

7<sup>th</sup> International Health Humanities Network Conference

2nd – 4th August 2018

# CHANGING SOCIETY:

## COMMUNITY WELLBEING AND TRANSFORMATION – HOW HEALTH HUMANITIES CAN CHANGE THE WORLD

St. Mary's Stadium, Southampton, United  
Kingdom



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International Health  
Humanities Network

*bringing the human back into health*

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## Conference Programme

Day 1 – Thursday 2<sup>nd</sup> August 2018

Times	Activity	Session Title		Room
09:00 – 09:30	Arrival & Registration			Markus Liebherr Lounge
09:30 – 10:00	Welcome & Housekeeping			Markus Liebherr Lounge
10:00 – 11:00	Keynote 1	<b>Paul Crawford</b> - Global Health Humanities		Markus Liebherr Lounge
11:00 – 11:30	Coffee Break			Markus Liebherr Lounge
11:30 – 12:30	Workshop	<b>Susan Hogan</b> - 'Birth Shock' Film & Questions		Markus Liebherr Lounge
12:30 – 13:30	Lunch			Markus Liebherr Lounge
13:30 – 15:00	Breakout Sessions	Markus Liebherr Lounge -  Chaired by Charley Baker	Matthew Le Tissier Suite -  Chaired by Martin Stevens	See Session
		<b>Rosie Perkins &amp; Daisy Fancourt</b> - Singing for Maternal Wellbeing: The impact of community group singing programmes for women experiencing symptoms of postnatal depression	<b>Ellen Adams</b> - The Forgotten Other: Disability Studies and the Classical Body	
		<b>Christina St Clair &amp; Thibault Magrangeas</b> - How I want my doctor to see me: An artistic project with patients in General Practice	<b>Josephine NwaAmaka Bardi</b> - Habitus, Social Capital and Field: Visual ethnography of a community mental health café	
		<b>Jana Rozehnalova</b> - Using "Positive Humanities" to enhance wellbeing of future mental health practitioners: A Novel	<b>Irene Pujol</b> - Group vocal improvisation in mental health settings by combining voice work and group	

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		Approach Incorporating Molecular Genetics	improvisation	
		<b>Rebecca Zammit</b> - Effects of Contact Improvisation Training on University of Malta Students	<b>Ellen Adams</b> - Access All Senses: 'Looking' at art using a visual language or as a BPS person	
15:00 – 15:30	Coffee Break			Markus Liebherr Lounge
15:30 – 17:00	Breakout Sessions	Markus Liebherr Lounge -  Chaired by Sarah Haskett	Matthew Le Tissier Suite -  Chaired by Becci Muldoon	See Session
		<b>Jana Haragalova &amp; Helen Scholar</b> - Sensory Palaces is a wellbeing programme for people living with early stage/ 'mild' dementia and their care partners	<b>Aimie Purser</b> - On Moving: Introducing a Participatory Dance-Based Study of Migratory Experience	
		<b>Guy Dargert</b> - The Snake in the Clinic	<b>Maurice Lipsedge</b> - Storytelling with Asylum Seekers	
		<b>Ceri Wilson</b> - Participatory arts and social relationships for older people in care settings	<b>Ikechukwu Erojikwe</b> - Dislocated Spaces and Negotiated Places of Film in Health Humanities	
		<b>Paul Kadetz</b> - Opening Doors: Developing a health humanities paradigm from a medical humanities curriculum at an American university	<b>Louella McCarthy</b> - A Country Practice	

Evening Activity – Music Event, **TBC**

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Day 2 – Friday 3<sup>rd</sup> August 2018

Times	Activity	Session Title		Room
09:00 – 09:30	Arrival & Coffee	Posters & Exhibitions Session		Reception Area & Matthew Le Tissier Suite
09:30 – 10:15	Workshop	<b>Lynn Shaw</b> - Dancing Along the Borderline		Markus Liebherr Lounge
10:15 – 11:15	Breakout Sessions	Markus Liebherr Lounge –	Matthew Le Tissier Suite -  Chaired by Martin Stevens	See Session
		<b>Nicki Cassimatis</b> - Poetry as Self-Care Workshop	<b>Richard Bates</b> - Florence Nightingale’s Reading Rooms: Transforming Community Health through Literature	
			<b>Jonathan Memel</b> - Healthy Communities: Florence Nightingale’s Home Visits in Derbyshire	
			<b>Ndubuisi Nnanna</b> - Drama Therapy, Bioethics, and Mental Health Development in Nigeria	
11:15 – 11:30	Coffee Break			Markus Liebherr Lounge
11:30 – 12:30	Keynote 2	<b>Trudy Barber</b> – The Body in Real and Digital Space: A brief exploration of sex and death in both traditional and digital arts practice		Markus Liebherr Lounge
12:30 – 13:30	Lunch			Markus Liebherr Lounge

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13:30 – 15:00	Breakout Sessions	Markus Liebherr Lounge -  Chaired by Paul Crawford	Matthew Le Tissier Suite -  Chaired by Becci Muldoon	See Session
		<b>Lorna Fitzsimmons</b> - Ecological Variables in Literary Representations of Posttraumatic Stress Disorder	<b>Kimberly La Force</b> - Using Narrative Medicine Methods to influence Healthcare Policy Change	
		<b>Samantha Walton</b> - Cultures of Nature and Wellbeing: Connecting Health and the Environment through Literature	<b>Emily Beckman</b> - Deinstitutionalization: Re-building the Public Memory	
		<b>Saljooq Asif</b> - Health Literacy and Storytelling: Visual and Cultural Narratives of Illness, Disability, and Wellness	<b>Tinu Ruparell</b> - Imagining Health: Lessons from Wisdom Traditions	
		<b>Nicki Cassimatis</b> - Poetry: Weapon of Creativity, Self-Love, Transformation & Healing	<b>Charley Baker</b> – Narratives in Nurse Education	
15:00 – 15:15	Coffee Break			Markus Liebherr Lounge
15:15 – 17:00 (ML Lounge)	Breakout Sessions	Markus Liebherr Lounge (ML lounge) -  Chaired by Carolyn Barber	Matthew Le Tissier Suite (MLT Suite) -	See Sessions
15:15 – 16:00 (MLT Suite)		<b>Samuel Arias-Sanchez &amp; Javier Saavedra</b> – Psychology and creative workshops at the University of Seville to break the stigmas associated with people with serious mental disorders	<b>Lyz Cooper</b> - Re-sounding Stories: Narrative Soundscapes for Personal Transformation	

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		<b>Ikechukwu Erojikwe</b> - Different Shades of Mental Illness in Ama Ata Aidoo's Anowa and Emeka Nwabueze's Spokesman for the Oracle		
		<b>Alan S. Weber</b> - Narrative Medicine in Middle East Community Health: Collecting Cancer Survivor Stories for Medical Student Education, Public Health, and Patient Closure		
		<b>Sylvia Wylder</b> - The Constructed Cultural Self		
		<b>Angela Bowen-Potter</b> - Locating the Mother of Autism: A Reappraisal of the Origin Myth of the Cause of Autism		

Evening Activity – Conference Dinner at Pitcher & Piano (**Self-Funded**)

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Day 3 – Saturday 4<sup>th</sup> August 2018

Time	Activity	Session Title		Room
09:00 –10:00	Arrival & Coffee	Posters Session		Markus Liebherr Lounge
10:00 –10:30	Lecture	<b>Sandra Walker</b> - The Good Mental Health Cooperative: From Human Library to Trialogue		Markus Liebherr Lounge
10:30 –11:15	Keynote 3	<b>Susan Hogan</b> - The Birth Project and Creative Practice as Mutual Recovery		Markus Liebherr Lounge
11:15 –11:30	Coffee Break			Markus Liebherr Lounge
11:30 –12:30	Workshop	<b>Paula Jardim</b> - 'Biodanza'  Embody the teachings of Spinoza, Buber, Heraclitus and Dilthey: Experience the therapeutic power of joy, of the human encounter, of living in flow, and of the lived experience in the here and now		Terry Payne Suite
12:30 –13:30	Lunch & Conference Close			Markus Liebherr Lounge

Afternoon Activity - Optional afternoon event to be announced at the conference (**Free**)

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## Keynote Speakers



### PROFESSOR PAUL CRAWFORD

Paul Crawford is Professor of Health Humanities at the School of Health Sciences, University of Nottingham and Director of the Centre for Social Futures at the Institute of Mental Health, one of the most prominent bodies for mental health research in the UK. He also co-directs Nottingham Health Humanities Research Priority Area supported by the Centre for Advanced Studies.

He is Director for the Creative Practice as Mutual Recovery programme, a national consortium funded by AHRC/RCUK Connected Communities (£1.5m) and has held various visiting professor or advisory board appointments globally. He is also Co-Founder of the Health Language Research Group at the University of Nottingham, bringing together academics and clinicians to advance communication research in health care settings and leads both the AHRC-funded Madness and Literature Network ([www.madnessandliterature.org](http://www.madnessandliterature.org)) and International Health Humanities Network ([www.healthhumanities.org](http://www.healthhumanities.org)). He co-founded and coordinates the International Health Humanities Conference.

He serves on the editorial board of *Journal of Medical Humanities, Communication & Medicine* and *Applied Arts in Health* and acts as a referee for several prominent publishing houses and major journals.

Professor Crawford has attracted prestigious funding from AHRC, AHRC/RCUK, ESRC, The Leverhulme Trust and The British Academy. He has written over 100 publications including peer-reviewed papers or chapters and books such as: *Communicating Care* (1998), *Politics and History in William Golding* (2003), *Evidence Based Research* (2003), *Storytelling in Therapy* (2004), *Evidence Based Health Communication* (2006), *Communication in Clinical Settings* (2006), *Madness in Post-1945 British and American Fiction* (2010), and *Health Humanities* (2010). His major, critical work on the novelist William Golding was reviewed in the *TLS* and reprinted chapters appeared in the prestigious *Bloom's Guides* (2004; 2008) in the US. He also wrote the entry on Golding in *The Oxford Encyclopedia of British Literature* (Oxford University Press, 2006). *Evidence Based Research* (2003) won a Highly Commended Award in the British Medical Association (BMA) Book Awards in 2004.



