself, and created '*Dark Side' Dance (1975)*, a powerful performance in which she unleashes her emotions as she shrieks and stabs at herself. After the dance, her cancer went into spontaneous remission. Since then she has worked with AIDS and cancer patients, using dance as 'healing art' to reconcile the ill person to the ill body. She first performed *Intensive Care* in 2000 with three other dancers, including Jeff Rehg, who was suffering from AIDS and sarcoma at the time, and David Greenway, who was a carer for AIDS patients at a hospice. (Ross, 2007: 345) The dance, with its intense and raw realism of dying bodies performed by people with personal relations to death, breaks the taboo of death and provide an opportunity for the dancers and spectators, particularly patients and caregivers, to process their own personal feelings towards illness and dying. This poster presents the argument that dance breaks down the 'wall of pain' by expressing the emotions of the body-in-pain through movement. It suggests that in using the body to relate to itself and to others, Halprin's dance is a form of *ars moriendi* or ritual in which the ill, with the healthy as witnesses, confront

their fears and anger towards death and the dying body, to remake the diseased and broken body as their own.

Keywords:
 Dance, death, language, pain

References:
 Halprin, Anna (1975) '*Exorcism' or 'Dark Side' Dance*. San Francisco.
 Halprin, Anna (2000) *Intensive Care: Reflections on Death and Dying*. San Francisco.
 Ross, Janice (2007) *Anna Halprin: Experience as Dance*. California: University of California Press.

P.2. Portraiture as a study of faithful representation (student poster)

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Funded by the Columbia College of Physician and Surgeons Scholarly Project Program

Our project is an exercise in portraiture to confront the challenges of faithfully representing patients in medical documentation. It can be argued that interpretation is inherent in perception. The *Rubin Vase* (Fig. 1), for example, is an optical illusion that requires a subconscious decision between seeing a vase or a face (Kandel, 2012: 207-208). Accepting perception as an active process questions what it means to represent a patient given physician bias. Furthermore, such bias has clinical implications, as demonstrated by one study showing that African-American patients were undertreated despite physicians self-proclaiming to have no racial prejudice (Green, 2007). As a physician-in-training, I painted three portraits of medical trainees (Fig. 2) in order to self-reflect and understand my own bias when representing others. While painting, I scrutinized how my own presuppositions were reflected in my creations. I realized that attempts at replication are insufficient in representing individuals. Abstraction by the observer as Picasso argues with *Woman Flower* the portrait of his lover Madame Gilot, captures the essence of a subject (Gombrich, 1973: 28). Conclusively, self-reflection is essential in countering detrimental prejudice (Mezirow,

1990: 14). However, the physician as an interpretive participant in the patient encounter can enhance the therapeutic relationship. A portrait comprised of medical abbreviations, lab values, and a differential diagnosis describes the patient within the confines of an illness. Yet, if the physician documents respectful and interpretive narratives paralleling the story of illness, a dimensional representation of the patient is achieved, thereby allowing other providers to deliver treatment with a nuanced understanding of patient needs.

Keywords:

Perception, Representation, Portraiture, Painting

References:

Gombrich, E.H. (1973). 'The Mask and the Face.' In E. H. Gombrich, J. Hochberg & M. Black (Eds.) *Art, Perception, and Reality*, 1-46. Baltimore, Maryland: Johns Hopkins University Press.

Green A.R., Carney D.R., Pallin D.J., et al. (2007). Implicit bias among physicians and its prediction of thrombolysis decisions for black and white patients. *Journal of General Internal Medicine* 22(9): 1231-8.

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Subjectivity and Objectivity in the Representation of People

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 Funded by the Columbia College of Physician and Surgeons Scholarly Project Program

Introduction

Perception can be described as an active process in which the perceiver is actively interpreting his or her surrounding and thereby making subconscious perceptual choices (1, Fig. 1). Given this idea of active perception, it follows that doctors are actively interpreting what they hear and see during patient encounters. This raises the questions as to what informs these perceptual interpretations and whether bias plays a role in what the physician ultimately records in the patient chart. Bias, whether recognized or not, does exist among physicians and can in fact have a negative impact on clinical care. One study using clinical vignettes and conducted by Harvard (2) showed that implicit bias led physicians to under-prescribe thrombolysis to black patients with coronary artery disease (CAD). This result was in spite of a higher diagnosis of CAD made among black patients when compared to white counterparts. In order to understand and change the subconscious biases that affect ones perceptual faculties, adults must self-reflect and in doing so identify their internal presuppositions and how they affect decision making (3). In order to better understand how my own perception is affected by subconscious interpretation and bias, I chose to create portraits of healthcare professionals at different levels of training. In doing so, I aimed to understand the way in which visual perception is affected by past experiences and how this ultimately affects the interpretation of what I saw. Ultimately, my goal was to understand how one's perceptual processes affect one's attempts of objectively representing others as it relates to the physician-patient relationship.

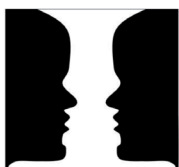


Fig. 1. Rubin Vase as presented in Kandel 2012. The Rubin Vase requires the viewer to make a perceptual choice and view the image as either a vase or two faces.

Methods

My method of self-reflection was based in portraiture. I have been painting for many years and every time I painted someone's portrait, I noticed facial features of my subjects that had previously escaped me no matter how long I had known them. By seeking to create objectively faithful representations of subjects, I aimed to understand how my visual perception is affected by personal bias and how this ultimately affected my objectivity in attempts to represent them.
 I created three portraits of healthcare professionals in-training:
 Second-year, pre-clinical medical student (Fig. 2)
 Fourth-year medical student (Fig. 3)
 Intern in internal medicine (Fig. 4)
 I conducted photo-shoots with each subject against the same blank background. Of approximately 40 images from each photo-shoot, five were chosen as representative of the series and were processed to enhance clarity and color. The five images were then sent to the respective subject, who was then asked to choose her favorite for the basis of the portrait.

