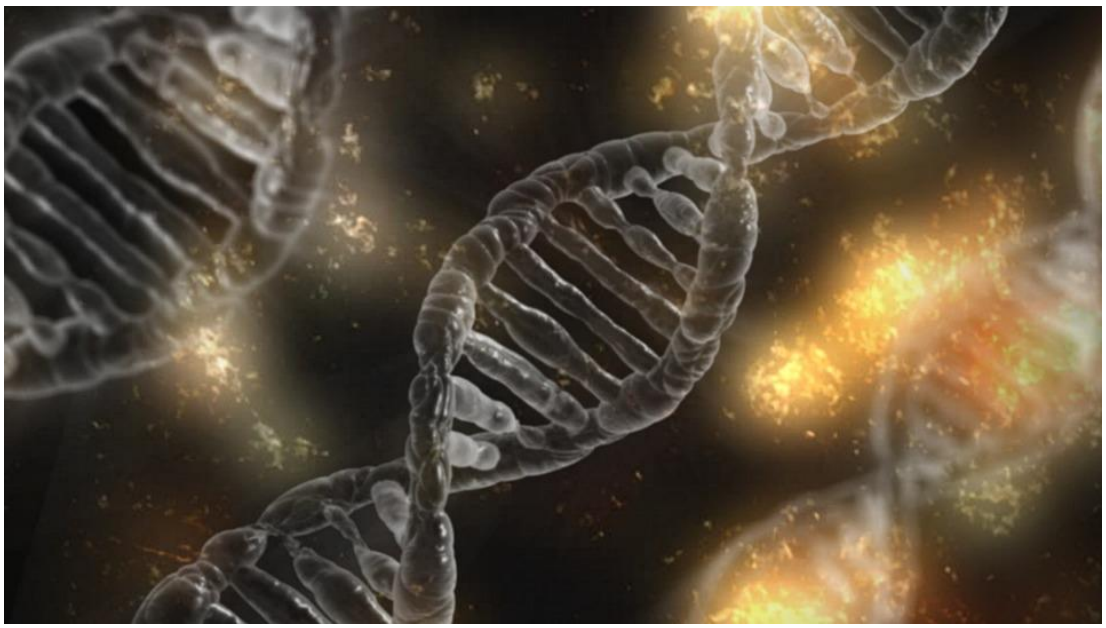

International Conference on Medical Humanities

14-15 March 2026
Birkbeck, University of London / Online

Programme & Abstracts

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Prof. Avv. Gianluca Sardi

Programme

Saturday, 14 March

(In-person Sessions, Birkbeck)

9:40-10:30 Session 1A (Room G14): Metaphors, Modernity and Meanings of Illness

Chair: Florian Lützelberger

Andrew Dickinson, Barts and the London School of Medicine and Dentistry (UK)

Illness and Metaphor, Metaphor and Illness

Elena Nistor, London Centre for Interdisciplinary Research (UK)

'An Island of Strangers': on Illness, Care, and the Theoretical Undoing of Nationalist Isolation

9:40-10:30 Session 1B (Room G13): Art, Memory and Institutional Critiques of Medicine

Chair: Chunxi Liu

Megan Voeller, Thomas Jefferson University (USA)

Diagnosing Medicine: Health Justice in Contemporary Artists' Institutional Critique

Sofia Bourantoni, University of Cambridge (UK)

Rethinking the Role of Monuments in Medical Humanities Research

10:30-10:50 Tea / Coffee

10:50-12:20 Session 2A (Room G14): Gendered Bodies, Reproduction and Narrative Resistance

Chair: Franziska Gygax

Franziska Gygax, University of Basel (Switzerland)

Gender Differences in End-of-Life Narratives

Orlagh Woods, Vilnius University (Lithuania)

"The one that matters": Reproductive Loss, Silence and Narrative Resistance in Emilie Pine's Notes to Self (2018)

Florian Lützelberger, University of Oxford (UK) / University of Bamberg (Germany)

Fragmented Bodies, Relational Voices: Autofiction and the Politics of Abortion and Reproductive Loss in Contemporary European Women's Writing

Anne-Bénédicte Damon (France)

To Eat or Not to Eat – Anorexia Nervosa in Children and YA Literature

10:50-12:20 Session 2B (Room G13): Medical Ethics, Authority and Clinical Practice
Chair: Jay Sinclair

Gianluca Sardi, LCIR (UK) /University of Teramo (Italy)
Medical Malpractice. The Challenges of the Latest Reforms in the Italian Scenario

Chunxi Liu, Johns Hopkins University (USA)
The Method-Function of Medicine: Epistemic Gatekeeping in Clinical Discourse

Chad Emerson Childers, Indiana University (USA)
Can Narrative Save The Advance Directive?

Vivienne Nguyen, Eilidh Mulhern, Yvonne Moulds, Euan McKenzie, Amy Cater, Linda Bell, NHS Ayrshire and Arran / University of Glasgow (UK)
Creative Reflection: Teamwork Within Emergency Medicine

12:20-13:00 Lunch

13:00-14:15 Session 3A (Room G14): Artistic Bodies: Poetry, Performance and Anatomical Knowledge
Chair: Aadi Shri Gupta

Mila Daskalova, University of Glasgow (UK)
Poetic Therapeutics in the Nineteenth-Century Treatment of Mental Illness

Bronwen McVeigh, Northeastern University (USA)
Music and Madness in Pre-Risorgimento Italy: Innocent and Guilty Bodies in Romani and Donizetti's *Anna Bolena* (1830)

Tabby Carless-Frost, Brunel Univeristy (UK)
A Body of Work: Dissecting Anatomical Histories and Re-membering Anna Morandi Manzolini

13:00-13:50 Session 3B (Room G13): Digital Health, Technology and Embodied Identity
Chair: Joana Almeida

Māra Grīnfelde, Riga Stradiņš University (Latvia)
Digital Care: Embodied Perspective on Baby-Tracking and Monitoring Technologies

Merrie Woodcock, University of Sheffield and Queen Mary's University London (UK)
Neoliberalism, Absurdism and Autonomy: Challenging Modern Perceptions of Bodily Control through the Work of Daniil Kharms

14:00-14:30 Tea / Coffee

14:30-16:00 Session 4A (Room G14): Empathy, Bias and Reflection in Medical Training
Chair: Andrew Dickinson

Anna Maria Joseph, University of Kerala (India)
Humanizing Medicine: The Role of Literary Study in Developing Empathic Clinicians

Aadi Shri Gupta, Elizabeth Davies, King's College London (UK)
Rhymes for Resilience: A Scoping Review of Group Poetry Interventions in Cancer Care

Madeleine McKernan, NHS Ayrshire & Arran (UK)
Using Reflective Practice as a Tool for Undergraduate Medical Students to Identify Bias in Practice

Michael Sinka, University of Bristol (UK)
Learning Through Discomfort: Autoethnographic Vignettes from a Medical Elective in Ghana

14:30-16:00 Session 4B (Room G13): Care, Health and Medical Inequalities
Chair: Eilidh Mulhern

Jay Sinclair, Durham University (UK)
Hormonal Experiences of Endocrine Disruption in Teesside, UK

Yasmin Zhuang-Mackie, Durham University (UK)
Medicalisations of Race and Culture: Relations of Care in Organ Donor Activism

Joana Almeida, Nicoló Giudice, University of Bedfordshire (UK)
Mark Pedder, Karen Hibbert, Keech Hospice (UK)
The 'Caring on the Edge' Project: Ethical Challenges and Critical Reflections

Min Young Tak, University of Bedfordshire (UK)
Unpaid Caregiving for Older People in South Korea

Sunday, 15 March
(Online Sessions, Zoom)

10:00-11:30 Session 5: Institutional Histories and Illness Narratives
Chair: Miriam Sette

Yasmin Shafei, Center for Economic, Legal, and Social Studies and Documentation (Egypt)
Reading Resistance and Agency: Family Narratives and Institutionalization in 19th Century Egypt

Joy Eyisi, Covenant University (Nigeria)
Digital Memory and Cultural Futures: Health Narratives, Language, and Identity in Nigeria

Eeva Savolainen, Universities of Stirling and Glasgow (UK)
The Abnormal Patient: Diagnostic Stigma in *The Lifted Veil*

Sofia de Melo Araújo, Porto Polytechnic/CETAPS (Portugal)
The Ethical View of the Body: Iris Murdoch's 'Attention' and Illness in Literature

11:45-13:00 Session 6: Pain, Desire and the Medicalised Body in Literature and Film
Chair: Yasmin Shafei

Ewelina Suszek, University of Applied Sciences in Tarnow (Poland)
The Hand as a 'Point of Contact' Between Lover's and Maladic Discourse. Pawlikowska – PośWiatowska – MikołAjewski