### DR. TRUDY BARBER

Trudy Barber created the UK's first immersive Virtual Reality Sex environment during undergraduate Fine Art Degree studies at Central Saint Martins, University of the Arts, London in 1992. She went on to complete her PhD: *Computer Fetishism and Sexual Futurology: exposing the impact of arousal on technologies of cyberspace* from the University of Kent at Canterbury in 2005, during which time Trudy worked with the British Association of Sex and Relationship therapists, and chaired digital/tech themed events for the World Association of Sexologists. Between 2005 and 2006 she worked as Arts



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Coordinator for the Wisdom Hospice in Rochester where she conceived various projects for terminally ill patients dealing with their illness and notions of death. She joined the Creative and Cultural Industries Faculty at Portsmouth University in 2006, and is Course Leader for BA (Hons) Media and Digital Practice Degree in the School of Film, Media and Communications. Trudy lectures and writes on various aspects of Digital Culture. Her subjects are emergent media, cyber/digital culture, cyber sexualities, Virtual Reality, robots, deviant leisure, theories of love and attachment, art practice and the digital future. She has published, lectured and broadcast worldwide for over 25 years on her interests.



## PROFESSOR SUSAN HOGAN

Susan Hogan is Professor of Arts and Health (formerly Cultural Studies and Art Therapy) and a Professorial Fellow of the Institute of Mental Health, Nottingham. She has an international reputation in the field of arts and health. She has longstanding interests in women's transition to motherhood and experience of psychiatry.

Her book 'Healing Arts' is particularly well known. She has also explored women's experience of ageing using participatory arts. Additionally, she has written several articles and book chapters on the use of the arts as a research method and engaged in interdisciplinary research projects using visual methods. She is a member of the Creative Practice as Mutual Recovery Research Consortium, which includes a wide range of health humanities and arts in health projects. Her latest film is shortlisted for the AHRC Research in Film Innovation Award.

### Conference Abstracts

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**Ellen Adams**

**Department of Classics**

**King's College London**

#### **“The Forgotten Other: Disability Studies and the Classical Body”**

This paper notes the on-going able-ism in the fields of Classics and Archaeology, which otherwise pay high attention to other areas of identity politics, such as gender, sexuality and race. While this needs to be corrected with some urgency, the paper also focuses on the positive benefits that applying issues from Disability Studies may have on these fields. For example, the way in which we engage with broken classical marble sculptures is radically changed when set against modern art of and by disabled people. Our interpretation of the disabled in Greek myth is conclusively altered when compared with modern accounts of real experiences. And the recent interest in the archaeology of the senses shamefully neglects the sensory body that is ‘impaired’ or progressively failing. This paper aims to celebrate the contribution that Disability Studies can and should make to these long-standing traditional disciplines.

It will also outline how Classics has influenced modern attitudes towards disability. The notion that external impairment or disfigurement indicates internal character flaws can be seen in Homer’s epic poetry, for example. Homer himself is said to be blind, possessing deep poetic insights because of, not despite, his blindness. The superhuman power of people with impairments is also a concept that has continued since antiquity. The phenomenon of inspiration porn can also be seen in both antiquity and modernity – Demosthenes, for example, keeping pebbles in his mouth to overcome his stammer. Finally, many medical works begin with reference to ancient beliefs. For example, Aristotle may be found in medical literature concerning deafness – with a misquotation from the original Greek. This paper will also demonstrate how looking at the ancient world highlights an approach to illness and disability distinct from the familiar social and medical models: that of the ritual approach, engaging with the gods. Occasionally, we have a similar idea in the modern world with miracle cures. For example, the staged performance of switching on hearing aids or cochlear implants in public have been heavily criticised by Deaf groups. There is something inappropriately evangelical about the proclaimed ‘miracle’ of such technology.

Overall, this paper will emphasise that, while Health Humanities is flourishing in many different clusters and units across the world, its present impact on traditional Humanities subjects, such as Classics and Archaeology, remains disappointing. It argues that more extensive interaction is mutually beneficial.

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**Ellen Adams**

**Department of Classics**

**King's College London**

#### **“Access All Senses: ‘Looking’ at art using a visual language or as a BPS person”**

This paper will outline the development of a new project that seeks to explore ways of seeing with an innovative approach derived from museums’ access programmes. Art historians have little awareness of the existence of visual/spatial signed languages when engaging with visual art, or the application of audio description for blind and partially sighted (BPS) people. British Sign Language

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(BSL) includes visual iconicity and cinematic elements, such as zooming and role shift (where you 'become' the character you are describing); we will consider how people interact with art differently when deploying this mode of communication, rather than linear spoken or written language. In parallel, we will investigate how audio description, or sensory translation and intermodal communication, adds great insights into how the visual is made verbal ('ekphrasis' in art terms).

This year, a novel event was curated in the Courtauld Gallery, during the Festival of the Association for Art History's annual conference. The main aim was to demonstrate to delegates and the wider general public how museums and art galleries have been working hard for some time to make their collections accessible to people with sensory impairments. This session aimed to introduce festival-goers to these activities, notably how Deaf people use a spatial/visual language to explore visual culture, and how blind or visually impaired people engage with art through audio description. A professional audio describer and a Deaf art tour leader with BSL interpreter were placed in each room, ready to demonstrate these modes of communication. Museum access staff and the audio description charity Vocal Eyes were also present, for insights into the development of these practice-led programmes.

This paper will explore how our perception of 'the viewer' and ways of seeing can be expanded through an awareness of the experiences and strategies of those with sensory impairments. This is an extension of Deaf and blind gain, the idea that the life experiences of having a sensory impairment can generate compensatory strategies that in fact provide positive features, not experienced by able-bodied people. It is argued that museum space is an excellent forum for testing this hypothesis.

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**Samuel Arias-Sanchez**  
**University of Seville**

**Javier Saavedra**  
**University of Seville**

### **"Psychology and creative workshops at the University of Seville to break the stigmas associated with people with serious mental disorders"**

Since 2014, within the framework of participatory budgets to expand the contents of the program in Psychology degree studies of the University of Seville, Art and Psychology seminars are being developed. These seminars are coordinated by professors and students of the faculty of Psychology, in which both community members and guests from different universities, organizations and associations have participated. Very different aspects of Psychology have been treated through photography, painting, cinema, poetry, dance or narrative. This communication will present some of these activities, to deepen the results that have been obtained, and reflect on their ability to generate knowledge, new ideas and social transformation. In particular, we will focus on those especially designed to break the stigma associated with people with serious mental disorders that even today is present in university students.

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Saljooq Asif  
Narrative Medicine Program  
Columbia University

## **“Health Literacy and Storytelling: Visual and Cultural Narratives of Illness, Disability, and Wellness”**

As Rita Charon writes, storytelling is at the very heart of medicine. Listening and appreciating these stories, in turn, is just as important as representing and disseminating them. Indeed, we are surrounded by countless messages that shape our perceptions of health and illness. As Martha Stoddard Holmes argues in her work on disability representation, “stories of disability in literature, film, television and other cultural channels pervade our awareness and inform our expectations about the disabled experience.” These narratives, she continues, offer us the opportunity to “regenerate our ability to think differently, innovatively, and transformatively about disability—for the benefit of every one of us.”<sup>1</sup>

Recent research continues to highlight the importance of visual and cultural narratives in relation to health literacy and public education. A 2010 qualitative pilot study examining health literacy in ninth-grade students, for example, offers “a template for development of innovative, compelling, and valuable health education curricula that uses brief segments of popular television programming as a ‘springboard’ to rich educational material.”<sup>2</sup> A 2008 report conducted by the Kaiser Family Foundation and the USC Annenberg Norman Lear Centre’s Hollywood, Health, and Society goes even further by explicitly connecting education to the power of visual storytelling. The authors conclude that “health information delivered through storytelling—often involving characters the viewer already ‘knows’ and cares about—is more likely to be attended to than traditional health information sources.”<sup>3</sup> Thus, our own ability to learn new medical concepts and health information is mediated through parasocial learning with fictional characters and narratives.

Such stories are increasingly widespread and powerful in their social impact, providing fertile ground for the health humanities. Visual and cultural narratives educate their viewers by focusing on difference and marginalization in a health-related context. Marvel’s X-Men, for example, may be fantastical superheroes in comic books and films, but they also embody human concerns about corporeality and Otherness with their biological abilities. The ABC Family drama series *Switched at Birth* is not just a teenage melodrama, but also a celebration of Deaf culture and identity in an otherwise mainstream hearing television landscape. Even the BBC science fiction program *Doctor Who* incorporates messages of colonial health, hygiene, and doctor-hood—some not entirely positive—over the course of its 55-year-long history.

These dramatized narratives are an integral component of health literacy that not only spreads awareness about illness and disability, but also provides strategies for humanizing one another. Certainly, media representation acts as an access point for a wide variety of audiences, fostering interpersonal recognition as well as a greater understanding of marginalized experiences. These tales may be fictional, but they function as socio-cultural tools that traverse boundaries and transform public perceptions of health.

### **References:**

1. Holmes, Martha Stoddard. “Disability in Two Doctor Stories.” *The Health Humanities Reader*. Ed. Therese Jones, Delese Wear, and Lester D. Friedman. New Brunswick: Rutgers UP, 2014. 63 – 76.

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2. Primack, Brian A. et al. "Teaching Health Literacy Using Popular Television Programming: A Qualitative Pilot Study." *American Journal of Health Education/American Alliance for Health, Physical Education, Recreation, and Dance* 41.3 (2010): 147–154.
3. Murphy, Sheila T., Heather J. Hether, and Victoria Rideout. How healthy is Prime Time? An Analysis of Health Content in Popular Prime Time Television Programs. Rep. The Kaiser Family Foundation and the USC Anneberg Norman Lear Centre's Hollywood, Health & Society, 2008. <https://learcenter.org/pdf/Howhealthyisprimetime.pdf>.

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**Charley Baker**  
**School of Health Sciences**  
**University of Nottingham**

### "Narratives in Nurse Education"

Health Humanities, from its inception and discursive development as the medical humanities through to its evolution into an "inclusive and applied approach to humanities in healthcare", engages not only scholars and medics but all forms of "practitioners, healthcare providers, patients and their carers" has a long and varied engagement with literature, in the broadest sense of all forms of written text.

Concern with literature, writing or text, and health and illness, can be seen in a multitude of intersecting functional and academic endeavours, from the use of literature in the education of doctors, to the development of medically-focused scholarly or literary analysis of specific texts and conditions or traumas (such as epilepsy in literature; the psychological impact of rape in Angela Carter's fiction) and the therapeutic uses of constructing narrative. Literature – both fiction in a range of forms and autobiographical narratives, including pathographies – tells us not only about medicine or doctors, but also about the experience of health, sickness, illness, encounters with clinics and clinicians, the reactions of significant others, the support found in the strangest of places, the radical re-ordering necessary after the dramatic rift that significant illness causes through an individual life.

This talk, based on a chapter I wrote for the recently published manifesto text 'Health Humanities', focuses on two core areas of the intersection of literature and health. Firstly, in the opening section, some considerations are provided on the literary genre of *pathography* – illness in literature – with a particular focus on madness or mental health challenges as they are portrayed in fiction. Secondly, I discuss the value and use of narratives in clinical education, practice and research.