Results

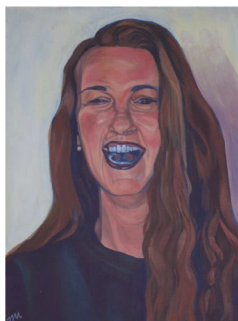


Fig. 2. Second-year pre-clinical medical student. Acrylic on canvas, 18 in. by 24 in. In her, I saw the levity and joy of a first year who has yet to grapple with the stress of being in the clinical setting. I cropped the painting closely around her face to emphasize her laughter and thereby transmit her happy energy.

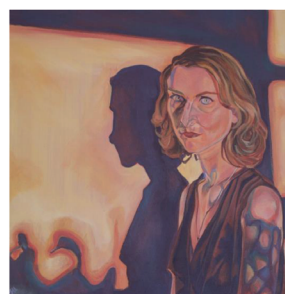


Fig. 3. Fourth-year medical student, Acrylic on canvas, 24 in. by 24 in. In her, I saw my own internal struggle as I came to terms with my idealistic concept of medicine and the actual conflicts of interest that I encountered in the hospital. I chose to emphasize her piercing and serious stare directed at the viewer as well as the shadows around her in order to create dramatic depth.

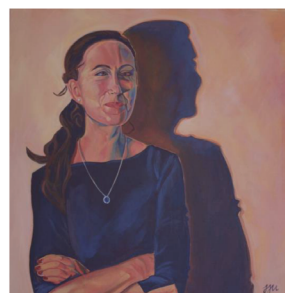


Fig. 4. Internal Medicine Intern at Columbia NYP. Acrylic on canvas, 30 in. by 30 in. She represents the self-assured doctor I hope to become. Her still stance and the large shadow she casts behind her emphasize the confidence and composure that I saw in her as a newly-minted doctor who is ready to take on the challenges of medicine.

Discussion

Through the process of painting, I came to understand visual perception as a purposeful activity in which one seeks out key visual information to form an overall impression of the image being perceived (4). Furthermore, I learned that the visual patterns of each individual are informed by past experiences, thereby resulting in different ways of seeing the same image. In addition to my understanding of visual habits, I became aware of the design principles and codes that help the painter create a narrative for the viewer (5). Through design principles and artistic creativity, the painter can move beyond attempts of replication and truly capture the essence of the person using stylization and abstraction in portraiture (6).

My work in portraiture brought to my awareness many parallels between the visual arts and clinical medicine. Similar to how visual experiences teach one to see in a particular way, medical training teaches one how to conduct patient interviews with specific and directed questions for the sake of efficient data gathering (eg. Ranking pain 1 through 10, asking if pain radiates to the left arm). However, the habit of looking for information in highly-structured ways can lead even expert doctors to miss key information (7). Furthermore, as art has a set of design principles and codes, medicine also has a specific language of syntax and codes, including acronyms like PEARL that simplify communication into clear facts describing the patient. The abstraction that is permitted by artistic stylization is absent in medical documentation given the emphasis on objectivity and clarity (8). While the clarity of medical language is invaluable, I found that it lacked the ability to capture the dimensionality of the patient's personality and instead described the patient within the confines of his or her illness.

Medical training offers a unique skill set that leads to efficient decision making in critical situations. However, there is a need to continue questioning the heuristics that drive medical decisions in order to evaluate personal biases that may affect medical treatment of patients. It is also important to recognize that the patient's story extends outside of the realm of illness. In order to represent the patient more wholly, it is worth considering creating a space for physicians to document patient information that does not fit the structure of the typical medical note. In this way, communication among caretakers would be enhanced and could result in more nuanced and personalized healthcare delivery.

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Life Drawing: and the Art of Anatomical Education

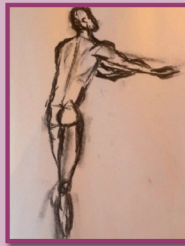
Anhya Griffiths
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Barts and the London school of medicine and dentistry

Abstract



Medical students being led by an instructor in the Barts Medical Humanities life drawing session

The human body is a piece of art. Therefore it is reasonable to suggest that an effective method of learning anatomy is through artistic means. As well as a method to education, art can also be a form of therapy and escape from the stresses of learning. Taking the outlet of life drawing, by enrolling in classes and hosting a life drawing event through Barts and the London Medical Humanities society I will be able to draw on my own experiences as well as the experiences of others in order to create a poster that determines the value of art in medical education as well as its potential therapeutic impact. In the process I would also like to understand how it feels to draw the model and the impact of this particular social interaction on the drawer: will this help medical students in future interact with potentially vulnerable patients and still remain professional? A 2006 paper titled "The Use of Creative Projects in Gross Anatomy Class" reported on the "use of optional creative projects to promote reflection and reduce stress" (Shapiro, 2006). I argue that anatomy would be more enjoyable and potentially easier to learn if students were given a broader range of educational outlets in order to learn anatomy. Life drawing is just one means of achieving this.



A piece of my own work from the Medical Humanities session run by 'Nude for Thought'

What the students thought...

To appreciate the reaction and ideas of the students from the life drawing event I produced a questionnaire to which 11 out of 16 students responded. The questionnaire was based on 'yes or no' answers or based on a scoring system of 1-5, with 1=not at all and 5=very good. Below is a table to illustrate some of the questions and the mean responses.

Question	"Would you like to see similar events like this held again?"	"Do you think holistic sessions like this can be useful in the study of medicine?"	"Would sessions like this be a good optional addition to the medical curriculum?"	"Do you think sessions like this have any therapeutic/relaxing benefits?"
Mean Score/Answer	Yes (unanimous)	4.5	4.7	4.8

Other comments from the students...

