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“Health Humanities: Building the Future of Research and Teaching” - a Conference Report

2014-04-24 07:12:20

By Jillian Linster

On April 4-5, 2014, the [Obermann Center for Advanced Studies](#) at the University of Iowa hosted a working symposium intended to assess, analyze, and generate action in the field of health humanities. The two-day event was an overwhelming success, exceeding the expectations of presenters and participants alike as an illuminating, productive, and inspiring conference.

Day one began with welcome addresses from [Theresa Mangum](#), Director of the Obermann Center, and [Sue Curry](#), Dean of the College of Public Health at the University of Iowa. Mangum emphasized the nature of the symposium as a working session, anticipated to spark the beginning of much more to come. Curry provided an overview of various interdepartmental health humanities projects underway across the UIowa campus and expressed her excitement at the way the symposium had brought together groups not normally found in the same room in order to “mobilize resources and new ideas to enhance the quality of life” on campus and across the world.

The day’s first session was introduced by [Andrea Charise](#), Postdoctoral Fellow-in-Residence at the Obermann Center and the symposium’s organizer. Speakers [Therese \(Tess\) Jones](#) and [Paul Crawford](#) addressed the question “What is the Health Humanities?” Jones, Director of the Arts and Humanities in Health Care program at the University of Colorado Denver and Editor-in-Chief of the *Journal of Medical Humanities*, began by providing background on the origins of the field in her talk, “Oh, the humanit(ies)!: Dissent, Danger, Democracy.” She tracked the “fault lines” of humanistic and scientific thinking from early efforts to define the “medical humanities” in the 1970s and ’80s through development and dissent to distinct aesthetic, ethical, and empathetic approaches. Jones promoted the “expansion and accessibility” of the field both within local community settings and in regard to global health concerns; she also emphasized the importance of the recent terminological shift from “medical humanities” to “health humanities.” This assertion was further supported by Crawford’s talk, “Compassionate Humanities: Defining and Applying Health Humanities,” in which he strongly advocated for health humanities as “the evolution of medical humanities” into “a more

inclusive, outward-facing and applied discipline.”

Crawford, Professor of Health Humanities at the University of Nottingham’s School of Health Sciences and Director of the Institute of Mental Health’s Centre for Social Futures, sees a pressing need to spread the application of health humanities beyond the “experts” to incorporate, in a more democratic model, the diverse group of informal caregivers functioning outside the institution (through avenues such as the [International Health Humanities Network](#), for example). Citing multiple studies, Crawford identified several problems endemic to current healthcare systems in both the US and the UK, such as a “production line” mentality, process-centered interactions, the “threat cultures” created by compassion fatigue and cold clinics, and the lack of kindness in hospital caregiving. He also observed that such problems are often exacerbated by media representations that depict healthcare workers in negative, stereotypical ways. Crawford promoted a “compassionate design” that would transform the whole system by changing the “3 P’s”—places, processes, and people—through “creative practical solutions.”

The broad scope of the first session was nicely balanced by the following panel, “Mind and Body: Arts, Humanities, and Health Initiatives at the University of Iowa,” which featured presentations of specific projects underway in and between various departments on the Ulowa campus. These provided helpful models for discussion of the health humanities in action as well as examples of ways to implement the types of practices advocated by the earlier speakers. Introduced by [Christopher Merrill](#), Director of the International Writing Program at Ulowa, the panelists included [Jason Lewis](#), Director of the Writing and Humanities Program, Carver College of Medicine, University of Iowa; [Chuck Swanson](#), Executive Director of the University of Iowa’s Hancher Auditorium; and [Amy Richard](#), an MFA student at the University of Iowa Center for the Book.