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Josephine NwaAmaka Bardi  
School of Health Sciences  
University of Nottingham

Nicola Wright  
Faculty of Medicine  
University of Nottingham

Stephen Timmons  
School of Health Sciences  
University of Nottingham

Paul Crawford  
Derby Education Centre  
University of Nottingham

## **“Habitus, social capital and field: Visual ethnography of a community mental health café”**

Globally, community mental health services include statutory and informal services. Informal community mental health services like clubhouses, faith communities, user-led organisations, day centres and mental health cafés provide spaces where people can socialise and participate in creative or vocational activities. Some informal community mental health services share videos of their activities on video sharing websites. The use and meaning of space in mental health cafés remains underexplored.

The objective was to conduct a visual ethnography of a community mental health café in London and narratively describe how the space shapes and guides the thoughts, actions and practices of those who attend.

Visual ethnography provides an iterative and in-depth autobiographical account of people’s views, gestures, facial expressions, and silences in the context of an online setting, allowing for a more accurate and detailed analysis of the dynamics of interactions in a social setting such as who says, does what, when and how. This provided a rationale for prolonged ethnographic fieldwork using observations of real-time processes and interactions between the participants, and face to face interviews with participants. Future research will enable a combination and comparison of the online and offline activities in a community mental health café about the place, people and processes.

Pierre Bourdieu’s theories of habitus, social capital and field underpinned the study. We watched and transcribed a YouTube video of what happens in a community mental health café. Data analysis was thematic and narrative analysis.

Exploring the narratives of the people who attend a community mental health café linked their past experiences with their experiences of attending a community mental health café (habitus) is essential to understand the meanings that people attach to their interactions in a community mental health café. This visual ethnography aligns with Bourdieu’s theory of practice, demonstrating how the field of a community mental health café shapes the habitus of attendees while enabling them to produce and reproduce their social capital through the exchange of support and collaborative practices.

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Richard Bates  
Department of History  
University of Nottingham

## “Florence Nightingale’s Reading Rooms: Transforming Community Health through Literature”

Florence Nightingale (1820-1910) took a holistic approach to healthcare. Though she is best known as a pioneer of the nursing profession, much of her writing and public lobbying work was concerned with improving the environments in which people lived and received medical treatment. As well as the physical environment embodied in hospital design, ventilation and sanitation, this also included what the Victorians referred to as the ‘moral’ environment.

This does not (only) mean that Nightingale discouraged alcoholism and sexual relations between nurses and patients, and encouraged soldiers to send remittances to their families. This paper looks at her attempts to widen access to art and literature among convalescent soldiers and in a broader community, examining Nightingale’s use and encouragement of reading as a contribution to health and healing. Nightingale herself, one of the best-educated women of the nineteenth-century, had a constant stream of literary, classical and biblical models in mind as she pursued her vocation. As an educational as well as a medical philanthropist, she sought to bring the benefits of reading to a broad public, and conceived of this as in synergy with her approach to healing.

The paper focuses on two case studies of Nightingale attempting to transform specific communities through the use of reading schemes. First, that of Scutari Hospital, where during the Crimean War Nightingale set up reading rooms for recovering soldiers, and declared books and writing paper to be among the most precious commodities in circulation. Second, Nightingale’s contribution to the creation of a reading room, for the quarrying community at Whatstandwell, a small town close to her ancestral home in Derbyshire. Nightingale set this up in the 1880s in collaboration with a local parish doctor, as a project with an explicit health-focused dimension.

The paper will primarily draw on evidence from Nightingale’s correspondence, supplemented by references to her wider writings and those of other contemporary figures. It will place Nightingale’s work both in the context of her holistic attitude to health, and in the wider context of Victorian attitudes to self-help, self-care, and personal dignity. Through personal and family connections, Nightingale was closely connected to numerous important politicians, philosophers, educationalists, and reformers. Studying these interventions thus contributes to an understanding of how enlightened ‘high-minded’ Victorians sought to improve the health of the working classes living around them.

For Nightingale, it was axiomatic that reading, education and intellectual stimulation were important to health, since they formed part of a healthy ‘moral’ environment that was essential to broader wellbeing, helping prevent patients from sliding into torpor, depression, and unwholesome temptations. This was part of the contemporary ethos of ‘self-help’: the idea that people wanted to ‘improve’ themselves and would do so if the means were provided.

The paper will end by asking to what extent modern medicalised conceptions of health have lost sight of the holistic dimension promoted by Nightingale - and what a contemporary equivalent of her reading rooms might look like.

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**Emily Beckman**

**Medical Humanities and Health Studies  
Indiana University School of Liberal Arts**

**Elizabeth Nelson**

**Medical Humanities and Health Studies  
Indiana University School of Liberal Arts**

**Modupe Labode**

**Indiana University School of Liberal Arts**

## **“Deinstitutionalization: Re-building the Public Memory”**

Central State Hospital (CSH), Indiana’s former flagship mental institution, occupies an important place in community memory in Indianapolis and Indiana more broadly. CSH closed in 1994 after a series of scandals regarding the neglect, abuse, and death of numerous patients. People often recall the hospital closure as a moment when patients were simply “turned out onto the streets.” While it is understandable that these are the images of CSH that have lasted, they do distort and simplify the complexity of CSH and the significance of its closure. Because community-based care has been constructed and evaluated in terms of what it replaced, promoting public understanding of the process of deinstitutionalization is crucial for assessing mental health care in Central Indiana today. An assessment of the outcomes of the closure of CSH by the Indiana Consortium for Mental Health Services Research was favourable. The goal of this paper is not to confirm or deny those conclusions, but to supplement that research using a narrative approach. Therefore, we analyse original documents and interviews, with a greater emphasis on the internal operations of CSH before it closed, a more critical approach to the aftermath, and attention to the public memory of CSH. By looking at all of these in tandem, we are able to offer a nuanced picture of the lived effects of mental health policies, programs, and reforms. Further, probing both historical records and participants’ memories of what happened, we seek to understand how public understandings – and misunderstandings – of this history have developed. This analysis will allow us to engage the public in discussions about the care of people with severe mental illness and disabilities and the legacy of deinstitutionalization in Central Indiana. Though ours is a local study, our research has the potential to inform broader conversations about and approaches to mental health policy nationwide. Moreover, our work will make important contributions to the history of psychiatry, medical humanities, and public history.

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**Angela Bowen-Potter**

**Department of History  
Purdue University, Indiana**

## **“Locating the Mother of Autism: A Reappraisal of the Origin Myth of the Cause of Autism”**

During the late 1940s to 1970s, predominantly male medical researchers jockeyed to name, define, and identify the etiology of Autism, grounded in conflicting discourses of psychoanalytic and biosocial models of mental illness. They searched for emotional causes for autistic children’s symptoms and identified the source as the most dominant person in their lives children’s early lives-- their mothers. Without effective treatment, physicians focused on prophylaxis and quarantine of the



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children. Since the days of Leo Kanner’s “refrigerator mother” to more research and public attention has focused on the quixotic research on vaccines, genetics and environmental toxins as possible alternative causes for the frightening disease. As a counterpoint to mother blaming, Leo Kenner and Hans Asperger have been lionized and vilified as the “Father’s” of Autism. The cultural and scientific debate pits the American Kenner’s advocacy as research, tarnished by the tortuous treatment of children in his facilities against the German Asperger, controversial for his connections with Nazi science.

What do we mean when we point to the “Father” of a given disease, field, or treatment? While the term may have fallen out of favour, the history of Autism suggests that the underlying values and principals linger. Society’s need to name the “Father” of Autism is inextricably linked to disease etiology.

The point of this paper is not to weigh into this contentious, high stakes debate but instead ask the question: Can we locate the “Mother” of Autism? We should. From toilet training to intelligence testing, both research and treatment have focused on the role of the mother. Yet her voice is silent. Researcher Marian DeMyer at Indiana University Institute for Psychiatric Research offers an important paradigm case for rethinking the origins of Autism. She was one of the first to include mothers in her research, training, and treatment. Her inpatient and outpatient clinics focused on improving maternal tasks associated with daily living issues, such as feeding and toilet training, as well as those that had profound impacts for the entire family, such as sleep dysregulation. This Applied Behavioural Analysis approach was ignored by many leading male psychiatrists, and then rediscovered in the 1980s to be accepted as the standard of care.

Her research and treatment came to blur the boundaries between the patient, expert, and mother. Her recasting of the medical model of custodial treatment strategies for individuals with cognitive disabilities fostered connections between schools, psychiatry and the nascent community mental movement--a negotiation of that continues to separate Autism from other psychiatric and developmental disorders.

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**Nicki Cassimatis**

**Teacher/Poetry Practitioner**

**VC Poetry: Poetic Care for the Soul and Co-founder, Createplace**

### **“Poetry as Self-Care Workshop”**

This highly interactive workshop is for those wishing to dip their toe into the cool waters of self-care via the poetic. Participants will explore the role of beauty and creativity within the ‘ordinary’ through playful curiosity, sensory reflection and the written word. The capacity for poetry to succinctly capture, distil and validate human experience makes it an invaluable tool for personal growth and development, transformation and healing.

Participants will share in the presenter’s own experience of writing poetry for well-being in order to understand the transformational power of the written word. The presenter’s poems and poetry art will be shared, followed by a discussion on the value of interpretation and the difference between literary criticism and personal poetry.

Participants will sample activities and be introduced to various techniques and approaches in order to cultivate the sensory and emotional power and value of personal poetry. Poetry will be discussed as a source of personal meaning, problem-solving and stress management, and follow-up references provided.

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Participants require no prior creative writing or poetry experience.

Learning Outcomes:

- An appreciation of how poetry can be used for self-care
- Creating 'space' for writing and poetry as a tool for self-care
- Drawing inspiration for writing through the everyday and ordinary in order to reclaim beauty, joy and peace
- Starting to write (or being motivated to start!)

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**Nicki Cassimatis**

**Teacher/Poetry Practitioner**

**VC Poetry: Poetic Care for the Soul and Co-founder, Createplace**

### **“Poetry: Weapon of Creativity, Self-Love, Transformation & Healing”**

‘Words’ and ‘voice’ are synonymous when it comes to empowering individuals and communities. Poetry has served this purpose throughout human history, encapsulating the essence of human experience, including human suffering, in the attempt to distil its shape, meaning and purpose and to imbue hope. It appears that poetry has gained a reputation within the broader community as ‘belonging’ to those with a degree of cultural literacy or operating within literary and academic circles. Poetry for reflection, resilience and healing, however, challenges these assumptions and brings poetry into the realm of the everyday and the ordinary person. In this sense, it is humble. It seeks to inject wonder; joy and comfort back into the familiar, turning ordinary into extraordinary.