"Provokes thoughts about anatomy in a way that purely observing textbook images cannot"

"It was illuminating to consider the body as a piece of art as well as a finely tuned scientific machine"

"Reduced my stress immediately. I focused purely on the task at hand."

In conclusion...

As so articulately expressed in an article in the Medical Humanities journal, "The clue to understanding the role of the humanities lies in the argument that the work of art makes explicit our otherwise taken for granted self understanding", (Edgar, 2006). Life drawing is a perfect example of understanding self and humanising the seemingly dogmatic ritual of learning anatomy. So many students after the life drawing session came up to me and expressed how nice it was to look at and appreciate the human body from a "different perspective". A perspective that does not rely on exam style questions and exact medical knowledge; but one that relies on your own sense of self and the appreciation that our bodies are more than mere vehicles for our academic minds. They are pieces of art.

In no way am I suggesting that anatomical education should be replaced solely by life drawing or other artistic means, (you cannot get by on a model and charcoal alone!). However what I do suggest is that medical education and in this case anatomical education need not always have the focus of passing exams. Taking a holistic approach can open up doors to different schools of thought and may even make you remember why you fell in love with the mystery and science of the human body and medicine itself, in the first place.

The "Experiment"...

In an article in the Student BMJ about life drawing for medical students, it suggests there may be value in exposing pre-clinical medical students to situations they may not necessarily find themselves in as "we are faced with an array of bodies at various stages of ageing, obesity and decrepitude" whilst in our clinical years, (Price-Kuehne, 2010). Consequently, immersing oneself with all the variations of the human body early on in our studies may help us later on in our careers, in terms of anatomy as well as patient contact and respect. In order to put this theory to the test as part of Barts and the London Medical Humanities society I organised a life drawing event for medical students. This was done in collaboration with an outside company of artists called 'Nude for Thought'. Although the majority of the students were from Barts, we had students from Kings as well as Imperial medical schools as well, thus illustrating the widening interest in the value of medical humanities in the practise of clinical medicine.

As the male model carefully de-robed you could feel a sort of tension lift from the air: the human body we had all readied our charcoal and paper for, was exposed. Having participated in a couple of life drawing classes previously I was more able to appreciate the reactions of the students around me. Some had come up to me beforehand just to clarify that the model would "actually be naked?" Others did not seem phased at all. And why should they be? Practically every day of our clinical lives will be spent with the human body in all its wonderful complexities and shapes and forms.

What struck me the most was the almost instantaneous calm and focus that fell over the room. Everyone, without exception was focused on the task. Soothing music in the background, we all lit the pencil flow and our picture form on the page. While the model, statue in persona, formed different positions for us to draw him in, the instructors came around the group, giving tips, encouraging us. This made the whole experience that much more relaxed and enjoyable: you were not being judged and more importantly you were not being tested. The knowledge you were acquiring was not necessarily anatomical but perhaps a state of being: a way to react to the human body and respect it.

Whilst the aim of this session was to introduce students to a different way of viewing the human body, outside of a medical context and in a more holistic and human way, I can see the scope for broadening these types of sessions into a more educational avenue. At Southampton University pre-clinical medical students took part in a life drawing class and during the class an anatomy demonstrator linked the "muscles and bones of the living body in front of the students with their previous learning". The session at Southampton University concluded that while classes such as this could not replace formal teaching of anatomy it suggested that there is value in giving students "new points of view" in which to work within their medical studies, (Phillips, 2001). In future, I hope to take what we learn in the dissection room and in textbooks and incorporate it to a greater degree in a further life drawing session.

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Price-Kuehne, F. E., 2010, Life drawing for medical students: <http://student.bmj.com/student/doi-articles.html#doi:10.1136/stud.2010.01567>, Student BMJ, Shapiro, J. N. V., Mourra, S., Ross, M., Thai, T., Leonard, R., 2006, The Use of Creative Projects in a Gross Anatomy Class, Journal for Learning through the Arts: A Research Journal on Arts Integration in School and Communities.

Finally, I would like to thank 'Nude for Thought' for their input and enthusiasm in running the life drawing session in collaboration with BL Medical Humanities, as well as all the students who attended the session.

P.3. Life Drawing: And the art of anatomical education. (student poster)

Anhya Griffiths'

1Barts and the London School of Medicine and Dentistry; Barts and the London Medical Humanities Society

The human body is a piece of art. Therefore it is reasonable to suggest that an effective method of learning anatomy is through artistic means. As well as a method to education, art can also be a form of therapy and escape from the stresses of learning.

Taking the outlet of life drawing, by enrolling in classes and hosting a life drawing event through Barts and the London Medical Humanities society I will be able to draw on my own experiences as well as the experiences of others in order to create a poster that determines the value of art in medical education as well as its potential therapeutic impact.

In the process I would also like to gauge how it feels to draw the model and the impact of this particular social interaction on the drawer: will this help medical students in future interact with potentially vulnerable patients and still remain professional?

A 2006 paper titled "The Use of Creative Projects in Gross Anatomy Class" reported on the "use of optional creative projects to promote reflection and reduce stress" (Shapiro, 2006). I argue that anatomy would be more enjoyable and potentially easier to learn if students were given a broader range of educational outlets in order to learn anatomy. Life drawing is just one means of achieving this.

Keywords:

Life drawing, Anatomical education, Medicine from a different perspective

References:

Shapiro, J. N. V., Mourra, S., Ross, M., Thai, T., Leonard, R., 2006, The Use of Creative Projects in a Gross Anatomy Class, Journal for Learning through the Arts: A Research Journal on Arts Integration in School and Communities.