Ramisha Nabila, Independent Scholar
Chronic Pain, Recognition, and the Politics of Disbelief in Kate Weinberg's *There's Nothing Wrong with Her*

Marta Miquel-Baldellou, Universitat de Lleida (Spain)
Revisiting the Monstrous-Feminine on the Dissecting Table: The Patriarchal Medical Gaze and the Female Body as Abject in André Øvredal's *The Autopsy of Jane Doe*

13:30-15:00 Session 7: Doctors, Disease and Ethics Across Literary Traditions
Chair: Eeva Savolainen

Ana Isabel Correia Martins, Universidad Complutense de Madrid (Spain)
The Doctor's Role in *Collectanea Moralis Philosophiae* (1571)

Anastasia Logotheti, The American College of Greece (Greece)
Disease and Recovery in Graham Swift's Short Fiction

Monika Šincek Bregović, University of Zadar (Croatia)
Vaccination and Eugenic Thought in G. B. Shaw's "The Doctor's Dilemma"

Clea Butcher, University of Edinburgh (UK)
Tuberculosis and Tragic Modernity: Dymphna Cusack's *Say No to Death* (1951)

15:15-16:30 Session 8: Cultural Narratives of Illness, Belief and Inequality
Chair: Annabel Kay Ruiz

Maggie Kelly, Elon University (USA)
Reading Blood: Examining Medical and Social Bias Through Literature

Gordana Galić Kakkonen, University of Split (Croatia)
Medicine and Religion in Lawrence Scott's *Night Calypso*

Gideon Kiptoo, Pennsylvania State University (USA)
Narrating Illness, Disability, and Death in Margaret Ogola's *I swear by Apollo*

16:45-18:00 Session 9: Creative Practices in Healing and Health Experience
Chair: Gordana Galić Kakkonen

Minna Chang, Epsom & St Helier Hospital, NHS (UK)
Art in Recovery: Exploratory Study into the Role of Visual Art on an Orthogeriatric Ward – Patient and Staff Perspectives

Antoinette Polito, Elon University (USA)
Moral Panic at the Disco: Dancing and Dying in the Age of AIDS

Maria Beldi Alcântara, University of Sao Paulo (Brazil)
Somatic Solidarities: Community Bodies and the Politics of Healing

Abstracts

Saturday, 14 March
(In-person Sessions, Birkbeck)

9:40-10:30 Session 1A: Metaphors, Modernity and Meanings of Illness

Andrew Dickinson
Barts and the London School of Medicine and Dentistry (UK)
Illness and Metaphor, Metaphor and Illness
ha22743@qmul.ac.uk

Michael Hulse, founder of the Hippocrates Prize, identifies three types of medical poetry: the first depicts illness from the perspective of a patient; the second views illness from a non-patient perspective, 'usually that of an intimate'; the third is concerned with medicine in general ('its history, progress, and key figures'). I propose to examine two further types of medical literary writing. In the first type, illness forms one half of a metaphor: specifically, illness is the 'vehicle' rather than the 'tenor' (e.g. in the metaphor 'Achilles [tenor] is a lion [vehicle]'. Examples of this type range from the small—Wilfred Owen's simile in 'Dulce et Decorum Est' describing something as 'obscene as cancer'—to the large: Albert Camus's use of the bubonic plague, in *La Peste*, as a vehicle for fascism. I will explore what these metaphorical uses tell us about an author's, a social group's, or a whole society's understanding of particular diseases and of ill-health in general. In the second type, illness is an important historical context to a literary text, though illness is not explicitly mentioned in it. Christopher Ricks proposed the plague as one such context to Christopher Marlowe's *Dr Faustus*. Other examples of this type include fears of syphilis in Shakespeare's sonnets, tuberculosis in Keats's 'La Belle Dame Sans Merci', and AIDs in the poetry of Thom Gunn and James Merrill. I want to ask how knowledge of medicine and its history enriches and changes our understanding of these literary works.

Elena Nistor
London Centre for Interdisciplinary Research (UK)
'An Island of Strangers': on Illness, Care, and the Theoretical Undoing of Nationalist Isolation
elena.nistor@lcir.co.uk

On 17th of May 2025 The Guardian published the poem 'My Island of Strangers' by Mihael Rosen, written in response to UK Prime Minister Keir Starmer's 'island of strangers' speech regarding immigration. In 31 lines, the poet recounts his personal experience of being cared for by a multicultural group of NHS staff while severely ill with COVID-19, contrasting this with the political, anti-immigration rhetoric.

Through restrained free verse and a first-person account of critical illness, the poem foregrounds vulnerability and the loss of autonomy experienced in intensive care. Intertwining illness narrative, medical realism and political critique, Rosen's verses

capitalise on the repetition of the Starmerist phrase 'island of strangers', introducing a multinational community of caregivers whose diverse nationalities are listed without hierarchy, highlighting healthcare as structurally transnational and materially dependent upon migrant labour. Clinical intervention is consistently framed as relational rather than technological, for survival emerges not as individual triumph but as the cumulative result of sustained, skilled, and compassionate effort.

The poem does not engage in overt polemic; rather, it performs critique through experiential realism that implicitly dismantles populist constructions of the 'stranger' as threat. By documenting the intimate, life-sustaining work of those rhetorically cast as outsiders, the poem articulates a humanist ethic that discards nationalist fantasies of isolationist self-sufficiency as ethically untenable and practically incoherent, subtly advocating the urgent need of revisioning xenophobia on grounds of shared experience and acknowledged interdependence.

9:40-10:30 Session 1B: Art, Memory and Institutional Critiques of Medicine

Megan Voeller
Thomas Jefferson University (USA)

Diagnosing Medicine: Health Justice in Contemporary Artists' Institutional Critique

megan.voeller@jefferson.edu

This presentation considers recent projects by U.S.-based artists who engage in institutional critique aimed at the culture of institutionalized medicine, from systemic racism in healthcare to erasure of the cultural diversity of healing. I focus on two case studies: Pepón Osorio's *Convalescence* (2024), an immersive sculptural installation highlighting health disparities among Latinx and Black patients through patient stories represented on video, and Michelle Browder's *Mothers of Gynecology* (2021), the artist's monument to three enslaved women—Lucy, Betsey and Anarcha Westcott—who were subject to experimental surgical procedures by gynecologist J. Marion Sims in the mid-19th century. I discuss how such works turn a diagnostic lens on healthcare as an ambivalent site of intertwined care and harm, particularly for BIPOC and marginalized patients, and I trace how each artist draws attention to and criticizes the institutional trappings of medicine, from physician authority and processes of diagnosis to architecture and experiential design in clinical environments. Building on recent curatorial and art historical scholarship exploring how institutions manifest affect, 'thinking' and other bodily attributes, I consider how the artists' works illuminate interconnections between individual bodies as sites of health (entangled physiological, psychological and social health) and the broader systems and institutions that shape embodiment and its possibilities. Finally, I discuss my experience as an educator engaging medical students with Osorio and Browder's projects to prompt critical reflection on their professional development and how they have responded to encountering works of contemporary art in the context of medical training.

Sofia Bourantoni
University of Cambridge (UK)
Rethinking the Role of Monuments in Medical Humanities Research
sb2575@cam.ac.uk

Monuments are crucial for researching our pasts. They are not passive remnants of history; rather, they actively shape our understandings of health, memory, and identity. However, there is an urgent need for scholars in the medical humanities to explore new avenues that will help examine the uncomfortable histories associated with exclusion and the stigma of disease. Focusing on a former leper colony in Greece, this presentation explores the significance and role that monuments can play in engaging with the memory of disease and facilitating processes of social healing. The leper colony I will focus on is an island that served as a place of exile for patients with Hansen's disease and has since gained new significance as a place of memory. Based on ethnographic data from my fieldwork in Greece, this presentation will shed light on how the legacy of the disease continues to exist and be felt in people's living and material environments, as well as across generations. In this way, this presentation contributes to interdisciplinary dialogue, not only by documenting the history of monuments and sites associated with the memory of Hansen's disease, but also by rethinking their value in the present.