In a society where most of the population has access to education, the reading and writing of poetry can become a joyous journey into and from the self. Poetry allows the human voice to be expressed but not judged; to be shared, but not betrayed; to be published for its own healing sake. With poetry for well-being, the rules as well as the healing are in the hands of the poet!

During this presentation, delegates will share in the presenter’s lived experience of personal transformation through the writing of poetry, her instinctive creative response to debilitating depression and anxiety. Essentially an ‘act of survival’, insights gleaned from her personal poetry journey will be woven into narrative, through selected poems from her three chapbooks, published under her pseudonym, and her poetry art.

The publications of various poetry therapy pioneers will be referenced to provide a hopeful vision of the breadth of potential for this creative medium, especially in light of the issues such as the alarming prevalence (and despair) within the global community, of depression and anxiety and within workplaces, of the impact of professional burnout.

She currently operates with three goals in mind. To help add to the growing body of qualitative evidence of the transformational power of the written word; to connect and collaborate with like-minded colleagues within the Australian context in order to help establish creative writing and especially poetry, locally, as ‘allies for well-being’, within health, educational and community settings; and to gently guide participants who take part in her multisensory poetry workshops into an exciting and hope-filled realm...that of writing for beauty, joy and peace.

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**Lyz Cooper**

**British Academy of Sound Therapy**

## **“Re-sounding Stories – Narrative Soundscapes for Personal Transformation”**

*“Music occupies more areas of our brain than language does, humans are a musical species” - Oliver Sacks (2007)*

The arts are increasingly used to help improve health and wellbeing and music is a great way of telling stories and reflecting the human condition. Sometimes words cannot express how we feel and at other times we may not want to go back over something that has happened to us – or may not want to share how we feel with others.

At The British Academy of Sound Therapy we have been working with therapeutic sound for 24 years and have developed a method that combines therapeutic sound and community music making with a reflective process that helps us look at our problems, anxieties and limiting beliefs in a different way. This change of focus can help to improve health and wellbeing.

This is an interactive and creative workshop. Participants will be invited to take part in a potentially transformative experiential process by exploring unhelpful stories and ‘trying on’ a new and more life-affirming way of being through the medium of sound, music and a reflective process similar to mindfulness. A certain number of instruments will be provided but if there are more participants than instruments we can be inventive with the voice, hands and body percussion.

### **References:**

Sacks, O (2007) *Musicophilia, Tales of Music and the Brain* p.224. Barnes and Noble

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**Guy Dargert**

**Honorary Fellow of University of Exeter Peninsula, College of Medicine**

## **“The Snake in the Clinic”**

The presentation will serve as a reminder that the statement “health humanities can change the world” is far from new. It is the very foundation of Western medicine dating from when healing was performed in the Asklepien healing sanctuaries of ancient Greece. This was a time when music, theatre, visual arts and prayer were granted equal status to rational approaches to medicine that were based on careful objective observation.

We will reflect on the belief that Asklepios, the god of medicine, had two sons. One of whom addressed “visible” illnesses while the other attended to those illnesses that were “invisible” in origin. Dreams, prayer, and the arts were a way of working with those energies that could not be objectively observed. We will consider the fact that the word “health” means to “make whole” and that the arts, prayer, and dream work are means of addressing this task. A stay in an Asklepien involved active engagement with the arts, spirituality, and with nature. This occurred in tandem with rational treatments and approaches to healing. The climax of a stay in the Asklepien would be a consultation with god himself by means of dream incubation in his temple. Patients or supplicants would be invited to sleep on a couch in the company of Asklepios’s temple snakes, his doctors, and priests in order to incubate a healing dream or ideally an outright cure. Bizarre though such practices may seem to many people today, they are still honoured by our medical profession in the form of its professional symbol of the rod and serpent and by our use of the word “clinic” which

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derives from the Greek word “kliné” meaning a “couch” and refers to the couch of the healing dream. These beliefs and practices did not stop at the end of the classical era. Instead they went underground and became incorporated into Christian and folk traditions; resurfacing more visibly in our own era. This development perhaps began at the time of Freud’s psychoanalysis when once again we saw the importance of the couch of the healing dream.

Based on a greater knowledge of our medical and healing traditions we can draw strength and confidence in approaches to health and healing that work with imagination, feeling, and emotion.

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**Ikechukwu Erojikwe**  
**Department of Theatre and Film Studies**  
**University of Nigeria**

**Vincent Nnamele**  
**Department of Theatre and Film Studies**  
**University of Nigeria**

**Ifunaya Chiwetalu**

**Richard Umezina**

## **“Dislocated Spaces and Negotiated Places of Film in Health Humanities”**

Nigeria is a country of about 180,000, 000 people and a great percentage of this population is believed to be ignorant or illiterate. Despite concerted efforts targeted at meaningful and sustainable development, including the concluded Millennium Development Goals (MDGs), and the Sustainable Development Goals (SDGs) now, ignorance and lack of adequate information are still major factors militating against effective and sustainable result in Nigeria. Also, Nigeria is still categorized under Low Middle Income Countries despite her richness in human and natural resources. In addition there are some cultural misrepresentations, which have undermined health related development and encouraged harmful myths and practices. Film has been identified as a powerful tool for communication and advocacy. The global trend towards the institution of a marriage between health and humanities validates to a large extent what PATH (Program for Appropriate Technology in Health) orchestrated with their film contest of 2013. Against this backdrop it is pertinent to observe the number of patronage the female condom finalist films have received since they were posted on ‘pathyoutubechannel’. The innovation of female condoms is an indication that efforts to address health issues and empower women are capable of achieving desirable results. Yet there are so many people who have not seen or heard of female condoms before. The developing and underdeveloped nations who need this information are often cut off from it due to lack of internet access/awareness and inefficiency of grassroots and gender empowerment strategies where they exist. This study therefore will look at dislocated spaces of individual due to lack of information and negotiated spaces that will enable wellbeing and good health. The position of health humanities gives the space and place to discuss, strategize, empower, sensitize, entertain, engage, sustain and challenge people, especially women, to embrace new technologies that will help in checkmating health challenges. This study looks at the oscillating nature of film in Health Humanities. The study will also look at the mental wellbeing of individual with regards to condom use and its cultural imprint in Nsukka, Nigeria. The theoretical framework adopted is perception theory. Female condoms are Preferable, Female Condoms are Peerless,

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Female Condoms are my Power, my Protection, my Pleasure and Female Condoms are for Everyone will be used as illustrative tools for this research.

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**Ikechukwu Erojikwe**  
**Department of Theatre and Film Studies**  
**University of Nigeria**

**Vincent Ujatuonu**  
**Department of Psychology**  
**University of Nigeria**

**Chidinma Nwankwo**  
**Department of Theatre and Film Studies**  
**University of Nigeria**

**“Different Shades of MENTAL ILLNESS in Ama Ata Aidoo’s Anowa and Emeka Nwabueze’s Spokesman for the Oracle”**

Good health and wellbeing has been a serious need of man from primordial days to the present age. It seems that mental health awareness is on the increase when placed against other major health concerns in Nigeria. Predominant cases of mental health in Nigeria ranges from schizophrenia, bipolar disorder, manic depressive disorder and others and this often left unabated. Most times these states are not properly diagnosed. One of the factors militating against this is superstition. Another factor is family members refusing to accept the mental state of their loved ones. It therefore creates diverse models. The situation of people with undiagnosed mental health disorders who co-exist in the community living seemingly normal lifestyle without clinical care. Another scenario is those people who are protected and locked up by their families due to fear of stigmatization. A third and most alarming one are those abandoned by their families to roam the streets. The position necessitated by cultural barriers and intrusions will also be examined. This study therefore seeks to take a close look at how literature has contributed to mental health awareness. Asides the plays, information and data will also be collected from the field through in-depth interviews and discussions. The choice of plays were deliberate because it will create gender balance in the study and also grant the opportunity for the researcher to carry out a health reading of the two plays. They Playwrights portrayal of health concerns in their works critically helps to raise a needed consciousness. Within the ambit of reader response theory and drama theory this study will attempt validate the need for creative writers to engage, stimulate, negotiate and investigate how to grow knowledge of health concerns through dramatic literature.

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**Lorna Fitzsimmons**  
**Professor of Humanities**  
**California State University**

**“Ecological Variables in Literary Representations of Posttraumatic Stress Disorder”**

The study of posttraumatic stress disorder (PTSD), also known as “battle fatigue” or “shell shock,” has received renewed attention in recent years due to the syndrome’s prevalence among war veterans as well as healthcare providers who have been exposed to combat. Considered a syndrome “with many faces” and multiple potential causes, PTSD has also been diagnosed in association with

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non-war-related traumas such as assault, catastrophe, rape, childbirth, heart attack, and child abuse. Symptoms may include sleep disturbance, hallucinations, and the onset of epilepsy, depression, intrusive memories, alcoholism, drug dependency, emotional numbing, and dementia. Recent genetic work has linked the onset of PTSD to the interaction between a genetic susceptibility and a traumatic event.

This presentation considers the pertinence of literary representations of war-induced PTSD to our understanding of the syndrome. Work in the field has demonstrated an extensive literary history of representations of war-induced traumas, reaching back to ancient epics, such as Gilgamesh. Focusing on the modern period, I shall discuss the fictional representation of PTSD in Virginia Woolf's novel *Mrs. Dalloway* (1925) in relation to Robert Graves's autobiographical representation of the syndrome in *Goodbye to All That* (1929). These two works provide complementary insights into PTSD in the context of World War I. Engaging an eco-critical approach, the presentation provides an analysis of ecological factors associated with invasive recall of traumatic events in these works. I shall suggest that Woolf's choice of the London setting, for her representation of PTSD, makes her novel particularly useful to healthcare providers, and patients, in its evocation of the syndrome's relation to urban ecological variables.

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**Jana Haragalova**

**Learning Producer**

**Historic Royal Palaces**

**Helen Scholar**

**“Sensory Palaces is a wellbeing programme for people living with early stage/‘mild’ dementia and their care partners”**

The programme focuses on creating heritage based learning and wellbeing opportunities for local people living with dementia and their care partners. It is a series of monthly workshops delivered at the Hampton Court Palace and Kew Palace. It engages groups of people with historic spaces and stories through sensory activities (e.g. music, dance, arts and crafts).

For example, a sensory tour of the William III's private apartments is followed by music making inspired by the baroque period or an exploration of the christening of Edward VI in the Tudor apartments leads to a promenade performance recreating the Tudor christening procession.

The programme is free and changes each month. It is open to one off and repeated participation.

Historic Royal Palaces has worked in partnership with dementia care organisations (Alzheimer's Society, Dementia Concern, local care homes) and also independently to engage local people living with dementia with the programme.