Lewis began the presentations by talking about the “Personal-Professional Compass,” an elective program he recently co-founded (with Dr. [Lauris Kaldjian](#)) for medical students in the Carver College of Medicine at Ulowa. This program complements the humanities distinction track at the Ulowa med school and intends to “help medical students understand, articulate, and integrate their personal and professional values and goals as they navigate their way through the four years of medical school.” Medical students who choose to participate complete regular reflective writing assignments and meet with peers and mentors to discuss the humanistic practice of medicine. The ultimate outcome is not only enhanced personal-profession integration but also the production of an enriched personal statement, a document every med school student must create for residency applications. Lewis explained

that the underlying values driving this program include the belief that “a balanced doctor equals a better doctor” and “the humanities are a weapon in the fight for better healthcare.”

Swanson delivered the next presentation, titled “Hancher Auditorium Healthcare Projects: Bringing Health & Illness to the Stage.” Although Hancher has conducted a plethora of collaborations with the Ulowa Hospital, Swanson focused on three specific projects in which the time and energy was invested to measure outcomes. These included “Eye Piece” with Rinde Eckart, who completed six separate week-long residencies at the university during which he interviewed patients, doctors, and medical students. Then, working with Ed Stone at the Center for Macular Degeneration and a cast of 15 graduate and undergraduate students in the Ulowa theatre arts department, Eckart crafted a performance piece through which he hoped to “create more compassion in doctors dealing with vision loss in both patients and their families.” Eckart also held workshops for medical staff and theatre students, and the measured outcomes reported an overall feeling of success in bringing arts and sciences together through this project. Swanson similarly reported on “Journey Across Iowa” in which partners Robert and Rebecca Bluestone toured five Iowa communities in three weeks performing their program “Woven Harmony” for hospital workers and patients. Rebecca is a cancer survivor and weaver, and Robert, who recently passed away, was a classical musician; their joint work focused on the relationship between creativity and healing. Finally, Swanson described “The Broken Chord,” a work commissioned by Hancher from Working Group Theatre on caregivers for dementia and Alzheimer’s patients. The work began with a year of research for Hancher and the theatre company, involved significant community engagement with a wide variety of local partners, and culminated in the premier of a new play written by Jennifer Fawcett of Working Group Theatre and opened at Hancher Auditorium in April 2013. Swanson explained that all of these projects produced positive relationships for Hancher, which have been actively maintained as the venue continually works to serve both its audience and the medical community.

Finally, Richard, with the assistance of Mary Patton, presented a working demonstration of “Hand Papermaking: A Dynamic Tool for the Healing Arts Community.” Richard explained the way that clothing can be cut into rags and processed for making paper, a technique that she has been involved in putting to therapeutic use in several ways. These include military veterans turning their uniforms into paper as part of the [Peace Paper Project](#) and patients suffering from eating disorders using their too-small clothing to create paper that is in turn sewn into symbolic healthy-sized garments. As Patton demonstrated the steps of the basic process of transforming clothing into paper, Richard perceptively

evaluated why handmade paper is so effective in this role. She explained the inherently therapeutic properties of the practice, which involves not only the physical body as it participates in the necessary motions but also the emotional engagement of self-expression and personal investment. Hand papermaking simultaneously engages the mind, placing the papermaker “in the moment” while it also necessitates risk taking, resulting in a product with easily recognizable meaning and value. It also involves a spiritual element through the support of a community, its cultural accessibility, its ability to empower, and the joy and anticipation it produces. Richard described the significance of clothing as a “key ingredient” in this process, because of the many things various items of clothing can represent: pride, personal identity, protection, social status, performance, ritual, memories (of people or experiences), and more. The presentation sparked a lively discussion about the possibilities and potential of this therapeutic practice.