10:50-12:20 Session 2A: Gendered Bodies, Reproduction and Narrative Resistance

Franziska Gygax
University of Basel (Switzerland)
Gender Differences in End-of-Life Narratives
franziska.gygax@unibas.ch

Autobiographical end-of-life narratives, so-called autothanatographies not only thematize suffering, dying, and death, but more often their writers look back on their lives and raise crucial questions of identity, social and cultural role(s), and their achievements. As these autobiographers review their (past) lives, issues of gender play quite a different role depending on their respective attitude towards social and cultural norms besides their sexual orientation. Particularly feminist (mostly female) autobiographers often explicitly recollect their engagement with gender issues and their challenging of gender norms whereas (mostly) male autobiographers tend to integrate such aspects more implicitly. In my paper I will explore in which ways issues of gender are represented and in how far terminal illness accompanied by suffering and anxieties impacts these representations and also the autobiographers' approach to explicit gender questions. Being confronted with imminent death may divert their writers from engaging with these issues as more existential issues are at stake such as alleviating their pain and coping with the challenges of being provided with daily care and/or palliative care. Nevertheless, gender still plays a role in the specific ways these writers compose their texts, in which, after all, gender gets inscribed. My paper will discuss a selection of autopathographies by Anglophone and German writers.

Orlagh Woods
Vilnius University (Lithuania)
"The one that matters": Reproductive Loss, Silence and Narrative Resistance in Emilie Pine's Notes to Self (2018)
orlagh.woods@flf.vu.lt

Since Ireland's founding as an independent state in 1922, the Catholic Church has been a dominant political force, influencing a wide range of patriarchal social policies. In 1983, the Irish electorate voted to change the country's constitution to all but ban abortion by equating the life of a fetus with that of a pregnant woman. Silence and shame have long dominated attitudes to Irish women's sexuality and experiences of pregnancy.

Emilie Pine published her essay collection Notes to Self in July 2018, two months after a landmark decision to legalize abortion services in Ireland. This paper focuses on two essays; "From the baby years" and "Notes on Bleeding and Other Crimes" that powerfully connect her own bodily trauma with the body politic. Pine's work not only raises questions around the historical role of institutions in Ireland but also, significantly, how institutions operating in the contemporary neoliberal economy continue to exert forms of social control over the female body and how damaging the ripple effects of reproductive healthcare restrictions can be. Pine's essay is part of a broader trend in Irish literature that I term 'Repro-fiction', a subgenre that prioritises the ways reproductive bodies are 'written' and understood in post-Repeal Ireland.

Florian Lützelberger
University of Oxford (UK) / University of Bamberg (Germany)
Fragmented Bodies, Relational Voices: Autofiction and the Politics of Abortion and Reproductive Loss in Contemporary European Women's Writing
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This paper investigates how contemporary European women's writing approaches abortion and miscarriage as experiences that are simultaneously medical, corporeal, and political. For decades, reproductive loss was shrouded in silence, framed primarily through clinical language or moral judgment. Recent texts, however, inscribe these realities into literary form by drawing on autofictional and autosociobiographical modes that foreground the body as both subject and medium of narration. Pain, blood, and trauma are not only thematized but structurally embedded in fragmented prose, diary forms, and intertextual echoes, creating a counter-discourse to medical objectification and patriarchal control.

The analysis combines theoretical perspectives on the autofictional (Effe & Lawlor; Wagner-Egelhaaf) with feminist accounts of relationality (Lawlor; Eakin) to highlight how writing oscillates between testimony and invention, politics, memory and imagination, the singular and the collective. Autofiction is understood here not as a rigid genre but as a flexible mode that negotiates the porous boundary between embodied fact and literary form. Within this framework, literature becomes a space in which the disrupted, medicalized body finds articulation through hybrid textual strategies that resist reduction to either confession or fiction.

The paper examines three clusters of texts: Italian novels such as Simona Sparaco's *Nessuno sa di noi* (2013), Francesca Pieri's *Bianca* (2019), Orsola Severini's *Il consolo* (2021), and Antonella Lattanzi's *Cose che non si raccontano* (2023), which inscribe shame, guilt, and bodily trauma into corporeal metaphors that reveal the deep imprint of medical procedures; French texts by Annie Ernaux (*L'événement*, 2000) and Pauline Harmange (*Avortée*, 2022), which foreground voice, silence, and the act of writing itself as a form of empowerment and solidarity; and Paula Bonet's Spanish work (*Cuerpo de embarazada sin embrión*, 2018; *Los diarios de la anguila*, 2022), which integrates miscarriage into visual and textual genealogies of female creativity, turning the body into both wound and archive.

Together, these texts suggest that abortion and miscarriage cannot be understood solely as private crises or medical events. They are inscribed in social discourses, familial lineages, and intergenerational silences. By deploying autofictional strategies, the authors articulate experiences that resist full transparency yet demand cultural recognition. The fragmented, medicalized body becomes a site of narrative experimentation: at once broken and reassembled, vulnerable and empowered, individual and collective.

In highlighting how literature transforms reproductive loss into embodied knowledge, the paper argues that these works occupy a crucial space within the medical humanities. They challenge medical, juridical, and patriarchal frameworks by insisting on the body as relational and narrative, an archive of pain, memory, and resilience. Through their autofictional play with truth and invention, they reveal how reproductive experiences are at once deeply intimate and structurally political, situating women's bodies within a broader cultural struggle over voice, agency, and the right to narrate.

Anne-Bénédicte Damon
(France)

To Eat or Not to Eat – Anorexia Nervosa in Children and YA Literature

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While you can fill a bookshelf with children and teenage books about depression, autism, or cancer, you can fill a whole library with books on anorexia. One of the oldest examples of this literature in the contemporary times is 1978's *The Best Little Girl in the World* by Steven Levenkron. Many questions arise about the choice of anorexia as reading matter for children and teens. Why does such a serious illness – the mental trouble with the highest rate of mortality among under 18s – produce such a wealth of literature, and specially for the young readers? Who write those books, and for what purpose? There is obviously a cathartic goal in some of them, but also an aestheticization of the whole starving process.

Who are the buyers – the parents? – and the readers? Girls readers have long had a ghoulish taste for misery and death – Victorian literature, in particular, was full of long depictions of bedside scenes featuring the heroine dying of consumption or pleurisy. But could there be an even darker side to anorexia fiction? A disturbing trend has been growing, "wannarexia". Anorexia has an appealing, and even glamorous side to it – could those books contribute to this alarming trend and be used as "how to" manuals?

We'll address those issues with examples from American, English and French children and teenage fiction.

10:50-12:20 Session 2B: Medical Ethics, Authority and Clinical Practice

Gianluca Sardi
LCIR (UK) /University of Teramo (Italy)
Medical Malpractice. The Challenges of the Latest Reforms in the Italian Scenario
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The legal discipline of medical malpractice was significantly modified by the so called Law Gelli – Bianco, which was approved by the Italian Parliament in 2017. The aforementioned reform established a new relationship between doctors and patients, introduced a compulsory professional indemnity insurance for doctors and restricted the criminal responsibility for medical malpractice to the cases of severe guilt ("colpa grave").

Even if it was inspired by the intention to build a new relationship between medical staff and patients, based on mutual trust and on the use of regularly updated guidelines, interpretation issues emerged in some jurisprudential cases.

In October 2025, a reform proposal ("disegno di legge") of medical malpractice was introduced in Parliament, aiming to offer a clear regulation of this extremely sensibile topic, that impacts several areas of civil and criminal law and of bioethics.

Chunxi Liu
Johns Hopkins University (USA)
The Method-Function of Medicine: Epistemic Gatekeeping in Clinical Discourse
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This paper offers a Foucauldian reading of medical publishing as a discursive apparatus that does not merely document reality, but actively produces the conditions under which certain statements can appear as "scientific truths." Building on *The Birth of the Clinic*, *History of Madness*, and *The Will to Knowledge*, I argue that medical journal discourse functions as a gatekeeping mechanism: suffering becomes intelligible only when translated into statistically acceptable grammar, while experiential, narrative, and structurally informed knowledges are marginalized when they cannot be absorbed into clinical evidence syntax.

To deepen this analysis, I draw on literary-studies insights that representational systems do not reflect but constitute worlds (Blanchot, Barthes, Canguilhem). Just as the "author-function" regulates what counts as literature (Foucault, 1969), the "method-function" of medical journals regulates what can count as health knowledge. Through close rhetorical readings of high-impact articles, I trace how poverty becomes "SES," racism becomes "disparity," and suffering becomes "outcome," illustrating how discourse performs epistemic violence by converting lived experience into permissible units of truth. Rather than advocating narrative in place of biomedicine, I expose its epistemological exclusivity: the issue is not what medicine overlooks, but what it refuses to know unless rewritten in its own form.

Chad Emerson Childers
Indiana University (USA)
Can Narrative Save The Advance Directive?
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Advance directives (ADs) are legal documents intended to preserve autonomy when individuals can no longer express treatment preferences. While conceptually appealing, ADs often fail to meaningfully influence care, particularly in intensive care and end-of-life settings. Barriers include low completion rates, ambiguous or overly specific instructions, poor clinician–patient communication during creation, and the tendency for patient preferences to evolve over time. These shortcomings have led some clinicians to question the utility of ADs altogether. However, such criticisms reveal more about the limitations of current AD processes than about the concept itself.