Since its development in 2013 the programme engaged over 800 participants in creative, participative workshops.

Our research into the wellbeing impact of the programme conducted in partnership with Salford University's Institute for dementia in 2017/18 indicates that participation in the programme leads to the building of social connections, encourages 'new learning' in the 'here and now' and creates active wellbeing experiences for the person living with dementia and their carer/supporter. This research conducted between May 2017-2018 employed multi-method approach to collecting the evidence of impact, including Dementia Care Mapping, wellbeing questionnaires, ethnographical observation and qualitative interviews with the participants of the programme.

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In 2017 we established the Dementia Friendly Heritage Network in order to encourage others in the heritage sector to become more proactive in becoming dementia friendly. We wanted the Sensory Palaces programme to reach wider audience and impact peer heritage organisations. The Dementia Friendly Heritage Network produced the ‘Rethinking Heritage Guide’, a resource written by those who are working to promote dementia-friendly practice in small, large, national and local heritage organisations.

The guide aims to help people working and volunteering at heritage sites to:

- Gain a better awareness and understanding of dementia
- Build a business case for dementia-friendly heritage practice
- Learn top tips through practical examples and case studies
- Feel inspired to make their site dementia-friendly

We believe that Sensory Palaces programme and other heritage based programmes for people living with dementia and their carers can offer non- medical community based engagement opportunities helping to address the secondary medical and social impact of the dementia diagnosis. These programmes can also be an effective way how to engage local communities with their built heritage in a deep and meaningful way strengthening the value of culture in the contemporary live of UK communities.

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**Susan Hogan**

**Institute of Mental Health, Nottingham**

### **“The Birth Project and Creative Practice as Mutual Recovery”**

The arts, including music, dance, theatre, visual arts and writing, are increasingly recognised as having the potential to support health and wellbeing. Health Humanities links health and social care disciplines with the arts and humanities. It encourages innovatory explorations of how the arts and humanities can inform and transform healthcare and wellbeing. Creative Practice as Mutual Recovery (CPMR) is a five-year Research Consortium with multiple partners, being funded by the Arts and Humanities Research Council. It aims to examine how creative practice in the arts and humanities can promote the kinds of connectedness and reciprocity that support ‘mutual recovery’ in terms of mental health and wellbeing.

A number of arts-based workshops enabled different groups of participants to engage in art making to explore their experience of birth (Hogan et al. 2015). Three of the workshops were filmed (the fourth was audio-recorded). Not all of the participants appear in the footage at their own request and it is important to note that editorial changes to the footage were made at the request of participants, following consultative screenings.

The filming by Sheffield Vision has been used as part of the research method and as a documentation of the research process. The aim of the filming is four-fold.

1. Firstly, as a method to record the research, which will be used to develop new thinking on contemporary birth experience and practice (it is research data).
2. Secondly, the footage is being edited to produce short films that address the research questions. These films are a research output.
3. Thirdly, the short films themselves will also function as teaching and training resources and will be made available for this.

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4. Lastly, a documentary film of the entire process has been made and shown to a public audience. This aims to highlight some of the issues raised throughout the process.

Different projects met together in ‘mutual recovery’ events in which perspectives were shared through sharing of the art work, film viewings and the staging of a verbatim theatre piece in which interview transcripts were enacted, giving additional viewpoints. A number of events were staged; first groups of mothers met together to speak about their art to each other. Then the mothers met with birthing professionals in a larger event. Each was able to speak about her artwork and to be heard. A conflict-resolution specialist acted as facilitator (though fortunately her expertise was not needed). Finally, the groups attended the theatre performance together, which captured the views of dads and obstetricians on the birthing experience as well as further stories from mothers. The sharing of perspectives was done via the sharing of the art works and discussion of the pieces.

The short films are rich with narrative sequences, which directly address the projects’ research questions. I would urge readers to view the films which are freely available online. This presentation will discuss the research methods and summarise and synthesise results to-date. The final documentary film may also be ready to present to this conference.

### References:

1. Hogan, S. 2015. Mothers Make Art: Using Participatory Art to Explore the Transition to Motherhood. *Journal of Applied Arts & Health* Vol. 6 (1) pp. 23-32. ISSN: 20402457.
2. Hogan, S., Baker, C., Cornish, S., McCloskey, P., Watts, L. 2015. Birth Shock: Exploring Pregnancy, Birth and the Transition to Motherhood Using Participatory Arts in Burton, N. (ed.) *Natal Signs: Representations of Pregnancy, Childbirth and Parenthood*. Canada: Demeter Press. Pp.272-269. ISBN: 978-1-926452-32-6.

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**Paula Jardim**

**Dance Practitioner**

### “Biodanza”

Biocentric Dance (aka Biodanza), started in Chile in the 1960s. Its roots go back to a psychiatric hospital in Santiago, where a psychologist named R. Toro discovered the power of music to trigger positive emotions, i.e. to uplift patients with depression, soothe those struggling with anxiety, and bring back to reality those who had slipped into psychosis.

Inspired by Dilthey’s *Erlebnis*, R. Toro insisted that Biodanza’s main tool is the ‘vivencia’, i.e. life-enhancing lived-experiences in the present moment covering the emotional, kinaesthetic, and organic functions. Biodanza is therefore a method for inducing health-promoting experiences through the power of music, dance, and human connection as formulated by Martin Buber. Like the philosopher Spinoza, R. Toro also believed that joy increases potency, hence the focus on using the power of music to induce positive affectivity.

Philosophy becomes therapy on the dance floor, where its concepts come alive and are directly understood through the felt-sense of the ‘vivencias’ experienced during the sessions. Dances of fluidity bring us the direct realization of Heraclitus teachings on change and flow, which we can then apply during periods of uncertainty and transition. Archetypal dances tap into the power of the collective unconscious and unleash the human potential inherited from our ancestors, helping us to navigate the adventure of life. Moving to music we rediscover the joy of living, get back to our senses, get creative, open our hearts, and find our place in the world. We let go of physical tension



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and feel reenergised. We find the courage to face our fears and see ourselves transformed in the process.

The psychologist who created Biodanza saw himself primarily as a poet. With poetry books published in Chile, Venezuela, Mexico, Italy, and Brazil, it is no wonder that he has found a way to include poetry in it. Although the main activity is guided dance-movement to music, on occasion's people might be invited to sing, write a poem, draw, paint, or make something out of clay. That said Biodanza has been called the 'Arts Magna' - not because it prioritises artistic self-expression but because it encourages us to view our own life as the greatest work of art.

I invite you to come along and discover for yourself the therapeutic power of the 'vivencia'. No dance experience is needed, just a little openness to try something new. Expect great music from around the world, some playfulness to break the ice, and an opportunity to give your brain a break and give your body a boost.

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**Paul Kadetz**

**Drew University & University College London**

**“Opening Doors: developing a health humanities paradigm from a medical humanities curriculum at an American university”**

Since the 1960s, the study of intersections between the science of health care and the academic disciplines grouped under the umbrella of “the humanities” has focused on the task of humanizing: physicians, biomedical education, and biomedicine in the United States. The medical humanities in the U.S. have established a home primarily in medical schools and hospitals. For nearly two decades, Drew University, a small liberal arts college in New Jersey, has delivered post-graduate programs in the medical humanities. However, Drew is not affiliated with a medical school and the medical humanities programs have enrolled few physicians. The majority of students enrolled in these programs have been nurses, allied health and “alternative” care practitioners, as well as lay care givers. Hence, focusing solely on humanizing medicine and physicians is unlikely to address the concerns and practises of the students enrolled in these programs. This presentation examines the case of Drew University, where a health humanities paradigm is currently being applied to a historically medical humanities curriculum and establishes why it is essential to engage in an ongoing critical examination of the assumptions embedded in medical humanities education.

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**Kimberly La Force**

**University of Columbia**

**“Using Narrative Medicine Methods to Influence Healthcare Policy Change in the nursing profession”**

*“Culture intersects with Narrative in complex ways. At times, cultural narratives may change long before policy catches up (Davidson, 17).”*

The purpose of this presentation is to perhaps rethink the ways in which we approach policy and social change at the personal, communal and national levels. I propose that the use of Narrative Medicine methods as developed by The Program in Narrative Medicine at Columbia University presents a unique and complex theoretical approach to introducing and sustaining narratives of change, leading to policy change in the field of nursing.

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*“Stories help people make sense of the facts by framing them within particular narratives about how the world works (Cook and Lewandowsky, 2012).”*

Narrative Medicine often uses a branch of philosophy called phenomenology to convey that experience at the personal level impacts the way events in the world bring meaning to each person – politicians and policy makers being no exception.

In Narrative Medicine, we learn through a combination of approaches i.e. close reading, co-constructing narratives, creative writing and responding to the writings of others that the intricacies involved in an individual’s understanding of a concept must first involve finding out more about what they have experienced, and how those experiences create meaning in their world. In the Principles and Practice of Narrative Medicine, philosopher Craig Irvine explains that *“the application of universal principles, without sufficient attention to the complexity and uniqueness of each particular situation – an attention that requires creativity and imagination – fosters a sense that clinicians and ethicists, are above the stories of the patients and families facing ethical quandaries (Charon, et al., 2017).”*

Healthcare policy is important in defining the way clinicians and clients interact. In recent years the profession of Nursing has changed dramatically because of a corresponding change in healthcare policy, specifically policies related to healthcare reimbursement.

The patient narrative note, once a staple of nursing practice reflected the importance of patient connection. Today the patient narrative has been replaced with a series of check mark questions on the electronic medical record, and this structure, although not intentional structured has undervalued the importance of the narrative.

Narrative Medicine is one of the first fields to recognize that the absence of the illness narratives directly correlates to a loss of person centred care. This has altered the clinical encounter (conversation between clinician and patient) thereby limiting the spaces allowed for story-telling to occur. If such spaces are not re-created in some way, we are in effect failing to connect with the ways the consumers of the healthcare system experience it.

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**Maurice Lipsedge**  
**University of Nottingham**

**Nielsen Fernandes**

**Rebecca McCutcheon**

**David Stedman**

**Adrian Scott**

**“Storytelling with Asylum Seekers”**

Several years ago, the management committee of a charity-based Drop-in Centre for Asylum Seekers in London, proposed to add Group Psychotherapy to their menu of activities. They commissioned Adrian Scott, a Group Analytic Therapist to supervise this new group together with myself.

A limited amount of individual counselling was already available at the Centre, which then had been established for about 15 years. The Centre provided a substantial lunch, food parcels, legal/housing advice, a crèche, mother-care classes, an NHS nurse, clothing and therapeutic gardening.