P.4. An Exploration of Literature's Representation of Contested Versions of the Human and Medical Dehumanisation: Examining Aldous Huxley, Margaret Atwood and Kazuo Ishiguro in Relation to Posthumanism Theory. (student poster)

Miss Martha Kelly'

1University of Edinburgh

The concept of what it means to be a human is open to extensive debate. The search for our species' one defining characteristic might therefore seem futile and instead force us to turn to comparison between ourselves and other beings, such as animals and machines.

'Posthumanism' is an umbrella term incorporating ideas about re-examination of conventional definitions of human, including our relationship with other species and debates on the potential impacts of technology on humanity (Braidotti 2013) (Ferrando 2013). I have examined how advances in technology can cause concern and potential question what it means to be human, looking in particular at the work of Donna Haraway. Could Western society's increasing reliance

on medical technology, leave us scrabbling to reassess what makes us human? I have used Haraway's cyborg image and considered how it might relate to the portrayal of the humans in Aldous Huxley's *Brave New World* (1932). I argue that this novel portrays a technology-infused landscape that re-examines our hierarchy over machines. Next I will look at more philosophical posthumanism theory that rejects a human centred environment and criticises our relationship with other species (Braidotti 2013) (Marchesini 2015). Such ideas can be related to speculative fiction like Margaret Atwood's *Oryx and Crake* (2005). This novel portrays a world where medical technology has pushed the boundaries of what is considered human and challenged Western anthropocentrism by its blurring of the lines between animal and human. Finally, I have looked at posthumanism criticism of narrow definitions of the human (Braidotti 2013) and how this can relate to the rejection of the clones in Kazuo Ishiguro's *Never Let Me Go* (2005) as 'non-human'. This novel's portrayal of the medical professions production of clones for the harvesting of organs can be read as another critique of anthropocentrism focusing on how a narrow definition of what it means to be human can lead to discrimination. By their contested versions of humans that compare human species to machines, animals and finally clones, the three texts reconsider what is considered integral to human nature and question Western society's elevation of the 'human' species above all others.

Keywords: posthumanism, anthropocentrism, dehumanisation, speculative fiction.

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An Exploration of Literature's Representation of Contested Versions of the Human and Medical Dehumanisation: Examining Aldous Huxley, Margaret Atwood and Kazuo Ishiguro in Relation to Posthumanism Theory
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ABSTRACT
 The concept of what it means to be a human is open to extensive debate. The search for our species' one defining characteristic might therefore seem futile and instead force us to turn to comparison between ourselves and other beings, such as animals and machines. Posthumanism is an umbrella term incorporating ideas about re-examination of conventional definitions of human, including our relationship with other species and debates on the potential impacts of technology on humanity (Braidotti 2013) (Ferrando 2013). I have examined how advances in technology can cause concern and anxiety and question what it means to be human. Looking at the work of Donna Haraway, *Could Western society's increasing reliance on medical technology, leave us scrambling to reassess what makes us human?* I have examined Haraway's cyborg image and considered how it might relate to the portrayal of the humans in Aldous Huxley's *Brave New World* (1932). I argue that this novel portrays a technology-infused landscape that re-examines our hierarchy over machines. Next I will look at more philosophical posthumanism theory that rejects a human centred environment and criticises our relationship with other species (Braidotti 2013) (Marchesini 2015). Such ideas can be related to speculative fiction like Margaret Atwood's *Oryx and Crake* (2005). This novel portrays a world where medical technology has pushed the boundaries of what is considered human and challenged Western anthropocentrism by its blurring of the lines between animal and human. Finally, I have looked at posthumanism criticism of narrow definitions of the human (Braidotti 2013) and how this can relate to the rejection of the clones in Kazuo Ishiguro's *Never Let Me Go* (2005) as 'non-human'. This novel's portrayal of the medical professions production of clones for the harvesting of organs can be read as another critique of anthropocentrism focusing on how a narrow definition of what it means to be human can lead to discrimination. By their contested versions of humans that compare human species to machines, animals and finally clones, the three texts reconsider what is considered integral to human nature and question Western society's elevation of the 'human' species above all others.

INTRODUCTION
 This project examines how certain literary texts represent medical technology's ability to challenge assumptions of what it means to be a human.
 • Modern society and medicine relies heavily on technology. Advances in medical technology, such as gene splicing, has led me to wonder if such progression could give medicine the power to redefine what it means to be human.
 • My research started by examining common theories of what constituted a human; many of which were comparisons of humans to other beings such as animal species and machines or computers. This led me to explore posthumanism theory.
 • Posthumanism is a broad term inclusive of ideas about the re-examination of conventional definitions of human, challenging how we view ourselves in relation to other species, including debates on the potential impacts of technology on humanity (Braidotti 2013) (Ferrando 2013).
 • The influence of technology in our society has led to some fear of the 'posthuman' (Fukuyama, 2002). Also posthumanism can be seen as an umbrella term for several concepts, including transhumanism that advocates the use of biotechnology for human enhancement (Ferrando 2013). However, I focus on posthumanism theory where the development of technology is used to reveal boundaries between humans and other species and machines.
 • Next I decided to consider how such ideas and concerns about the advancement of medical technology could be portrayed in literature. To do this I aimed to explore the portrayal of contested versions of the human in Aldous Huxley's *Brave New World*, Margaret Atwood's *Oryx and Crake* and Kazuo Ishiguro's *Never Let Me Go*.

"the most significant threat posed by contemporary biotechnology is the possibility that it will alter human nature and thereby move us into a 'posthuman' stage of history"
 - Francis Fukuyama

"[posthumanism is a] tool to help us re-think the basic unit of reference for the human in the biogenetic age"
 - Rosi Braidotti

AIMS
 • Look at theories and schools of thought about what it means to be human and what distinguishes us as a species, including different branches of posthumanism.
 • Apply these ideas to Aldous Huxley's *Brave New World*, Margaret Atwood's *Oryx and Crake* and Kazuo Ishiguro's *Never Let Me Go* and therefore explore the portrayal of contested versions of the human in these texts.
 • Consider how these novels' challenging of the category of 'human' could be used to criticise certain aspects of Western society and how this could be related to medical practice and technology in current Western society.