This paper examines one central challenge—the dynamic nature of patient preferences—through the lens of narrative medicine. A narrative approach recognizes that identity and values develop across time and are embedded within life stories. By situating ADs within a patient's broader narrative, clinicians can interpret evolving preferences in the context of enduring values, relationships, and goals. Such an approach reframes ADs not as static, one-time documents but as iterative, tools to be revisited that adapt alongside the patient's lived experience.

We explore strategies for integrating narrative principles into AD creation and use, including Structured revisitation over the illness course, collaboration with open-notes and patient-portals, and emphasis on outcome-oriented rather than intervention-specific guidance. Applying narrative frameworks could help restore confidence in ADs, supporting more nuanced, person-centered decision-making when patients lose capacity. Rather than abandoning ADs, embedding them within an evolving narrative process may revitalize their role as a bridge between patient autonomy and the complexities of real-world clinical care.

Vivienne Nguyen, Eilidh Mulhern, Yvonne Moulds,
Euan McKenzie, Amy Cater, Linda Bell
NHS Ayrshire and Arran / University of Glasgow (UK)
Creative Reflection: Teamwork Within Emergency Medicine
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Background: Teamwork is recognised as a vital component of medical practice that ensures safe patient management. There are many attributes that can influence the ability of a team to work effectively together such as clear job roles and a supportive environment. The General Medical Council emphasizes that good medical practice should include regular reflection; however, they do not specify the methods of reflection within medical education. Aim: The aim of this project is to encourage medical students to reflect on their time in Emergency Medicine, focussing on the teamwork that happens routinely. This project was initially developed in 2023, using creative methods as part of reflective practice. Previous participants found that this often led to more insightful discussions during the final block

meetings. This year the project has been adapted to include nursing students. We aim to compare emerging themes within reflections of both student groups, to improve our understanding of the interdisciplinary perspective on health, illness and health care. Including more members of the team will allow us to appreciate others' experiences of caring for ill patients. Methods: Fourth/final year medical students and nursing students in Crosshouse Hospital were introduced to creative reflections and encouraged to produce a creative piece reflecting on teamwork in the Emergency Department. Scribes were present during the final meeting to capture direct quotes and summarise discussion points. Qualitative data was collected in the form of photographs or PDFs and independent reviewers analysed the scribe notes before performing a thematic analysis. Results/conclusion: To follow.

13:00-14:15 Session 3A: Artistic Bodies: Poetry, Performance and Anatomical Knowledge

Mila Daskalova
University of Glasgow (UK)

Poetic Therapeutics in the Nineteenth-Century Treatment of Mental Illness

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In 1855 Dr John Charles Bucknill reviewed Alfred Lord Tennyson's poem *Maud* for the *Journal of Mental Science*. Praising the poem for its truthful representation of mental derangement, he urged physicians to perceive poets as allies in the exploration of the mind: 'Let us feel ourselves fellow-students in the most deeply absorbing objects of human interest and research which have occupied the greatest minds of the human race.' The earliest British and American publications on mental pathology often turned to literature and especially poetry for insight and guidance. The kinship between mental science and poetic expression grew tense under the influence of cultural narratives of positivist progress and the growing institutionalisation of disciplinary divisions. However, poetry continued to feature in nineteenth-century psychiatric theory and practice, though engagement with it was far from consistent. Some physicians harnessed the affective power of poetry to disseminate advice on preserving mental health. Some saw value in its confessional potential: perceived as a spontaneous outpouring of the mind, it could promote understanding of their patients' minds or insanity as a general phenomenon. In contrast, poetry was sometimes construed as a self-disciplining tool of 'overpowering passion' and finding 'a safe and regulated expression'. Untangling these various views on the nature and uses of poetry, I will argue that poetry was instrumental in shaping psychiatry as a discipline. It impacted physicians' understandings of the patient as a specimen and/or a collaborator in the clinical encounter, public perceptions of the profession, and its access to cultural authority.

Bronwen McVeigh
Northeastern University (USA)
Music and Madness in Pre-Risorgimento Italy: Innocent and Guilty Bodies in Romani and Donizetti's *Anna Bolena* (1830)
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In 1536, Queen Anne Boleyn mounted a hastily assembled scaffold within the Tower of London. Most contemporary historians suggest that her shocking crimes, including witchcraft, incest, and high treason, were merely inventions of Henry VIII's conniving courtiers. Nevertheless, tales insisting either on her depravity or her tragic innocence have engaged audiences for centuries. With these debates came also fascination with the doomed queen's body (including an alleged sixth finger). However, for the 19th-century operatic duo Gaetano Donizetti and Felice Romani, Anne's primary malady was mania catalyzed by wrongful persecution.

In this presentation, I discuss Donizetti and Romani's 1830 opera Anna Bolena—a piece that premiered before the Milanese elite in an era of political and scientific change. Though decades before positivism and criminal psychology gripped artists of the Verismo, Anna Bolena demonstrates how the opera-going upper-crust of Pre-Risorgimento Italy understood the body—especially the female body—as a chaotic entity that might fall into alternate states of consciousness in moments of mental anguish. Fascinatingly, Donizetti and Romani's fictional Anna avoids the mortifying spectacle of a public execution and, instead, privately dies beforehand in a state of pleasant delirium. Anne physically rejects a reality that falsely proclaims her guilt—a posthumous gift from a librettist who avowed her innocence—yet he also stages Anna's body as an object of sexual and psychological curiosity. Relying on a combination of operatic close reading and analysis of 19th-century medical texts, I examine how the "innocent" and "guilty" body sounded on the Italian stage.

Tabby Carless-Frost
Brunel Univeristy (UK)
A Body of Work: Dissecting Anatomical Histories and Re-membering Anna Morandi Manzolini
Tabby.carless-frost@brunel.ac.uk

This paper explores the life and work of Anna Morandi Manzolini (1714–1774), the Bolognese wax modeler whose hands rendered the hidden interior of the human body with unprecedented precision. Morandi dissected over a thousand cadavers and translated her findings into wax models that circulated across Europe, teaching physicians, fascinating natural philosophers, and attracting curious spectators. Yet she herself was excluded from most medical institutions, transforming her domestic studio into a private laboratory of radical inquiry. Her practice exemplifies the Enlightenment's shift from text-based learning to tactile, embodied epistemologies—while also exposing the gendered dynamics of scientific authority.

This presentation brings together two interrelated projects: an academic study of Morandi's wax models and their role in Enlightenment pedagogy, and A Body of Work, a

novel that reimagines Morandi's life and confronts the silences of the archive. By placing scholarship and fiction side by side, I argue that medical humanities can illuminate not only how knowledge was historically created, but also how it is preserved, reimagined, and sometimes remade. Morandi's wax figures challenge us to consider what it means to render a body "true to life"—in science, in art, and in narrative.

13:00-13:50 Session 3B: Digital Health, Technology and Embodied Identity

Māra Grīnfelde
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Digital Care: Embodied Perspective on Baby-Tracking and Monitoring Technologies

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We live in an age of intense measurement, where metrics, data, and quantification have become routine aspects of everyday life. A significant impact of this trend is seen in the ongoing technological evolution of health management, which, among other things, includes at-home monitoring of babies—an activity in which parents (and other caregivers) use various technologies to monitor, track, and record aspects of a baby's life for the primary purpose of promoting her health. Studies in public health, sociology, and science and technology studies (STS) have focused on educational, critical, and ethical perspectives on the use of these technologies. In this paper, I introduce an additional, phenomenological perspective. Drawing on Martin Heidegger's understanding of technology (2010), I approach digital baby-tracking and monitoring technologies not merely as aids, but as mediums that shape one's embodied being-in-the-world. Based on my Phenomenologically Grounded Qualitative Research (PGQR) study with parents who use these technologies, I address the question: how do digital baby-tracking and monitoring technologies shape embodied relationships of care? In answering this question, I demonstrate how the use of these technologies transforms various dimensions of the care relationship—affective, epistemic, intercorporeal, practical, and ethical. I conclude by sketching the benefits and risks evoked by digital care.

1.1.1.9 Research application No 1.1.1.9/LZP/1/24/133 of the Activity "Post-doctoral Research" "*Ethical and embodied perspective on the digital health related baby-tracking and monitoring technologies"*.