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I felt that conventional group psychotherapy would be unrealistic, partly because of the clients' generally limited knowledge of English (ranging from very little to a few with college level fluency) and also because of the lack of continuity of membership of the proposed group from week to week, with newly arrived Asylum Seekers attending for just one or two sessions, while others might have been coming to the Centre sporadically for a couple of years.

I proposed that a more practical model would be Story-Telling, using accessible texts in English. For the first couple of years we read 'Aesop's Fables' and these homilies would prompt members of the group to talk about their own experiences. The story telling sessions last for about one hour with on average roughly between half a dozen and a dozen members; clients often arrive late or leave early. The most common first languages were Farsi and Arabic and those who were more fluent in English would translate for the others when necessary. Francophone African Asylum Seekers could be assisted by the two facilitators. In general we often used mime, simple drawings or mobile phone pictures, and later we were greatly assisted by two theatre professionals, Rebecca McCutcheon and David Stedman.

Adrian Scott edited the Fables into accessible and simplified English versions. The Fables had an overarching moral message, which prompted comments, discussion and reminiscences among the group members. Many published editions of the Fables provide a brief paragraph with an explicit moral message. We found that it was more engaging to ask the group to offer their own moral. People from diverse cultural background recognised some of these stories from their own traditions, and this generated a sense of shared understanding among people from two distant continents and from several different countries. At times we would tell the group, what Aesop's own didactic message had been, and this would provoke a challenge or a personal narrative which was readily shared with the group. For example, in response to "Necessity is the Mother of Invention", a wheelchair bound refugee told us how people had helped to forward his wheel chair to a neighbouring country while he crossed the frontier along a smugglers track, across the mountains, tied across the back of a mule.

Discussion:

- How does a story telling group activity in English differ from an English language lesson?
- How do we choose the stories? Are there sensitive topics that we should avoid? Are we patronisingly over-protective?
- What are we trying to achieve?

We summarise our impressions of the positive benefits of this group Story-Telling activity in terms of breaking down cultural/social barriers for these vulnerable people.

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**Louella McCarthy**  
**School of Medicine**  
**University of Wollongong, NSW Australia**

**Kathryn Weston**  
**Medicine**  
**University of Wollongong, NSW Australia**

### **"A Country Practice"**

A conundrum often faced in establishing an academic department over multiple sites is how to develop meaningful connections with local communities. This was true for the University of

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Wollongong Medical School's distributed clinical teaching sites, which are located in 11 rural teaching hubs across the state. Covering such a vast region, making meaningful connections between these communities was also a challenge. These challenges are being met through the health humanities. Capitalising on a detailed understanding of the important role that local and community history plays in Australian rural townships, this project marries the health humanities, community-based medical education, the history of health care, and community engagement to develop a new and deeper understanding of the place of rural medicine in the history of Australia.

Rural health care has become a highly charged political issue in Australia where geographic distances can be huge and where the population is concentrated in urban centres. The focus of this attention is however almost invariably set in a 'deficit model': the 'mal-distribution' of health care providers, the lack of healthcare infrastructure, and the consequent higher rates of morbidity and mortality in rural communities. These are all true and regrettable, but we ask, is it helpful to address the question with this relentlessly negative perspective?

As part of the goal of expanding the humanities content in the curriculum we began by asking what the students knew of the history and culture of the rural communities they were to live and work in for 12 months. The answer was: not much. We looked then to the rural communities who host our students for those 12 months to ask, what do they know of their own medical history? The answer was: plenty! The clear need then was to devise a way to work with both these groups for their mutual benefit.

A participatory research project, this project works with community teams and medical students to identify; research and collect data. Once collected, the teams then evaluate the evidence, develop the narrative and produce the interpretation. The materials are then curated for an online museum. As a trans-disciplinary project the community teams are able to draw on the university team's diverse expertise in community history, public health, clinical sciences, medical sciences, the history of medicine, community engagement, museology, oral history, and information and educational technology.

The results of this project are as much about the process as the product. The project's tangible outcome is a virtual museum which brings together for the first time the diverse stories, objects and people representing the history of rural medicine in Australia. Less tangibly, but an equally important outcome, is that by enabling a state-wide virtual discussion about what is unique and what is shared about the experiences and practices of medicine in rural towns across the state, the project has embarked on a process of transforming our teaching, our relationships with these communities, and the relationships between these diverse communities.

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**Jonathan Memel**  
**School of Health Sciences**  
**University of Nottingham**

### **"Healthy Communities: Florence Nightingale's Home Visits in Derbyshire"**

Florence Nightingale's childhood and early life were characterized by regular movement between Derbyshire and Hampshire to visit her family's numerous friends and relations, most of who came from a similarly prosperous, liberal background. But for Nightingale this upper-class social life soon became predictable and restrictive. The poor villages adjacent to the family estate at Lea Hurst then provided her with a welcome contrast to what she described as the 'glassy surface' of her home life. By 'associating myself with a class not of my own', Nightingale gained the purpose of a social reformer and a perspective underlying her most influential campaigns and writings on health. The

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poverty and poor sanitation that she encountered provided her with an understanding of how health and wellbeing were intrinsically connected to the circumstances of daily life.

This paper argues that Nightingale's engagement with her surrounding community -- both in terms of her physical visits to the villages and in terms of her published writing addressed to the people living with them -- can serve as an example for breaking down barriers in public and community health today. Although Nightingale was drawing from the conventions and responsibilities of a nineteenth-century family estate, her visits inspired pioneering developments in district nursing. And, by addressing 'Artisans' and 'Labouring Classes' directly in her writing, she modelled new strategies for disseminating public health advice to an expanding population.

This paper draws on primary source material identified during the first phase of the AHRC-funded project 'Florence Nightingale Comes Home for 2020', which investigates how Nightingale's East Midland's-based friends, family and experiences contributed to the development of her attitudes and work.

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**Ndubuisi Nnanna**

**Department of Theatre and Film Studies**

**University of Nigeria**

## **"Drama Therapy, Bioethics, and Mental Health Development in Nigeria"**

The use of drama as an aid for the management of mental illness and the understanding of patients undergoing treatment and rehabilitation at mental institutions is universal and time-honoured. On the other hand, the field of health humanities is not popular in Nigeria. It is certainly not a formal disciplinary area in any university or other tertiary institutions, neither is it a usual module in any training structure for healthcare practitioners. Not many scholars in the country have paid much attention to health humanities as an interdisciplinary research area and the few that have shown interest have hardly received any institutional support. Over the years, many mental institutions in Nigeria have included drama therapy as approved means of providing much-needed entertainment and of gaining an insight into the core of the emotional and spiritual personality of patients. But the performances and consequent interactions do not seem to recognize the importance of bioethics in the health management process. This study investigates the contents of drama performances used for therapy in selected Neuro-Psychiatric Hospitals in Nigeria to determine the extent to which they factor in core bioethical values especially with regard to political abuse of psychiatry, quality of life, psychosurgery, reproductive rights, pain management, disability, and moral obligations. The justification of this study is that the inclusion of health humanities approaches in the use of drama therapy will strengthen moral attitudes towards patients and expand their capacity for making informed decisions, initiating or supporting engagements about their own rights and obligations, and thereby contributing to mental health development in Nigeria.

Rosie Perkins

Royal College of Music & Imperial College

Daisy Fancourt

Royal College of Music & Imperial College

### **“Singing for maternal wellbeing: The impact of community group singing programmes for women experiencing symptoms of postnatal depression”**

Maternal wellbeing is a growing concern, with postnatal depression (PND) anticipated to affect at up to 30% of mothers. While there are a range of current psychological and pathological treatment models, these are associated with significant challenges. Given that psychosocial factors such as stress and social support have been identified as predictors of PND, group psychosocial interventions could be of value. In particular, studies in other populations have demonstrated that creative practices such as community singing can have a range of mental health benefits, but little is known about how this might apply to the maternal health context.

134 women with symptoms of PND up to nine months post birth were randomised to one of three groups: usual care; usual care plus 10 weeks of group play workshops; or usual care plus 10 weeks of group singing workshops. This design allowed for separation of the singing itself from the more general effects of social engagement. The Edinburgh Postnatal Depression Scale (EPDS) and the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) were taken at baseline, week 6 and week 10. In addition, a subsample of the mothers (n=54) participated in focus groups at the end of the 10-week sessions which aimed to explore the mechanisms of effect of the workshops.

Two different cut-offs for PND apply using EPDS: 9/10 (minor) and 12/13 (moderate-severe). Across time, there were improvements in PND across all groups. However, when applying 9/10, there was a near-significant difference between groups, with the singing group showing a trend towards a faster reduction in symptoms of PND. When applying 12/13, this result became significant ( $p < .05$ ) with post-hoc tests showing faster improvements in the singing group, including a drop to below the clinical cut-off a month earlier than the usual care group. Interestingly, there were no significant differences between groups in SWEMWBS at either cut-off, with all groups showing similar improvements in wellbeing over the 10 weeks. Themes from the focus groups suggest that there were similar emotional, environmental, social and activity-specific mechanisms. However, in the singing group, there were additional emotional subthemes not found in the play group, including feelings of achievement for the mother, bonding with and calming the baby and immersion in the activity. These could hold the key to the changes found in the singing but not the play group.

This study suggests that 10-week programmes of group singing workshops could help reduce symptoms of PND amongst new mothers, especially amongst mothers experiencing moderate or severe PND. The positive emotional effects of music engagement appear to be crucial to these effects. Further work remains to be undertaken to replicate the findings with a larger sample size and to consider the viability of positive interventions based on singing in postnatal care.

Irene Pujol  
Guildhall School of Music and Drama  
London

### **“Group vocal improvisation in mental health settings by combining voice work and group improvisation”**

This paper addresses the affordances and challenges of making use of the voice in group music therapy in mental health settings. A discussion of some theoretical and clinical considerations will provide a picture of current practice implications as well as future possibilities.

Group improvisation is a standard music therapy technique in mental health settings (Bruscia, 1987; Wigram, 2004) and recent developments around attachment theory (Stern, 2010; Trevarthen, 2011) reinforce the importance of inter-subjectivity in the understanding and treatment of mental health conditions, which is central to group improvisation music therapy techniques. At the same time, there has been a significant increase in research on the therapeutic benefits of group singing in the last decade (Pujol, 2017). This interest has also been accompanied by a number of new theoretical frameworks for the use of voice in music therapy improvisation.

However, a systematic search of the literature (Pujol, 2017) shows that, despite these different threads of interest in the music therapy discipline, group vocal improvisation is not present as a music therapy technique and that, instead, vocal improvisation has been researched with individual clients but not in group formats. An interesting dichotomy emerges in the literature in regards to group music therapy: on one hand group singing is mostly associated with the use of pre-composed songs whilst on the other hand group improvisation is associated with the use of instruments.