After lunch, day one continued with a session on “Health Humanities in Action: Narrative Medicine.” The talk, titled “Narrative Medicine: Close Reading and Writing and Relatedness” was given by [Maura Spiegel](#), Associate Professor of English at Columbia University and founding member of the Program in Narrative Medicine at Columbia College of Physicians and Surgeons. Spiegel demonstrated a narrative medicine technique she uses frequently with med school (and other) students by performing the lesson with the symposium attendees. She first handed out photocopies of a brief passage from the 1992 novel *The English Patient* by Michael Ondaatje. After a volunteer read the passage aloud, the entire group read the passage again to themselves, marking whatever they found significant about the text. The group then engaged in a brief discussion of their thoughts and feelings about the passage, which was followed by a prompt from Spiegel to each “write about a scene of care” (which was the type of scene the passage from the novel represented). The participants then, on a volunteer basis, read their scenes aloud and responded to one another. Spiegel concluded by explaining that she has had good luck with this sort of work. While it can be difficult to get the discussion started, pushing students into the text by pointing at small things usually moves the conversation along. Spiegel has found that if you continue this kind of practice with a group of people over time, “amazing things can happen.” If asked to write first, students tend to fall back on rote, already-known things, but by reading first they are moved to something that is often surprising even to them.

The final session of the day, “Building Zones of Discussion,” involved a talk on “Graphic Medicine in the Health Humanities” from [Susan Merrill Squier](#), Julia Gregg Brill Professor of Women’s Studies and English at Pennsylvania State University and co-editor of the Graphic Medicine book series (Pennsylvania State UP). Squier helpfully defined graphic medicine

as an “ecotone,” or a “zone where two habitats merge,” in the words of ecologist Aldo Leopold. She explained that “comics” is a medium, not a genre, and that “graphic medicine” represents the interaction between the medium of comics and the discourse of health care. Because comics has a distinctive lexicon that is written both in and on the body, its representational images are universal and trans-cultural. Squier supplied an abundance of instructive examples from the canon of graphic medicine with which she is familiar and described the graduate seminar she teaches on comics, clearly demonstrating the value of this medium to the field of health humanities.

Day two of the symposium opened with a fourth session, “Curricular Initiatives and Communities of Practice.” [Anna Willieme](#), visual artist and Creator-Director of ArtMed inSight, presented a talk titled “ArtMed inSight: Using Art to Improve Observation for Enhanced Visual Diagnostic and Communication Skills” that nicely complemented Spiegel’s narrative medicine presentation from the previous day. The workshops and programs Willieme has developed use art “to strengthen observation and self-awareness in order to enhance visual diagnostic and communication skills” for medical professionals still in training and those at work in the field. Willieme explained that observation is a critical factor in accurate diagnosis and cited a study showing that “medical students’ observational skills increased after taking an art observation class.” The ArtMed program aims to deepen observation, heighten attention, and increase emotional awareness through the use of perceptual insight “to support metacognition while developing greater awareness of perceptual traps.” As Spiegel did with her narrative medicine demonstration, Willieme walked the symposium audience through an interactive discussion of several works of art that revealed the power of looking closely, articulating what you see, letting go of preconceived expectations, and recognizing one’s own level of self-awareness. Willieme anticipates creating further inter-professional art sessions with patients and caregivers, exploring creative art projects linking patients and physicians, and developing additional hands-on creative art projects supporting diagnostic and communication skills.

This stimulating session was followed by an agenda lunch, introduced by [Dan Reed](#), Vice President for Research and Economic Development at the University of Iowa. At the luncheon, each table was provided with a moderator who took notes and guided discussion on ideas for potential creative collaborations in the health humanities (in research, public engagement, teaching, etc.). Each table then produced a list of three action steps for furthering cross-disciplinary health humanities collaborations. These lists were ultimately compiled in a single file that could be [shared online](#).