Merrie Woodcock
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Neoliberalism, Absurdism and Autonomy: Challenging Modern Perceptions of Bodily Control through the Work of Daniil Kharms
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Modern Western society posits that good health is an attainable goal for all. Since the twentieth-century post-war creation of the welfare state, there has been tension between whether such good health is the state's responsibility, delivering care to passive patients, or the obligation of self-determined individuals. Reflecting the latter is the growing appetite for self-tracking health and fitness technologies (STHFT) which offer an expanding array of tools to quantify bodily functions such as sleeping hours, distances covered and bowel movements. However, whilst appearing as a benign aid to observing and affecting one's health, there is growing scepticism over the negative effects of self-quantification on individual and societal well-being. Exploring perceptions of bodily control, I propose that STHFT, and their harmful ramifications, are symptomatic of a broader assault on Western attitudes to health by neoliberalism which magnifies the value of self-determinism to a destructive extreme that justifies and perpetuates inequality. I aim to offer a new perspective to interrogating such ideals through analysis of the work of Daniil Kharms, an early twentieth-century, Russian absurdist whose poetry confronts aspirations of total individual control.

Kharms responds to Soviet totalitarianism with humorous, shocking poetry that challenges the accepted violence of Soviet reality through characters without autonomy or agency who are regularly victims to larger, vicious forces. This paper advocates for the use of Kharms's absurdist methods of deconstruction to enrich criticisms of modern, neoliberal advocation of total bodily control founded in individualism and perfectionism.

14:30-16:00 Session 4A: Empathy, Bias and Reflection in Medical Training

Anna Maria Joseph
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Humanizing Medicine: The Role of Literary Study in Developing Empathic Clinicians
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A decrease in the levels of empathy reported from medical education has raised questions about patient-centered care. This study seeks to address these issues and analyze how using medical humanities can help to increase the humanitarian aspects of the clinical encounter. The study examines how close reading of literary texts may enhance the emotional and ethical development of medical students as they prepare for clinical encounters. Utilizing a qualitative approach, the findings of this study were based upon readings of several key texts that are part of the medical-humanities canon and through consultation with experts in the field of medical education to provide an empirical basis for

how literature influences empathic clinical practice. The study found that engagement with literary representations of illness and suffering helped clinicians to better understand patient perspectives; reduce the detachment associated with over-reliance on clinical data; and increase their awareness of themselves as reflective practitioners. The experts consulted throughout the study also stated that exposure to the humanities, particularly literature, promoted more thoughtful and meaningful communication between patients and clinicians, while increasing clinician appreciation for patients' subjective experiences. Ultimately, the study's results support the conclusion that literary studies should be considered integral components of the medical school curriculum, and not merely supplemental, to promote and sustain compassionate, patient-centered health care practices.

Aadi Shri Gupta, Elizabeth Davies
King's College London (UK)

Rhymes for Resilience: A Scoping Review of Group Poetry Interventions in Cancer Care

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"Poetry heals the wounds inflicted by reason." — Novalis

Cancer is more than a disease: it is a sentence, a betrayal, and a quiet elegy. As medical professionals, we must heal more than uncontrolled cell division; we must also treat the crushed spirit and the emotional devastation that often goes unaddressed. Group poetry workshops are an emerging intervention aimed at reframing cancer, redefining suffering, and fostering patients' comfort in their own skin. This scoping review synthesises existing research on group poetry workshops in cancer care, evaluating their effectiveness in improving well-being and mental health. A literature review was conducted using Medline and PsycINFO with reproducible search terms. Studies on poetry workshops, poetry therapy, and art therapy for cancer patients and those with long-term illnesses were selected. The analysis focused on both qualitative and quantitative outcomes, particularly emotional resilience, social connection, and reductions in anxiety and depression.

The results of this review suggest poetry interventions enhance emotional processing, self-expression, and reduce anxiety. Group sessions provide a sense of community, alleviating the psychological burden of illness. However, current research is limited by publication bias and small sample sizes; larger studies are needed to validate long-term impacts and integrate poetry therapy into standard care. By bridging the gap between medical treatment and emotional healing, this review highlights a critical yet often overlooked aspect of cancer care. Group poetry workshops offer a promising addition to holistic clinical treatment, reminding us to heal patients beyond pathology—to heal not only the body but also the soul.

Madeleine McKernan
NHS Ayrshire & Arran (UK)

Using Reflective Practice as a Tool for Undergraduate Medical Students to Identify Bias in Practice

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If “wherever the art of medicine is loved, there is also a love of humanity” – this humanity must include all of humanity, in all its diversity.

Medicine is not practiced in a vacuum, and must be critically understood within its sociological context. It is well understood that patients with marginalised characteristics receive comparatively poorer medical outcomes. This disparity is multifactorial but is in part due to bias from health care workers. In order to provide care adherent to the ethical principle of justice, we must engage in proactive change at all levels of practice, including undergraduate medical training. The medical curriculum in UK universities currently has limited exploration of bias in medicine and on facilitating students to consider how their own biases impact patient outcomes. Recognising bias is necessary in reducing negative outcomes for marginalised groups.

Engage medical students in group reflective practice to raise their awareness of biases in medical practice.

Students complete a questionnaire on their awareness of bias and completed a Harvard implicit bias test. For 5 weeks we have weekly group reflective practice to each discuss one case and how bias affected the patient journey. At the end, students complete the same questionnaire and discuss how they can incorporate reflection on bias in their practice.

The intention is to perform qualitative analysis on session notes and feedback to identify and explore recurrent themes, and to re-survey students 3 months post-participation to see how these have developed, and how reflective practice on bias has influenced their practice.

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2. Geiser E, Schilter LV, Carrier JM, Clair C, Schwarz J. Reflexivity as a tool for medical students to identify and address gender bias in clinical practice: A qualitative study. Patient Education and Counseling. 2022 Aug;105(12).

3. Fricke J, Shazia Mehmood Siddique, Jaya Aysola, Cohen ME, Mull NK. Healthcare Worker Implicit Bias Training and Education: A Rapid Evidence Review. Making Healthcare Safer. 2024 Jan 3sing reflective practice as a tool for undergraduate medical students to identify bias in practice.

Michael Sinka
University of Bristol (UK)
Robert Djagbletey
University of Ghana Medical School (Ghana)
Learning Through Discomfort: Autoethnographic Vignettes from a Medical Elective in Ghana
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Medical training lies at the intersection between personal agency and social structure. Drawing on Crossley's relational sociology (2021) where agency is understood as influenced by and influencing networks of relations, rules and resources, this poster narrates the experiences of a UK medical student's anaesthetics elective at Korle Bu Teaching Hospital, Accra, Ghana (Sept 2025).

Drawing a month-long learning journal to record my daily hospital experiences, I applied Bassot's (2013) Integrated Reflective Cycle to capture the details of my experiences; analyse my assumptions and emotions; integrate them with relevant theory; and plan for my future actions.

My analysis revealed four interrelated themes. First, teaching in Korle Bu Hospital was a mixture of student-led presentations which concentrated mostly on technical anaesthetic knowledge, and some bedside teaching which enabled more active engagement. Second, patient safety was influenced by the hospital infrastructure and rules with episodes such as oxygen outages and missing test results demonstrating both the vulnerability and resilience of medical staff and students. Third, practices around sterile environments and the overuse of antibiotics to counteract infection risks were both structurally and culturally mediated. Fourth, it was evident that the crowded theatres were unsettling for some patients and hospital hierarchy constrained the voices of juniors.

Viewed through Crossley's framework, medical students' agency is not simply individually performed but is relationally and structurally mediated within specific cultural locales. Indeed, place and organisational culture influence greatly the type of learner agency encouraged and valued during medical training.

14:30-15:45 Session 4B: Care, Health and Medical Inequalities

Jay Sinclair
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Hormonal Experiences of Endocrine Disruption in Teesside, UK
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Endocrine disruption has increasingly been recognised as a critical public health issue following the discovery that certain industrial chemicals can interfere with the body's hormonal system. Since the concept of endocrine-disrupting chemicals (EDCs) was formalised at the 1991 Wingspread Conference, growing biomedical evidence has linked EDCs to adverse reproductive, developmental, metabolic, and neurological outcomes. These health risks are greatest for marginalised communities living near industrial sites, who bear

a disproportionate burden of exposure. Despite extensive research on the mechanisms and physiological effects of endocrine disruption, little is known about the affective and embodied experience of living with EDC contamination. Understanding these lived experiences is crucial for addressing endocrine disruption as an environmental health justice issue and for informing health practice and community-led activism.

This paper presents preliminary evidence of the affective and embodied experience of endocrine disruption in Teesside, a heavily industrialised area of the North East of England, with documented EDC pollution and below-average health outcomes. Using walking interviews, this study explores how fenceline communities and industrial workers' daily hormonal experiences, such as sleep, appetite, stress, cognition, and immunity, are shaped by encounters with industrial sites. Body mapping workshops then trace how hormonal embodiment is unequally governed, as medical practice restricts hormonal access for LGBTQ+ people while EDCs continue to circulate unabated. Attending to these lived experiences of hormonal disruption contributes to medical humanities' emerging engagement with environmental determinants of health and makes visible currently invisible forms of endocrine harm that affect marginalised communities affected by industrial pollution.