The paper will conclude by looking at some clinical case examples to illustrate how the characteristic features of voice work, such as emphasis on embodiment (Koch and Fuchs, 2011), sense of identity and self (Warnock, 2011) and range of emotional communicability (Bodner and Gilboa, 2010) can be combined with group improvisation techniques in order to facilitate psychological insight and therapeutic change for individuals suffering from mental illness. Finally, a final reflection will look at the opportunities for combining production and reproduction music therapy techniques when using the voice in group work.

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**Aimie Purser**

**Lecturer in Sociology**

**University of Nottingham**

## **“On Moving: Introducing a Participatory Dance-Based Study of Migratory Experience”**

Migration has long been recognised as a potentially unsettling, life-altering and identity-altering experience, and qualitative studies of migratory experience have often struggled against the difficulty of putting diffuse or traumatic experiences into words (especially where the language of the host society is itself alien). Thus we currently lack a full holistic and humanistic understanding of the complexities of lived experiences of ‘displacement’, migration and trans-nationalism and of the need and potential for recovery in this context.

This paper introduces a research project called ‘Freedom of Movement: Women’s Experiences of Migration’, outlining how and why the project uses a collaborative participatory dance-based method to work with migrants (including refugees) and explore their experiences of (forced) migration through a Health Humanities framework.

The research project builds on emerging developments in embodied and sensory ethnography to explore the bodily and affective dimensions of migratory experience through an innovative participatory dance-based methodology. The use of dance responds to calls within the methodological literature to engage with embodied arts practices in search of methods that can open up sensory and affective dimensions of experience which cannot be (easily) put into words. A participatory dance-based approach further allows us to take seriously at the methodological level the idea of the body as the subject rather than merely the object of knowledge, and the idea that experiences of movement (migration) may find their fullest expression in movement (dance).

The paper draws out ideas about dance as (simultaneously) both a therapeutic and a research method for the Health Humanities, and reports on the researcher’s experience of ongoing fieldwork piloting this approach in the ‘Freedom of Movement’ project. It is argued that a Health Humanities framework which takes seriously the expressive/communicative potential and the life/health-enhancing and community-building benefits of the creative arts should be central to our attempts as a society to understand and improve the experiences of migrants and of communities shaped by migration in various ways.



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**Jana Rozehnalova**  
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**Jerome Carson**  
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**Ianis Matsoukas**  
School of Sports and Biomedical Sciences  
University of Bolton

## **“Using ‘Positive Humanities’ to Enhance Wellbeing of Future Mental Health Practitioners: A Novel Approach Incorporating Molecular Genetics”**

Positive psychology (PP) is relatively new but rapidly developing field of science which emphasises the study of positive experiences and positive individual traits, and the institutions that facilitate their development [1]. PP shares a number of aspects with health humanities and research evidence shows that these two fields can complement each other and have a unique potential to contribute to optimal functioning [2, 3].

Mental health of university students is an increasing concern worldwide, and research shows that particularly high rate of mental health disorders occurs among students who aim to become mental health practitioners themselves [4]. Positive psychological interventions (PPIs) applied within the Higher Education sector could help tackle the increasing incidence of depression and anxiety in university students. However, measuring effectiveness of such interventions remains a challenge, as most PP assessment methods rely on self-report measures which can be prone to social desirability and reference bias.

The aim of this research was to develop a PPI for university students of Psychology, Psychotherapy and Counselling, which could be used in educational settings to enhance student well-being and alleviate symptoms of depression and anxiety. Further aims were to validate the intervention through molecular genetics approaches using OXT gene expression as a model system, and identify potential molecular genetics pathways through which the PPI functions.

As part of the first author’s PhD research, a 6-week PPI was designed and delivered in two pilot studies to 48 students, and was further tested in a full trial with 20 students. The PPI combined experiential group work with online learning where each week was devoted to one PP theme. It was expected that by focusing on the positive aspects in life and engaging in intentional activities that promote flourishing, the intervention would result in improved well-being and decrease in symptoms of depression and anxiety. Furthermore, it was expected that the effectiveness of the PPI would occur on a molecular genetics level increasing OXT gene expression, particularly in those participants who carried genetic polymorphisms causing increased responsiveness to a PP stimuli.

As predicted, quantitative analyses of the pilot studies revealed significant increases in well-being and decreases in depression and anxiety. Randomised controlled trial revealed significant increases in well-being and decreases in anxiety in the intervention group compared to the control group. Preliminary results from the molecular genetics approaches using real time RT-PCR revealed significant increases in the OXT gene expression levels in response to the intervention suggesting that the PPI may be able to manipulate expression of some genes related to positive psychological functioning leading to increased well-being. Bioinformatics approaches revealed a number of gene-

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x-gene interactions elucidating potential novel molecular genetics pathways that may affect mental health.

The current study's findings suggest that the PPI can make an effective contribution to mental health and overall well-being of future mental health practitioners. Furthermore, it seems likely that the PPI affected well-being through unknown molecular genetics pathways, and thus, may present important implications for future treatment approaches of mental health disorders.

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**Tinu Ruparell**

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### “Imagining Health: Lessons from Wisdom Traditions”

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

Few, if any, of these tools have been utilized to their full capacity in the context of healthcare and healthcare education. For instance, the relatively recent interest in mindfulness training, while an example of an imaginative technology, has been hobbled by its instrumentalisation into merely a part of self-help pop psychology. In its proper Buddhist context, mindfulness is an aspect of self-forgetting, not self-monitoring. As such it is a powerful tool for building empathy and promoting ethical conduct. Other imaginative technologies include the Exercises of Ignatius Loyola, and aspects of Patanjali's Yoga and Chan/Zen meditation. All of these exercises are powerful instruments to train the imagination but, as Heidegger noted, they also have the capacity to ‘grab’ the user, thus effecting a transformation of the individual in a broader sense.

Failure to change often arises from a failure of imagination, and our immersion within economic, social, political and bureaucratic systems makes such failures too often the norm. Like fish we cannot imagine life outside the ‘water’ in which we live. One aspect of imaginative technologies is their

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ability to wake us from our dogmatic slumbers. Through careful application of these technologies in healthcare contexts we can bring to light structures which provide the inchoate scripts through which healthcare is delivered and received. This is the first stage in coming to see engagements between healthcare providers and patients in a new light. I will argue that the trained imagination resulting from these tried and true psychological, epistemic and moral technologies have to capacity to transform individuals, revise social structures, and re-describe our world.

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**Lynn Shaw**

### **“Dancing Along the Borderline”**

After a series of turbulent life events I was diagnosed with BPD in March 2015. Since then I have successfully received Mentalised Based Therapy at Cornhill Hospital in Aberdeen, through the NHS. As a dance artist and choreographer studying a Med in Learning and Teaching in Dance at the Royal Conservatoire in Glasgow, my interest lies in how dance as an art form can be used to raise awareness of BPD.

My most recent research has been dedicated to co-creating a collaborative short dance documentary “Borderline” produced by Robbie Fraser and directed by Lindsay Goodall. See Me Mental Health Organisation and Glasgow Film Theatre commissioned the short film to be screened as part of the Scottish Mental Health Arts and Film Festival 2016. Since then it has been selected to screen at Glasgow Short Film Festival (2017), Palm Springs Film Festival (2017), Newport Beach Film Festival (2018), Screendance Festival, Stockholm.

In March 2018 I presented my research and shared a screening of the film at the British and Irish Study of Personality Disorder in Cardiff.

The following questions will be highlighted for discussion:

- Can BPD be communicated and symbolized through the form of dance?
- Can sharing the experience of dance act as a positive awareness raising tool and benefit others with comparable issues?
- Working with others in therapeutic settings, how can the artist draw out narratives from others and act as the storyteller within a choreographic setting? Is there in value in their autobiography being translated within a theoretical context?

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**Christine St Clair**

**Medical Student**

**King’s College London**

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**Bilal Al-Ali, Juned Islam, Stephanie Lewis, Laura Leeves, Zoe-Athena Papalois, Ben Swain**

**Medical Students**

**King’s College London**

### **“How I want my doctor to see me: An artistic project with patients in General Practice”**

There is a tension between the sometimes harmful medical representation of patients as "cases" or statistics, and how patients see themselves and their interactions with the healthcare system. We

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developed an interactive art project to explore doctor-patient relationships and the dual responsibility of clinicians to be medically knowledgeable whilst maintaining a human approach and treating patients as individuals.

Second-year medical students at King's College London developed an interactive art project that was set up in the waiting room of Vassall Medical Centre in South London. The artwork was designed to be interesting, aesthetically pleasing, and clinically relevant to patients who chose to engage with it. The purpose of the piece was to show contrasting ways of representing patients and their symptoms, and then invite patients to share their thoughts on how they would like to be perceived by their doctor.

The first panel on the table was an outline of a human figure filled with public health statistics. This representation of the patient at the population level included examples such as: "one in four adults experience mental health difficulties" and "one in eleven children have asthma". When this panel was opened it revealed an A3 mirror with the title "How I want my doctor to see me..." The motivation for the mirror was so that patients could see their reflection and project their thoughts onto an image of themselves. Either side of the mirror were hand-drawn pictures relating to medicine. These drawings were surrounded by associated symptoms, conditions and treatments that may come to the minds of doctors and medical students when a patient comes into general practice. Examples of these drawings include a heart and a hand with a blood glucose monitor.

Over two afternoons the artwork was displayed on a table in the waiting room and 20 patients were invited by an attending medical student to engage with the project (13 wrote on the mirror). The motivation of the project was explained to each participant, signed consent was obtained, and the process was documented on video.

The project gave patients an outlet through which to express their thoughts and concerns. Responses included "After a long wait... please give me your full attention and don't make me feel like I'm a nuisance". Another wrote they would like the doctor to see them "as a person with feelings just like them". We hypothesise that this openness with us and our project (that they may feel uncomfortable saying to their doctor) is due to anonymity and our status as students who are easier to relate to than fully qualified doctors.

Through this creative outlet in the health humanities, our group of students has had extensive discussions about clinical practice and we have an increased awareness of the importance of seeing patients as people, not numbers, which will be carried forward as we continue our training.

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**Sandra Walker**

**University of Southampton & The Sanity Company**

### **"The Good Mental Health Cooperative: From Human Library to Triologue"**

The Good Mental Health Cooperative (GMHC) is a community of individuals, groups and social enterprises developing innovative approaches that promote....Good Mental Health! This talk introduces you to your conference host organisation by sharing some of our most successful projects. Community Action in action!