BRAVE NEW WORLD, TECHNOLOGY AND THE CYBORG

- *Brave New World* (1932) is a novel set in a dystopian future, where all human life is created by ecogenetics through advanced medical technology and all citizens are genetically engineered into different caste systems.
- This novel's contested versions of humans are an example of how medical technology advancement and control over society can lead to dehumanisation and breakdown the boundaries between humans and machines or computers.
- Donna Haraway, a feminist critic of the twentieth century observed that advanced machines in the twentieth century had made the difference between the artificial and non-artificial difficult to distinguish. Haraway wrote on the idea of a "cyborg" which was a representation of her challenging certain boundaries she saw in society (Haraway, 1991).
- I compared Haraway's evaluation of Western society's reliance on technology, and the idea of the posthuman cyborg to Huxley's novel and so argue that in Huxley's landscape of total dependency of human on machine has made it more difficult to discern what a human is.
- Medicine has genetically engineering the citizens to fit a specific niche in society – they become like components of a machine. The significance of the citizens' human bodies gets lost in the overall description of their role in society.
- Soma and "Hypnopædia" – Citizens are dehumanised through conditioning and suppression of emotion. Medical technology dehumanised the citizens of *Brave New World* through removal of emotions in exchange for medically manufactured happiness.
- In *Brave New World*, through various means, Huxley has portrayed a contested version of the human. By medicine creating them and controlling their lives the citizens have been dehumanised and are barely distinguishable from machine or their function in society. I have read this as a literary representation of the posthumanism cyborg that defies boundaries and can be representative of our society's growing reliance on technology. This can re-define what we consider to be "human only" qualities. This novel represents of how society's reliance on technology can re-examine our sense of hierarchy over machines.



SPECIEISM AND THE ANIMAL IN ORYX AND CRAKE

- Posthumanism criticises anthropocentrism and a purely human species' point of view on the world. (Marchesini 2015).
- In *Oryx and Crake*, Margaret Atwood has created a vision of the near future where a genetically engineered disease has led to the destruction of the conventional human race. Into this landscape Atwood inserts new perspectives on what it means to be human in the form of medically created human-animal hybrids, the pigoons and the Crakers. The Crakers are the scientist Crake's new version of a human whose DNA he has genetically modified to include components from a variety of animal species.
- In my analysis, Atwood uses these contested versions of the human, to challenge the divide between human and non-human species and so reflects posthumanism's challenge of anthropocentrism and speciesism.
- The pigoons are pigs who have human organs and neocortex grown inside them for human for medical treatment.
- One of the fundamental ways humans have always distinguished themselves from other species is by arguing we have greater intellectual capacity. In the seventeenth century René Descartes stated that reason or sense... is the only thing that makes us men and distinguished us from the beasts' (Descartes, 1988). Atwood challenges this by giving the pigoons parts of human neocortex.
- By containing parts of our biological structure, the pigoons contest the superiority of the human race, and our "more evolved" physical form. Atwood is cleverly displaying how medicine has the ability to contest one of the most fundamental aspect of our humanity, our DNA.
- By literally anthropomorphising the pigoons Atwood makes us more uncomfortable by their maltreatment and forces the reader to consider the unethical side of medicine's practice of animal experimentation.
- By giving the pigoons apparently human intellect, Atwood undermines our society's justification for speciesism, aka that we are more intelligent. This reflects the argument of the philosopher Peter Singer who states "[i]f possessing a higher degree of intelligence does not entitle one human to use another for his or her own ends, how can it entitle humans to exploit nonhumans for the same purposes?" (Singer, 1995).
- In blurring the lines between the pigoons' animal and human elements, Atwood is making their status as "human or inhuman" irrelevant. She is breaking down conventions of anthropocentrism as simply being potentially non-human doesn't condone their maltreatment

NEVER LET ME GO'S "LESS THAN HUMAN" CLONE

- Kazuo Ishiguro's *Never Let Me Go* tells of a morally corrupt society where child clones are bred purely for their organs to be harvested later in life.
- This novel portrays how a society's push for better medical treatment has led to the total disregard for the value of human life.
- Medicine's ability to create life has led to a reduction in its intrinsic value, and yet, paradoxically, an elevation of the status of "human". The clones are viewed as not human in order to justify how they are treated as medical commodities.
- The human can be defined as a being 'belonging to the species *Homo sapiens* or other (extinct) species of the genus *Homo* (OED). In *Never Let Me Go* this simple definition is challenged.
- Ishiguro's portrayal of a morally corrupt society is his way of challenging conventional definitions of a human, and reflects posthumanism's challenge of narrow definitions of a human.
- There is this strong sense of anthropocentrism as the mistreatment of the clones because they are considered 'less than human'.
- The posthumanist philosopher Francesca Ferrando reminds us 'not every human being has been considered as such' (Ferrando, 2013). She warns of the destructive potential of the narrow definition of a human and how this can be used as justification for abuse or discrimination. This is reflected in *Never Let Me Go* where Ishiguro chooses to make the persecuted group in society clones as a statement about how such discrimination is possible for any group.
- The clones are dehumanised by all aspects of their lives being medicalised and they are completely defined by their role in medical treatment.
- In addition it is argued that the clones have no souls therefore are further dehumanised. The clones are forced to live a life where they are constantly attempting to prove their own humanity.
- In a world where life is seen as a disposable commodity, medicine has created a society where you need to 'prove' you are valuable and worthy of the privileged status of human; having human DNA is no longer good enough.