Yasmin Zhuang-Mackie
Durham University (UK)

Medicalisations of Race and Culture: Relations of Care in Organ Donor Activism

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Ethnic inequalities in organ donation and transplant outcomes have been key concerns addressed by NHSBT in recent decades. In efforts to reduce these inequalities, NHSBT has collaborated and engaged with community and faith-based grassroots organisations to encourage minoritised ethnic individuals across the country to consider registering an organ donation decision. A wide network of actors including doctors, activists, and politicians have come together around this issue to work to advocate for cultural, policy, and grassroots change to recruit a more ethnically diverse pool of organ donors. In this context, ethnicity and diversity are often discussed in genetic terms, where genetic diversity and mixedness poses a barrier for achieving health equality in transplantation. These genetically deterministic narratives are intertwined with discursive frameworks where appeals to act are framed around complex notions of ethnic identity and community. In this presentation, I explore the tensions around how categorisations of ethnicity are negotiated through these configurations, and how conflicting narratives of genetics, kinship, care, and community are articulated by different actors within this landscape of minoritised ethnic organ donor recruitment.

Currently in the early data collection and analysis stages of this project, this paper will present initial findings from fieldwork. As part of this fieldwork, I use expert interviews, participant observation, and critical discourse analysis methods to develop an in-depth analysis of this landscape around ethnic inequalities in organ donation. I also use archival methods to trace a genealogy of ethnicity in organ transplantation and donation in the UK.

Joana Almeida, Nicoló Giudice
University of Bedfordshire (UK)
Mark Pedder, Karen Hibbert
Keech Hospice (UK)
The 'Caring on the Edge' Project: Ethical Challenges and Critical Reflections
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As of December 2024, one in 160 people in England is homeless, representing a 14% increase in one year (Shelter, 2024). Homelessness is associated with reduced quality of life (House of Commons, 2025) and heightened vulnerability to illness, with many individuals living with progressive and incurable somatic conditions (de Veer et al., 2018). In response, Keech Hospice, a registered charity serving Luton, Bedford, and Central Bedfordshire, has developed a pioneering outreach service delivering end-of-life care to people facing homelessness (Pedder, 2025). This paper draws on a collaborative research project with Keech Hospice that explores the experiences, emotional labour, decision-making and relational work of an Inclusive Health Palliative Clinical Nurse Specialist delivering outreach end-of-life care over a four-month period. The study employs creative and qualitative methods, including photovoice, ethnographic journaling, and portrait and documentary photography. The paper critically reflects on the ethical challenges encountered in seeking institutional ethical approval for research conducted in vulnerable care-embedded contexts. It examines tensions between procedural ethics and ethics in practice, particularly in relation to informed consent, safeguarding, and visual methods.

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Min Young Tak
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Unpaid Caregiving for Older People in South Korea
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In South Korea, there have been the movement towards "socialisation of care" from 2008. Since then, a number of care agencies were established and the number of formal caregivers (certified care workers) increased dramatically, reaching nearly two million in 2023. There used to be a strong sense of family obligations in the society until the end of the 20th century but even the certified caregivers who are looking after their own family members started to receive salary and benefits as care workers under the new legislation However, there is lack of support for unpaid (informal) carers and their needs are still not

being met under the current system. They are more likely to provide care for those with more intensive care needs, experience the adverse impact of caring in their daily life. This remains one of the most significant challenges in South Korea's long-term care system.

Sunday, 15 March
(Online Sessions, Zoom)

10:00-11:30 Session 5: Institutional Histories and Illness Narratives

Yasmin Shafei
Center for Economic, Legal, and Social Studies and Documentation (Egypt)
Reading Resistance and Agency: Family Narratives and Institutionalization in 19th Century Egypt
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This paper examines late 19th century citizen petitions to tell the history of mental illnesses in Egypt from the perspective of patient's families, rather than that of the state, its institutions, and its doctors. These petitions are located at the National Archives in Cairo and have never been studied nor analyzed before, allowing the history of mental illnesses in Egypt to be told entirely from the perspective of its psychiatric institutions and psychiatrists. This was a natural outcome of the institutional bias that has long been an endemic feature of the historiography. This study contributes to the development of a comprehensive picture by incorporating the voices of patient's families into the history of Egypt's asylums. Not only do the petitions contribute to the historiography on mental illnesses by integrating the voices of patients' families, they also introduce a new set of lay language, emotions, and experiences, shedding light on changing public attitudes towards the mentally ill in Egypt. The study's analysis of these petition not only places the family at the center of historical examination, it also demonstrates how Egyptians resisted the medicalization of mental illnesses practiced by colonial carceral institutions. Public attempts to discharge family members from the asylum and the language used to refer to mental illnesses in these citizen petitions reveal how Egyptian families resisted British attempts to conceptualize various mental conditions as illnesses in need of asylum treatment at the hands of British, and British-trained, psychiatrists during the first decade of the British occupation.

Joy Eyisi
Covenant University (Nigeria)
Digital Memory and Cultural Futures: Health Narratives, Language, and Identity in Nigeria
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In the face of cultural amnesia and institutional health gaps, digital storytelling has become a powerful tool for navigating illness, care, and survival in Nigeria. This presentation

explores how health-related narratives shared on digital platforms—particularly Instagram, YouTube, and *Zikoko*—preserve cultural memory, confront linguistic marginalisation, and imagine alternative futures of care. The study purposively samples publicly accessible personal health stories and memory projects focused on reproductive health, chronic illness, and wellness journeys. These narratives, often told in Nigerian Pidgin, Yoruba, Igbo, or hybridised English, are analysed using digital discourse analysis, drawing on postcolonial theory, cultural memory studies, and digital humanities. Attention is paid to language choice, paratextual features (hashtags, comments), and strategies of self-curation. This study argues that linguistic (in)security is deeply intertwined with how people represent their bodies, illness experiences, and cultural belonging online. By highlighting the digital space as an informal archive of care, identity, and resistance, the presentation demonstrates how marginalised voices use available digital tools not only to document health realities but also to reimagine futures of well-being. This research contributes to global medical humanities by showing how digital storytelling reconfigures the cultural politics of health in the Global South.

Eeva Savolainen
Universities of Stirling and Glasgow (UK)
The Abnormal Patient: Diagnostic Stigma in *The Lifted Veil*
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The ab/normal binary operates at the heart of modern British diagnostics. The equation between healthy/normal and unwell/abnormal is undoubtedly ableist, and contributes to diagnostic stigma, but is also central for indicating whether an individual suffers from a specific condition in modern diagnostic terms. We might take the relationship between diagnosis and what is deemed normal as a given, but the project of defining medical ab/normality can be traced into the early Victorian period when medical professionals in Britain became increasingly interested in statistical analysis (Davis, 1995). This paper investigates the representation of non-normative sensory phenomena and diagnostic stigma in Geoge Eliot's influential Gothic novella *The Lifted Veil* (1859). Reading the novella in conversation with influential diagnostic manuals such as John Hughes Bennett's *An Introduction to Clinical Medicine* (1853) and A. W. Barclay's *A Manual of Medical Diagnosis* (1857) offers us vital new knowledge about how literary authors were responding to the shifts in disease classification. Focusing on the increasing use of statistical analysis in Victorian diagnostics and the ab/normal as a diagnostic measure, this paper asks how one influential Gothic author imagined the suffering that could befall patients that were deemed abnormal. Though the idea of diagnostic stigma would be articulated much later (Zola, 1975), this paper will show that through her use of the Gothic genre, Eliot crafts an alternative knowledge system that centres embodied patient knowledge and pushes against Victorian rigid nosologies that increasingly privileged objectivity and mechanical observation.

Sofia de Melo Araújo
Porto Polytechnic/CETAPS (Portugal)
The Ethical View of the Body: Iris Murdoch's 'Attention' and Illness in Literature
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This paper explores how Iris Murdoch's fiction and philosophy jointly reimagine the act of seeing—what she calls "attention"—as an ethical counterpoint to the medical gaze. Thus her work may come to constitute a literary laboratory for what medical humanities call *narrative ethics*—understanding illness through story and moral imagination.

Where Michel Foucault's "medical gaze" divides subject from object, Murdoch's attentive gaze insists on relationality: to see the other truthfully is to recognise one's own dependency, fallibility, and capacity for love. Her novels foreground the tension between fantasy—the ego's need to master or diagnose—and attention, the moral practice of relinquishing control before another's reality. This dialectic reframes bodily exposure and suffering not as sites of degradation but as moral revelations, where the self's pretensions are undone and genuine perception becomes possible.