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**Samantha Walton**  
**Reader in Modern Literature**  
**Bath Spa University**

## **“Cultures of Nature and Wellbeing: Connecting Health and the Environment through Literature”**

While extensive research into environmental factors in wellbeing, illness and healing has been conducted in social, psychiatric and scientific fields, humanities scholars have frequently been sceptical about the common-sense assumption that nature is healing, or indeed that ‘nature’ can be used as an unproblematic term for defining the more-than-human world. Indeed, scholars in the fields of Environmental Philosophy and Environmental Humanities have challenged the ways in which both environmentalist discourse and psychological research frames ‘Nature’ as a passive ‘bright green’ aesthetic which can be instrumentalised for human benefit, irrespective of pressing and complex ecological issues including climate change, pollution and biodiversity loss. At the same time, economic and environmental efficiency drives in an era of austerity in the NHS have made decisions that concern the ‘value’ of nature increasingly fraught.

This paper explores and poses philosophical and cultural critiques of the nature-health relationship in dialogue with modern British and American nature-wellbeing discourse and policy, in particular the Five Ways to Wellbeing toolkit and the Green Paper for a Nature and Wellbeing Act (2015). It introduces the cultural heritage of contemporary nature-wellbeing discourse in Romantic and Transcendental poetry, and describes the rise of nascent green-care approaches in inter-war trauma therapy and war literature. These cultural and historical readings will help to pose the question at the heart of nature-wellbeing research: is a deep physical, social and emotional connection with healthy ecosystems and living nature essential to human wellbeing, or might simulated natural sounds and scenery improve patient recovery time and emotional wellbeing in equivalent levels to ‘real’ nature?

With this question in mind, in the latter half of the paper I will look to popular science accounts of nature-wellbeing relations, chiefly Richard Louv’s *Last Child in the Woods* (2005), and also the new sub-genre of eco-recovery memoir, including *The Outrun* (Amy Liptrot, 2015) and *Nature Cure* (Richard Mabey, 2005), addressing alcoholism and depression, respectively. In the early twentieth century, these new popular literary forms of nature writing emerged in the context of worsening environmental crisis, which writers linked (amongst other factors) to disconnection from first-hand experiences of nature. Through analysis of these works, the paper explores how health humanities-informed literary study may offer ways of extending and reformulating the characteristic construction of the nature-wellbeing relationship for the benefit of green care policy discourse and nascent green care legislation. What new and underrepresented perspectives can literature and creative writing offer on subjective and qualitative experiences of nature and wellbeing, and the relation between human and ecological health?

Alan S. Weber

Professor of English

Weill Cornell Medicine, Qatar

### **“Narrative Medicine in Middle East Community Health: Collecting Cancer Survivor Stories for Medical Student Education, Public Health, and Patient Closure”**

The objective was to measure student learning outcomes in a narrative medicine service learning project in which medical students collected and published cancer survivor stories in the State of Qatar.

Narrative medicine has been defined as an “intellectual and clinical discipline to fortify healthcare with the capacity to skilfully receive the accounts persons give of themselves—to recognize, absorb, interpret, and be moved to action by the stories of others” (Charon et al. 2017). Practical clinical applications of narrative training include: teaching students to construct more coherent patient narratives for more accurate diagnosis and referrals, identity formation (self-reflection), and to promote patient healing (closure / catharsis).

The research was a mixed-methods project. Twelve students wrote a cancer survivor story booklet based on patient interviews entitled *The Story of Hope* providing peer-to-peer cancer experience information which is distributed by the Qatar Cancer Society to patient support groups. A convenience sample of 7 medical students (4 male, 3 female) who wrote the booklet answered an online questionnaire, and 9 students sat for 20-minute semi-structured interviews.

Students contributed an average of 7.5 hours on the project with less than 1 hour previously spent with patients. This was the first cancer patient encounter for 80.0% of the students. 60.0% of students agreed and 20.0% strongly agreed that the experience changed their view of cancer patients. 80.0% of students strongly agreed, and 20.0% agreed that service learning should be incorporated into medical education. The following representative themes from free response questions and the interviews were identified (9 total themes identified) using NVivo 11.0 qualitative analysis software:

1. Learning about cancer in the Qatari community: “I learned that cancer is not [only] illness [but] also affects the community as a whole. That it commonly affects those who are taking care of others; the mothers, fathers, the grandparents, and care givers. I learned that even after surviving cancer there are still the remnants of distress caused by the disease whether that is psychological, social or financial.”
2. Contribution to the patient and society: “The patient told me that he wanted to share his story and he thought this booklet was a great idea because he wanted other people to realize that it isn't the end of the world if they're diagnosed with cancer.”
3. Attitudes to cancer in Qatar: “I understand that in [this] culture that there is a lot of stigma surrounding cancer and people are afraid to even mention the term – I think her family didn't really understand....at one point she had to remove her uterus, and they said, ‘what do you mean, how are you going to get married in the future?’”

The results suggest that both narrative medicine experiences and service learning may be valuable as electives in medical schools for students to contribute to the community and teach them about the patient perspective of disease, as well as socio-economic factors, family dynamics, and support systems in cancer treatment, and to establish trust and empathy with patients.

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## **“Participatory arts and social relationships for older people in care settings”**

Loneliness and social isolation are known to have a negative impact on wellbeing and quality of life. Despite the proximity of others, older people living in care settings often experience loneliness and social isolation. Arts and cultural activities represent one potential approach to addressing these issues by nurturing social relationships. The impact of arts and culture on well-being is widely acknowledged, however the specific impact on social relationships as a mechanism for building community has received little attention. Some research has found that participatory arts with older people can enhance both immediate relationships and societal relationships. However, further research to illuminate how the arts can enhance relationships is needed.

This research explores the role of participatory arts in developing and maintaining social relationships between older people, older people and care staff, and care settings and the wider community; in order to address issues of loneliness and social isolation.

‘Creative Journeys’ is an initiative led by a local county council’s cultural development team and provides opportunities for older people living in residential care homes to participate in arts and cultural activities. In partnership with a university and an independent older person’s research group, ‘Creative Journeys’ is being researched with funding from the Arts Council England Research Grants Programme 2016-2018. The research aims to generate evidence for the impact as well as the mechanisms through which participatory arts activities can be a creative way of helping to form deeper relationships between residents and between residents and staff working in the home, and to break down boundaries between those living in care homes and the wider community.

Stage one of the research comprised case studies using mixed methods, which were conducted in three care homes in the council region. Participatory arts were delivered in these care homes by three arts organisations (delivering reminiscence arts, seated dance, and orchestral music participation) and the research explored the impact on the social relationships of residents, staff, relatives, and the wider community. Stage two involved a mapping review of all care homes in the region to provide a broader sense of the impact of participatory arts across varied care settings. Preliminary findings from both stages of the research will be presented.

Initial research findings indicate the positive impacts arts activities have had on the relationships in care homes, particularly as an opportunity for shared experiences that facilitate interactions and bonding. The mechanisms through which these impacts occurred included the way in which the

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activities were delivered, but there was also a quality to the arts that was powerful in bringing the residents, staff and relatives together. The arts focused on the creative process and the strengths of residents in their existing creativity, which helped them to become more confident, validated and empowered to express themselves and their emotions.

Our research findings add to the sparse literature demonstrating the impact of participatory arts activities on building community for older people in care settings, thereby addressing loneliness and social isolation.

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**Sylvia Wylder**

**Cultural Studies and Art Therapy**

**University of Derby**

### **“The Constructed Cultural Self”**

This paper investigates the house as a metaphor for the human body. My PhD explores this symbolic representation in both artistic and architectural domains across cultures and various socio-cultural backgrounds. In this paper I suggest that culture-specific architectural forms (e.g. windows or walls) can point to ways in which the cultural self is constructed and reflected, and how it is materialised. One could consider it as an element of 'creative ways of breaking down boundaries between cultures' (International Health Humanities, 2018) as I attempt to raise culture-specific awareness in terms of how the human self is visually, and verbally, expressed through house-related cultural phenomena.

My methodology is mostly grounded in qualitative approaches, although there are some quantitative elements (psychometric tests). Fieldwork procedures consist of art therapy focus groups, elicitation workshops in clinical, but also within university settings. Registered and transcribed semi-structured interview questionnaires carried out with members of the three groups (patients, artists and architects) provide rich material alongside with their art-works, narratives and publicised documentation based on a literature review.

In this paper I wish to draw on e.g. Kühnen's notions of self and culture as he writes that 'individuals' understanding of their ego, or self, play a central role in the emergence of cultural differences in thinking'. According to him, 'culture influences our understanding of ourselves, and the mental representation of oneself has important consequences' (1991, p190). Kühnen further refers to Markus and Kitayama's (1991) concept of 'independency' and 'interdependency'. My research explores these concepts in both Eastern and Western architecture.

In this presentation, the topic of the house is addressed through several periods of art therapy fieldwork, as well as by looking into architecture within several cultures.

Architectural elements can help exemplify 'interdependency' and 'independency':

Kim (2017) states that 'sliding doors made it possible not only to blur the boundaries of the Japanese house, but also to flexibly divide and combine interior spaces' (p219). Seen in this light, the 'blurred boundaries' and 'flexibility' of 'interior spaces' could thus symbolically stand in for the 'interdependency'; or interconnectedness of the Japanese self-amongst individuals.

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## **“Effects of Contact Improvisation Training on University of Malta Students”**

The objective is to assess students’ emotional and physical attitudes, behaviours, and responses to an eight- week course ‘Introduction to Contact Improvisation’ at the University of Malta. This study aims to offer further evidence to support the case for contact improvisation as a unique and valuable training contribution to the Health Humanities.

Contact improvisation (CI), a somatic movement form which is based on explorations of touch, sensation, and weight in improvised partnering situations, has shown to have numerous positive effects on practitioners, but to date; few controlled studies have presented data to substantiate practitioner experiences.

Posters were displayed on the University of Malta campus advertising the eight- week course eligible to students at the university. The course was accepted as an official ‘Degree Plus’ course whereby certificates were received on completion alongside their official degree. Eight sessions were run over eight weeks, once for, two hours per week. Pre- and post-course questionnaires were completed by students, which featured opportunities for quantitative and qualitative responses. Time was allocated after each session for written and verbal feedback throughout the course

Nineteen students were initially recruited with six drop outs. Most of the remaining students attended all sessions. Most of the cohort included nursing students of Maltese nationality, with no experience of contact improvisation. Pre-course questionnaires revealed that most students partook in low-moderate amounts of exercise and scored low in terms of awareness to themselves and others with a general low level of comfort to improvised movement. Most of the pre-course answers and comments included undetermined expectations of the outcomes. The post-course answers revealed that participants experienced meaningful discoveries about themselves and their perceptions, and an enhanced sense of well-being from CI training. Most agreed that the course complements their studies.

Most students had a surprising transformation during the course and agreed that practising contact improvisation is beneficial to them and would recommend it to others. The future in this research is to assess the outcomes of introducing contact improvisation to healthcare workers within the NHS.

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