The symposium's final session, "Pedagogy and Program Building," focused on yet another aspect of teaching, with "Rethinking Our Charge: Health Humanities for Undergraduates," a talk presented by [Erin G. Lamb](#), Assistant Professor of Biomedical Humanities and Director of the Center for Literature and Medicine at Hiram College. Lamb stated that "health humanities have essential work to do before students enter post-baccalaureate work," explaining that students are more receptive to being taught about subjects such as altruism and compassion while they are still forming their ideas about those topics, something that almost always happens before medical school. However, the students in Lamb's program are not all preparing for careers in health professions; all students can find value in the coursework as guaranteed participants in the healthcare system at some point in their lives. Lamb advocates for undergraduate health humanities programs that aim "to prepare students to be critical, discerning, humane participants in the future delivery of healthcare, whether they are receiving this care, providing it, shaping policy around it, or engaging with it in some other capacity," whether the program is a major, a minor, a concentration, or a certificate. Lamb explained the specific goals for the medical humanities majors at her own institution, Hiram College, as one case study of such a program. Ending with an astute summation of the challenges for assessment, Lamb concluded that we must look beyond students' work as the only possible metric to include other aspects such as the number of students attracted to the program, the number of students accepted out of the program to professional school, and anecdotal evidence.

After a short break, the symposium concluded with a roundtable discussion including all six keynote speakers (Jones, Crawford, Spiegel, Squier, Willieme, and Lamb). First, the speakers were given the opportunity to provide a one-sentence answer to the question, "What is the future of health humanities?"; their responses follow in the order they were provided:

Squier – To get students and faculty in the humanities to recognize that health is something that everyone should be concerned with.

Spiegel – Both studies and experience show that healthcare providers and patients are not currently particularly satisfied with the healthcare environment as we know it, and the future of healthcare humanities is in completing that work.

Willieme – Three words: "Broad" (field is stretching out), "Experiential" (ways in which we can engage: hands-on, creative), "And" (invite softening of what is polarized)

Jones – Expansiveness and inclusiveness: This conference has reinforced

my optimism around those two words, from moving from “medical” to “health” humanities, to broader implementation of curricula, to a more mindful and creative way to think about how we use the arts.

Lamb – The value of undergraduate health humanities: Health humanities is for everyone!

Crawford – Two points: 1) We hear a lot about compassion in health care, and some people are nauseated by that term; I think health humanities is a great opportunity for practical compassion, for ourselves and those that we care for. I’d like to see courses, trainings more geared toward practical compassion, ways of acting in the world. 2) It’s a call to the University of Iowa and all universities to stop being anti-intellectual in the way that they structure their knowledge formations between different camps and thus raise barriers to inter-disciplinary work.

This was followed by an extended Q&A session engaging all of the keynotes as well as many audience members. A video of this entire discussion, along with other symposium resources, can be found on the [Obermann Center’s website](#).

[Jillian Linster](#) is a doctoral candidate in English literature at the University of Iowa. Her Master’s research employed attachment theory as a way of reading literary texts; her dissertation work combines the fields of book history, literary analysis, and the history of medicine to explore the complex relationship between physical human bodies and the bodies of printed texts in early modern England. Research interests include the history of physician-patient relationships and the intersections of medicine and art.

AMA citation

Linster J. “Health Humanities: Building the Future of Research and Teaching” - a Conference Report. *Somatosphere*. 2014. Available at: <http://somatosphere.net/?p=7826>. Accessed April 24, 2014.

APA citation

Linster, Jillian. (2014). “*Health Humanities: Building the Future of Research and Teaching*” - a Conference Report. Retrieved April 24, 2014, from Somatosphere Web site: <http://somatosphere.net/?p=7826>

Chicago citation

Linster, Jillian. 2014. “Health Humanities: Building the Future of Research and Teaching” - a Conference Report. Somatosphere.

<http://somatosphere.net/?p=7826> (accessed April 24, 2014).

Harvard citation

Linster, J 2014, "*Health Humanities: Building the Future of Research and Teaching*" - a Conference Report, Somatosphere. Retrieved April 24, 2014, from <<http://somatosphere.net/?p=7826>>

MLA citation

Linster, Jillian. "'Health Humanities: Building the Future of Research and Teaching' - a Conference Report." 24 Apr. 2014. Somatosphere. Accessed 24 Apr. 2014.<<http://somatosphere.net/?p=7826>>