CONCLUSIONS AND RELEVANCE

- By relating posthumanism ideas to *Brave New World* I have explored how the increasing presence of technology in society breaks down the idea of the human with unique privilege or distinct boundaries. In *Brave New World* the dominance of technology has been extrapolated to a sinister vision where the society's reliance on medical technology removes large aspects of human nature.
- Current biotechnology debates and advancement can reflect the reliance on technology seen in the novel. Examples include the images of advanced, robotic humanoid becoming popular news stories (McCurry, 2015) and artificial wombs' potentially meaning ecogenetics could be a possibility for the future (Bulliet, 2011) (Simonson, 2006). Relating these recent developments to Huxley's world makes it possible to question what aspects of human nature are integral and what is the relevance or necessity of continuing to attempt to define the human in our ever advancing, technology dominated world?
- The medical technology in *Oryx and Crake* experiments with the boundaries between species and therefore contests what society views as inherently human.
- In this novel and *Never Let Me Go*, the overarching message could be that whether a being is deemed human or not is irrelevant, as this does not condone mistreatment.
- The aim of posthumanism theory is to 'challenge the notion of human exceptionalism' (Holstein, 2014). For me all three texts reflect this.
- These texts portray medical technology's ability to create a contested version of the human so challenge the reader, in one way or another, to consider what constitutes a human.
- From reading these three novels, I conclude that defining "the human" is potentially irrelevant and in our technology advancing society might no longer be possible.
- Furthermore, Atwood and Ishiguro have shown the narrow definition of the human to be highly damaging which can be seen to be relevant to our society where certain groups, are arguably oppressed by narrow definitions a "normal human".

ACKNOWLEDGEMENTS
 I would like to thank Dr. Cathy and Gail for their support and guidance. In addition, I would like to thank Edinburgh University and its literature department for giving medical students the thorough unique and rewarding experience of being able to intercalate in their department.

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Student Posters



The health-food crusade and the super-food saint: a creative exploration of the discourse of healthy eating, morality, and the body.

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ABSTRACT

In our increasingly secular society, the value of health is rising. Moral values that used to be dominated by religion are now a matter of health: "in many ways the church has been replaced by the gymnasium."¹ Due to the rising pressure to be healthy, new problems have arisen about what to eat and how to eat. Health-food marketing uses a moral language suggesting that having a healthy body is a choice available to everyone and one that should be made by the 'good.' This is evident in qualitative research, in which the discourse of food risk was associated with feelings of "blame" and "moral judgements" of other people's diet.²

My research employs the arts as a means of investigating and critiquing some of these claims. I have produced 10 creative pieces—photographs, painting, video and poetry—to examine the impact of the health-food crusade from new perspectives.

METHODS

- ❖ I investigated the moral discourse of the health food industry using an observational approach looking at data from blogs and health-food marketing. I then conducted written interviews and a focus group with 12 participants. Using discussions and activities, I explored themes on diet, morality and language.
- ❖ I used these findings to inform my creative work. These pieces were each based on a word commonly seen within food marketing, such as "purity" or "detox." These are the words in brackets under the images of my work. I use humour and religious imagery as a means to reflect on the exaggerated and moral claims within health-food trends. Collectively, the pieces act together to expose some of the moral themes in our pursuit to eat well.



"It's the bloodiest job we do" (Detox) The Silent Germ (Gluten-free)



"I've got some spirulina in my cupboard"
- Focus group participant

BACKGROUND

- ❖ The discourse surrounding health-foods reflects a wider preoccupation with health. This stems largely from political and cultural change in the 1970's which saw health move from a right to a personal responsibility.
- ❖ These political, social and cultural changes along with the rising interest in the nutritionist movement has created a moral dimension in the discourse of healthy eating. This is particularly evident in health-food marketing and literature today.
- ❖ This literature is expanding and using new ways to communicate information; blogs, online video tutorial and phone apps are some of these new technologies contributing to the "commercialization of health."³ Analysing data from social media has been neglected in previous research.
- ❖ The moral language of food has dangerous connotations. Mental wellbeing is jeopardised by feelings of guilt and stigma induced by the weight-loss industry, and trends such as "yo-yo dieting" harm our physical health.⁴ Our moral and social wellbeing is at risk too; the rising concern about what we eat has created a growing anxiety about food and our bodies.
- ❖ Data from qualitative research supports these observations. Delaney and McCarthy in their investigation of the moral language of food found that many of the participants felt guilty about what they ate.⁵ Good foods—those which are healthy—could be enjoyed legitimately, whereas the pleasure from bad foods were seen as morally wrong.
- ❖ I want to show how the modern discourse of healthy eating has become a new "threat to health" through social and cultural iatrogenesis following arguments put forward by critics of modernity such as Ivan Illich.⁶

RESULTS

Health-food literature and marketing is riddled with moral language promoting superior lifestyles exclusively available to the saintly classes. My focus group and interviews revealed how many people had "converted" to new diets because of feelings of guilt relating to their health. For example, one participant had purchased some the superfood spirulina after hearing of its health benefits. Most participants felt strongly that healthy eating was their responsibility.

This poster displays some examples of my creative pieces inspired by my research. I explore some of the moral, cultural and social dimensions to the language of health-food marketing. The words are used in different ways; some take the literal meaning of the word as the inspiration for the creative piece, others use a more abstracted meaning to raise new perspectives about the words.



Still life with S-A-Day (S-A-DAY)



Baptism in coconut water (Purity)

DISCUSSION

- ❖ A new, problematic relationship has emerged between risk, control and pleasure; the discourse of healthy eating is both moralised and medicalised.
- ❖ This research does not wish to discourage people from eating a healthier diet. However, I have shown that our choice to eat well is limited by the modern discourse. For example, marketing often misleads consumers about the healthfulness of a product.
- ❖ Through my creative pieces, I aim to raise awareness of the dangers of the health-food crusade and how modern food marketing becomes distorted by moral and cultural values.