By situating Murdoch's moral philosophy within the frameworks of medical humanities and affect theory, this paper argues that her fiction models an ethics of care grounded in perception rather than prescription. Murdoch's attentive gaze resists both moral abstraction and clinical detachment, offering instead a vision of embodied interdependence in which seeing the vulnerable body—whether patient, lover, or stranger—becomes the first act of ethical healing.

11:45-13:00 Session 6: Pain, Desire and the Medicalised Body in Literature and Film

Ewelina Suszek
University of Applied Sciences in Tarnow (Poland)
The Hand as a 'Point of Contact' Between Lover's and Maladic Discourse. Pawlikowska – PośWiatowska – MikołAjewski
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The starting point for this paper is a reference to Roland Barthes' canonical A Lover's Discourse and the intensively developed Polish studies on illness and mourning, especially: Women, literature, medicine ed. Arleta Galant, Agata Zawiszewska, A Maladic Discourse and A Mourning Discourse ed. Maciej Ganczar, Monika Ładoń et all. Based on the above-mentioned research, I formulate a thesis about correlation between lover's and maladic discourse. The presentation provides comparative interpretation of Polish literary texts: Maria Pawlikowska Jasnorzewska's poetic prose from A Poetic Sketchbook (1939), Ode to Hands by Halina Poświatowska (1966) and the poem I Sit in the Underground I Open My Eyes and There is Someone's Hand by Jarosław Mikołajewski from Life on Xanax (2022). The works are united by a protective focus on hands. At the same time, they become a sign of passing love and a testimony to illness, medical therapy, saying goodbye to the dying, a

figuration of absence, manifested in the thinning of fingers, X-ray exposure, traces of drips, and the memory of the touch of those who are passing away.

Poetic contemplation of the hand turns out to be not so much fortune-telling as an empathetic understanding of the past and present, marked by both a crisis in relationships (sometimes also mourning) and the loss of health. Spiritual suffering is thus combined with physical pain. Body language thus becomes a testimony to the truth of existence, and poetic language a lesson in mindfulness and sensitivity to the suffering. Selected works will be interpreted in a broader context, as the output of the authors will be presented, as well as their biographies, often marked by serious illness, and references to universal topics (for example, a film frame of a sick person's hand) will also be included.

Ramisha Nabila
Independent Scholar

Chronic Pain, Recognition, and the Politics of Disbelief in Kate Weinberg's *There's Nothing Wrong with Her*

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In a world where medicine is a life savior, Kate Weinberg's *There's Nothing Wrong With Her* (2024) expresses how clinical objectivity becomes a tool of disbelief and erasure. The novel portrays how the protagonist, Vita Woods, suffers from an invisible, post-viral illness whose frequent interactions with doctors reveal the gender limitations of medical knowledge and empathy. It uses Kristie Dotson's theory of epistemic violence to demonstrate that the medical system's fixation on evidence-based validation causes epistemic damage by depriving the patient of the ability to understand and speak of her own suffering. As a result, the phrase "there's nothing wrong with her" becomes both a diagnostic judgement and a form of silencing women's pain, which can be viewed as psychological or exaggerated, a common cultural propensity seen in our society. This novel shows the experience of a woman where acknowledgement and resistance should be taken into consideration because they have been silenced in many institutions. This study sheds light on how literature can question institutional authority and promote epistemic justice in a post -pandemic world, all evident within the fields of medicine and literature and feminist medical humanities.

Marta Miquel-Baldellou
Universitat de Lleida (Spain)

Revisiting the Monstrous-Feminine on the Dissecting Table: The Patriarchal Medical Gaze and the Female Body as Abject in André Øvredal's *The Autopsy of Jane Doe*

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André Øvredal's *The Autopsy of Jane Doe* (2016) is a horror film, set in contemporary times, which reverts to the Salem witch trials and the patriarchal condemnation of a witch who has survived throughout centuries despite her seemingly dead appearance. Øvredal's

film recollects the androcentric domination that witches had to suffer as a result of patriarchal fears of their female power, while it also vindicates the figure of the witch and her ancestral knowledge about nature and traditional medicine in comparison with the figure of the male doctor. In this respect, as male doctors examine the body of a woman during an autopsy in the film, gender concerns about male-gendered scientific medicine and female-gendered traditional medicine are brought to the fore.

With the advent of ecological feminism, there has been a collective appropriation of the witch myth as a sign of resistance which was denied to historical witches as medical doctors in contrast with the orthodox science of medicine as mostly associated with men in its inception. This feminist assumption is displayed in Barbara Creed's notion of the monstrous-feminine as a result of male fears of the ancestral archaic mother, the castrating female and the phallic woman, along with the Kristevan concept of the abject, which involves the blurring of boundaries across biological bodily fluids, the infringement of the law, and the corpse.

This presentation aims to approach Øvredal's film from the perspective of medical humanities, insofar as it portrays an autopsy performed by male doctors on a female victim, who represents alternative medicine and ancestral medical knowledge. Psychoanalytic notions such as the castrating female and the abject will be revisited in the analysis of the film, particularly with regard to the concept of the monstrous-feminine and the construction of the female body as abject. Finally, this film will be interpreted as a contemporary allegory which vindicates the figure of the witch as a prototype of the female medical doctor and of the female-marked approach to medicine.

13:30-15:00 Session 7: Doctors, Disease and Ethics Across Literary Traditions

Ana Isabel Correia Martins
Universidad Complutense de Madrid (Spain)

The Doctor's Role in *Collectanea Moralis Philosophiae* (1571)

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The *Collectanea Moralis Philosophiae* (1571) of Fray Louis of Granade organizes the Graeco-Latin patterns into *loci communes*, combining the pagan heritage and the Christian matrix. This encyclopedic work is divided into three parts, one of which includes sentences from Seneca's works, the second, a compilation of opuscules from Plutarch's moral treatises, and the third, a collection of the noblest *apophthegmata* from the most important and modern philosophers. Conscious that human beings are just as prone to vice as to virtue, both for good and for evil, the purpose of Fray Louis of Grenade (1504–88) is to emphasize the conquest of *vita beata*, whose corollary is *ratio perfecta* and *felicitas*. The happiness is defined by a body without pain and a soul without inquietude. The Dominican presents anthropological concerns, promoting ethical and moral ideals through a very modern awareness of the unresolved duality of our human nature. Among all these mankind's stereotypes, we will focus one in particular: the doctor (his role and responsibility) for the community. "The intervention of each doctor will vary because, for those whose lives cannot be prolonged, they must ensure a dignified and painless end": is Fray Louis opening the door

to euthanasia? This paper sheds light on Medicine and Philosophy, medicine in literature and cultural studies. We will explore the social, historical an ethical dimension of medicine and doctor's role in Collectanea promoting an interdisciplinary perspective on health care, body and soul as inseparable parts of human being.

Anastasia Logotheti
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Disease and Recovery in Graham Swift's Short Fiction
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This presentation focuses on depictions of medicine in selected short fiction of contemporary British author Graham Swift as indicative of sociocultural concerns related to illness and harm. The presentation explores the development of representations of medical science and disease in this author's short stories through a juxtaposition of works from Swift's entire oeuvre with a particular focus on recent work influenced by the Covid-19 pandemic. As this discussion will illustrate, the insensitive doctors of the early stories develop into empathetic scientists in the recent short fiction, encouraging a positive view of medicine's and humanity's ability to conquer disease

To demonstrate the aforementioned development, the discussion considers some of Swift's short fiction in chronological order. In the early part of Swift's career, the collection *Learning to Swim and Other Stories* (1982) contains "The Hypochondriac," a story which focuses on an unfortunate doctor-patience relationship. In mid-career Swift publishes the short story "Our Nicky's Heart" (2000) which centers on a heart transplant that results in a festering family secret. More recently, however, stories from the collection *England and Other Stories* (2014) and *Twelve Post-War Tales* (2025) feature extraordinary physicians. Starting from the depictions of doctors and disease in Swift's early fiction to representations in more recent publications, the presentation illustrates this author's progressive shift from distrust to faith in medical science, leading to the celebration of resilience in pandemic times.

Monika Šincek Bregović
University of Zadar (Croatia)
Vaccination and Eugenic Thought in G. B. Shaw's "The Doctor's Dilemma"
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This paper examines G. B. Shaw's *The Doctor's Dilemma* (1906) in relation to contemporary debates on vaccination, eugenics, and social reform. Shaw's ideas on public health and social responsibility were deeply shaped by his Fabian socialism, his eugenic outlook, and the prevailing anxieties about biological degeneration and cultural decline. In the play, questions of medical allocation and vaccination operate as central motifs, reflecting these concerns by raising complex issues of medical authority, personal gain, and collective well-being. The fictional physician Dr. Ridgeon must decide which patient will receive a life-

saving treatment, a process complicated by professional rivalry, personal moral obligation, and questions of social worth. Shaw also satirizes the application of vaccination, revealing his skepticism of the procedure.