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P.5. The Health Food Crusade and the Super-food Saint: A creative exploration of the discourse of healthy eating, morality, and the body. (student poster)

Alice Ryrie¹

¹Brighton and Sussex Medical School, UK

In our increasingly secular society, the value of health is rising. Moral values that used to be dominated by religion are now a matter of health: "in many ways the church has been replaced by the gymnasium" (Galvin, 2002: 129). Due to the rising pressure to be healthy, new problems have arisen about what to eat and how to eat. Health-food marketing uses a moral language suggesting that having a healthy body is a choice available to everyone and one that should be made by the 'good.' This is evident in qualitative research, in which the discourse of food risk was associated with feelings of "blame" and "moral judgements" of other people's diet (Lupton, 2005: 448).

My research employs the arts as a means of investigating of investigating and critiquing some of these claims. I have produced 10 creative pieces—photographs, painting, video and poetry, to examine the impact of the health-food crusade from new perspectives. Each piece is based on a word commonly seen within food marketing, such as "cleanse" or "honest" that is used to explore different ideas about food, health and the body. Collectively, the

pieces act together to expose some of the moral themes in our pursuit to eat well.

Photography is a particularly useful medium to highlight the dichotomy between reality and absurdity in beliefs about food. Furthermore, I use humour and religious imagery as a means to reflect on the exaggerated and moral claims within health-food trends. I want to show how the modern discourse of healthy eating has become a new "threat to health" through social and cultural iatrogenesis following arguments put forward by critics of modernity such as Ivan Illich (1974: 919).

Keywords:

Diet; morality; health;

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Ryrie A. <https://superfoodsaint.wordpress.com/> blog created as part of a creative portfolio MSc in medical humanities, University of Manchester, 2015.

P.6. "The Wages of Sin is a Month in the Locke": Irish Modernism and the politics of venereal disease. (student poster)

Lloyd Houston¹
¹*Hertford College, University of Oxford*

This paper examines the politicised depiction of Lock hospitals in a range of Irish modernist and advanced nationalist texts. Brought under British military administration by the 1864 Contagious Diseases Act, Lock hospitals served as emblems of a gendered colonial double-standard which licensed the sexual conduct of British soldiers at the expense of the liberty of Irish women even as they tangibly belied nationalist efforts to figure Ireland as physically and culturally 'pure'. This paper examines how this paradox is registered in James Joyce's *Ulysses* (1986) first published in 1922, Oliver Gogarty's *Blight* (1917), and the publications of Sinn Féin and Inghinidhe

na hÉireann. In doing so it sheds fresh light on the ways in which references to Lock hospitals, and the discourses of sexual hygiene with which they were enmeshed, could be deployed by figures from across the political spectrum to construct and contest models of Irish identity.

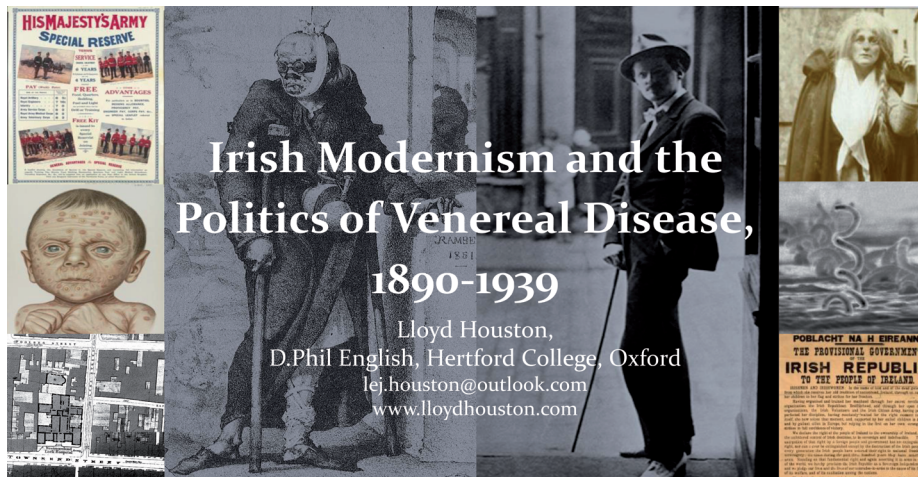
Keywords:

Irish modernism; Lock hospitals; venereal disease; sexual hygiene

References:

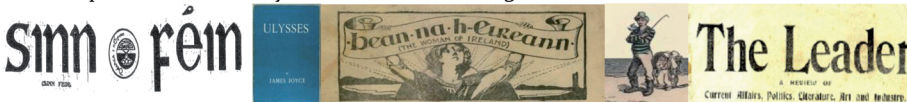
Alpha and Omega (Oliver St John Gogarty) 1917, *Blight, The Tragedy of Dublin: An Exposition in Three Acts*. Dublin: Talbot Press.

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Project Outline

This thesis examines the political and aesthetic role venereal disease and discourses of sexual hygiene played in the emergence of Irish modernism. Conventional accounts of the Revival present Irish sexual conservatism as the apotheosis of the retrograde nationalist milieu which figures like Joyce and Beckett transcended to join the European modernist pantheon. I will complicate this picture by showing that it was precisely in the crucible of debates over sexual conduct and national identity that the avant-garde aesthetic practices of a distinctly Irish modernism were forged.



Research Questions

- How were figurations of venereal disease used by modernist authors to construct and contest models of Irish identity?
- How did contemporary medical discourse and the pathology of diseases themselves inform the aesthetic practices of Irish modernists?
- How did questions of sexual health and national identity inform the relationship between Irish modernism and contemporary advanced nationalism?



Sources

- Poetry, drama, and prose by W.B. Yeats, J.M. Synge, James Joyce, Oliver Gogarty, and Samuel Beckett;
- Nationalist newspaper, journals, and pamphlets (*The Leader*, *Sinn Féin*, *Bean na hÉireann*);
- Texts on Venereal Disease and Degeneration (Alfred Fournier, Benedict Morel, Henry Maudsley);
- Hospital records (Westmoreland Lock, Richmond District Lunatic Asylum, Sir Patrick Dun's Hospital);
- Irish military archives (Royal Dublin Fusiliers, Irish Royal Army Medical Corps, 'Kilmainham Papers');
- Legal and legislative records (the Contagious Diseases Acts, the Royal Commission on Venereal Disease).

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Hertford College



P.7. The Stethoscope: Immutable paradigm or time-expired technology. (student poster)

Angena Agenor¹

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The ownership of a stethoscope is a rite of passage for medical students and a badge of honor for doctors. Undeniably the placement of the stethoscope on the back of the neck or hanging from the pocket symbolises to outsiders that you are now a member of the healthcare profession. Nonetheless, an informal survey of colleagues suggests a great attachment to the stethoscope, and demonstrates how it, along with the white coat has become ingrained in Western culture, serving as representative of learned medicine (Frishman, 2015). But are the days of the stethoscope numbered? Many reports have stated that the humble instrument will soon be demoted to a museum shelf (Frishman, 2015; Markel, 2006; Jauhar, 2006). Arguments for its demotion have been that the stethoscope causes physician uncertainty, that acquiring competency in its use is time consuming, and that it is less reliable than imaging techniques such as MRI (Murphy, 2008).

Initially, it was inadequacy of prior methods, combined with the piquing of curiosity and the innovative mind-set of Laennec that led to the discovery of the stethoscope in 1816 (Hyacinthe, 1821). Its invention was groundbreaking, and like any major advancement that challenged standard medical practice, was initially met with intense cynicism (Scherer, 2007). Now evolved into an elegant binaural instrument, the stethoscope remains mobile, lightweight, and inexpensive. These characteristics have enabled it to remain a fundamental part of thoracic examination for nearly two centuries (TO, 2007). Today with the invention of computerised acoustic techniques, which record, analyse and graphically depicts acoustic sounds and improve acoustic education and overcome limitations, the stethoscope may not be going to its funeral, but it is getting married (Murphy, 2008).

Keywords:

Stethoscope, Laennec, thoracic examination, computerised acoustic techniques

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(poster not submitted at time of publication)

P.8. Exploring ABCDE: Through the lens of narrative medicine. (student poster)

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Introduction: Narrative medicine is an unfamiliar territory and narrative competency is not a quality formally looked for or assessed in a medical student in undergraduate curriculum in India. Incorporating Medical Humanities (MH) in undergraduate medical training suggested introducing students to reflective writing practice. As such, this study was undertaken to explore the ABCDE paradigm (Dhaliwal *et al*, 2015) and to ascertain the need for narrative medicine to be introduced among the students as an aspect of Medical Humanities.

Methodology: Reflective narratives were collected from 25 participants. These participants were introduced to reflective writing and Gibb's reflective cycle. Participants who were exposed to the ABCDE paradigm during a MH workshop earlier were anonymised in the analysis. Narratives were thematically analyzed and their various dimensions explored. In addition, participants were asked to give their thoughts on the process of reflective writing using an open-ended questionnaire.

Results: On analysis, the narratives covered ABCDE paradigm as Attitude (8%), ethical Behaviour (20%), Communication (24%), Diversity (12%), and Empathy (36%). However, often, more than one component seemed to exist in one piece of narrative, albeit in an undertone. Other diverse themes emerged as well, owing to their personal experiences. Participants exposed to the paradigm earlier were practising one or more components with perceptiveness. In the open-ended questionnaire, 92% participants expressed a positive response about the process of reflective writing, whereas 8% had either an indifferent or a negative response.

Conclusion: Practising narrative medicine can be used as a means to support the training of physicians, especially in the introduction of ABCDE behaviors, communication skills and competencies and in the creation of self awareness necessary for today's physician.

Keywords:

Humanities/education, Education, medical, undergraduate, Narration, Ethics, medical, Empathy

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(poster not submitted at time of publication)

an innovative group programme. *European Journal of Integrative Medicine* 7, sup.1: 18-19. (poster not submitted in time for publication)

P.9. Creating Recovery Through Body and Voice: Rebuilding your life programme. (student poster)

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Rebuilding your Life (RyL) is a recovery-focused programme developed by people recovered and recovering from Chronic Fatigue Syndrome/Myalgic Encephalomyelitis (CFS/ME) and healthcare professionals (McDermott, 2014). Its ethos of co-enquiry establishes all participants (recoverers and facilitators) as equal collaborators (Raphael et al, 2015). The main facilitator, Sarah Frossell, uses Neuro-Linguistic Programming (NLP) and coaches each person within the group encouraging them to attend to the voice of their body in terms of the illness and of their return to wellbeing.

Jenni Mair (recovered after eighteen years of CFS/ME) and Hilly Raphael (a RyL cofacilitator) present this poster as a record of the restorying they experienced through RyL. It explores the initiation of recovery by attending to voice and body in communication. Jenni discovered a voice which empowered her to acknowledge aspects of life previously un-voiced, and to create an image of a positive future which she's already entering. They've identified concepts of each finding a voice, further enabled through their collaboration (Raphael, Mair, Frossell, 2015). They acknowledge the role of voice as a conduit of emotional and bodily stories, which transition from the internal to the external body, and from one to another; ultimately when attended to enabling healing and transformation.

Keywords:

Voice, body, healing, recovery

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