By situating the play in its historical and intellectual context, this presentation considers how Shaw's drama engages with scientific and social discourses on eugenics, the medical profession, and degeneration through its narrative and key characters. *The Doctor's Dilemma* interrogates the intersections of morality, medicine, and social planning, demonstrating how literature can stage debates over human health, ethical responsibility, and the governance of populations. The play thus provides a rich lens for exploring the cultural, scientific, and ideological currents shaping the Modernist period.

Clea Butcher
University of Edinburgh (UK)

Tuberculosis and Tragic Modernity: Dymphna Cusack's *Say No to Death* (1951)

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Set in post-war Sydney, Dymphna Cusack's novel *Say No to Death* (1951) is a charged social critique of the nation's inadequate response to the tuberculosis crisis. By using illness to examine the tragic ironies of Australian modernity, Cusack's novel articulates anxieties over the nature of post-war reconstruction and the future of public health policy.

Tensions emerge in Cusack's writing of illness, which complicate any clear-cut categorisation of her as a middlebrow romantic novelist. While her attempt to document social institutions aligns her with literary realism, she exhibits a modernist interest in subjectivity, perception, and empathetic engagement. The experiential aspects of illness intersect with her social critique. By employing modernist narrative strategies as a form of resistance and advocacy, the novel allows us to understand the relationship between Australian modernism and radical social commentary more clearly. Engaging with modern medical institutions across public and private sectors, Cusack foregrounds the failures of healthcare bureaucracy: the class inequalities, corruption and funding shortages. Her novel's insistence on collective responsibility and compassion for tuberculosis patients challenges the public stigmatisation and systematic othering of the sick body in the mid-twentieth century, where discussions over public hygiene and body culture played a key role in the formulation of Australian national identity. The narrative, however, remains ambivalent in its position towards modernity; while calling for progress in tuberculosis treatment, fears over the disrupted sense of self and loss of control are exacerbated rather than resolved by medical technology and government intervention.

15:15-16:30 Session 8: Cultural Narratives of Illness, Belief and Inequality

Maggie Kelly
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Reading Blood: Examining Medical and Social Bias Through Literature
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This paper will explore the benefits of analyzing blood symbolism in literature, through an interdisciplinary scope, to educate students about the intersection between medical practice and social biases. Blood studies in literature elucidate a larger social tendency to use blood as an unstable rhetorical tool to bolster pre-established cultural biases through the guise of scientific jargon. Through an overview of my personal scholarship and past teaching experiences, I will demonstrate how both medical and cultural rhetoric surrounding blood have been used for centuries to further marginalize already ostracized groups of people, especially women and people of color. This paper will also briefly investigate blood symbolism associated specifically with gender biases in several literary and cultural examples, both premodern and contemporary, to examine how social views have influenced medical practice and vice versa. Ultimately, each of these examples will cumulatively illustrate the overarching contention of my scholarship: blood is the nexus at which the social and physical converge, and blood symbolism allows cultural meaning to be transcribed onto (and within) the body.

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Medicine and Religion in Lawrence Scott's *Night Calypso*
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This paper analyzes Lawrence Scott's novel *Night Calypso* through Michel Foucault's theoretical frameworks, exploring the relationship between medicine and religion in a Caribbean leper colony on the eve of World War II. Set in a period when imperial power structures were slowly eroding, the novel portrays an environment where traditional practices of isolation and moral stigmatization of disease meet new medical methods and gradually lose dominance over the everyday lives of the afflicted. Foucault's theories of biopower and heterotopia help us understand how colonial regulatory systems used medical and religious practices for disciplining and surveillance, and how the leprosarium functioned as an 'other space' with its own internal order that both challenged and reinforced authorities.

Scott's narrative also reveals how marginalized individuals, residents of the leprosarium, found ways of resistance and preservation of their autonomy within established boundaries. Through an exploration of these tensions within broader sociohistorical and cultural context and specific representation of disease, this paper argues that Scott's *Night Calypso* captured a pivotal moment of epistemic transformation during a period of great social upheaval.

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Narrating Illness, Disability, and Death in Margaret Ogola's *I swear by Apollo*
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Employing medical humanities in literary analysis has exposed the humanistic side of illness, disability as well as the reality of death and grief. Margaret Ogola, a Kenyan physician and literary icon, weaves the clinical practices of medicine and bioethics with a humanistic spatioscape that then interrogates the ontological intricacies of disability, illness, and death. Across her dual oeuvres—*The River and the Source* (1994) and *I Swear by Apollo* (2002)—she constructs a narrative framework that illuminates disease, death and faith and, in this article's focus, disability and its attendant intersections. While in *The River and the Source*, patriarchy and the struggle for women's emancipation from the pre-colonial through the postcolonial is a reverberating theme, *I swear by Apollo* transports the reader to the turn of the century and explores questions of identity, career, and medical humanities in the now mucky political climate. Building on Charles Rono's scholarship on Ogola's medical-humanistic motifs and using the Kübler-Ross's five-stage model of grief, this paper traces the (non-linear) diagnosis, suffering, and eventual death of Daniel Odero Sigu; the disabled son of Wandia and Aoro. Despite their background in medicine, his parents are rendered powerless in the face of his terminal condition and cannot help him subvert this condition but instead have to watch him suffer and die. Through Daniel Sigu, Ogola not only humanizes the clinical projections of Down syndrome and the resultant dis/ability, but also mobilizes faith, family, and existential inquiry, thus underscoring the spiritual if not emotional contours of grief in Kenya's modernity

16:45-18:00 Session 9: Creative Practices in Healing and Health Experience

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Art in Recovery: Exploratory Study into the Role of Visual Art on an Orthogeriatric Ward – Patient and Staff Perspectives
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This project explored the therapeutic role of visual art on an orthogeriatric hospital ward. A total of 23 patients and 32 staff members participated. Using a standardized handbook of paintings inspired by previous patients' hospital journeys, participants viewed the artworks and completed surveys measuring empathy, awareness, therapeutic value, and engagement potential.

Findings showed overwhelmingly positive responses. Among patients, 83% reported reduced anxiety and 60% felt better understood after viewing the paintings, especially during the early post-operative phase. Patients most often connected with themes of frustration, fear, and overwhelm, highlighting visual art's ability to validate emotional experiences. Those with dementia appeared to benefit particularly. While 91% of patients

agreed art could support their recovery and expressed interest in the visual materials, only 57% wished to engage in structured art sessions, suggesting that passive image viewing was more accessible and appealing.

Staff responses were equally supportive. All staff viewed art as a valuable medium for patient expression. Furthermore, 97% reported improved understanding of patients' experiences, 94% felt better able to empathize, and 86% gained insights into emotional states not previously recognized. Staff also identified personal benefits, including reduced stress and enhanced morale.

Overall, these findings indicate that visual art may foster patient expression, reduce isolation, deepen staff empathy, and improve overall ward well-being. Although based on a small sample, this study shows the potential benefits of passive art therapy as a low-cost adjunct to traditional care. Further research should investigate structured implementation and long-term outcomes.

Antoinette Polito
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Moral Panic at the Disco: Dancing and Dying in the Age of AIDS
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We know that some people in the Middle Ages danced so long and so hard that they died. Fast forward 450 years and we know that some people danced so long and so hard because they were dying. The late 20th century brought the AIDS plague and with it another version of societal moral panic. If we can define moral panic as when "a condition, episode, person or group of persons emerges to become defined as a threat to societal values and interests," then the arrival of a new disease in the late 1980's that seemed to sicken primarily gay men surely qualifies. Most moral panics are accompanied by the labeling of a "folk devil" to blame and young men who danced the night away made an easy target. Gay men were the new witches. No stakes were needed to dispose of this threat, however. The virus did the dirty work for us. In most moral panics, which typically devolve into socially constructed witch hunts, "ways of coping are evolved or (more often) resorted to." Noone who was having sex, getting sick, facing death can be faulted for trying to lose themselves in music, movement, and whatever it took to get out of the moment. This is a story with heroes and villains. What happened is tragic. What it means for us today is likely much deeper than we care to know. Under the banner of SILENCE=DEATH, millions raised their voices to be heard. We must continue to listen.

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Somatic Solidarities: Community Bodies and the Politics of Healing
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Embodied Resistance examines how Indigenous communities confronting suicide and violence and Hansen's disease–affected populations in Pará, Vila Santo Antonio do Prata, transform individual suffering into collective healing through embodied practices that

challenge biomedical individualism. Drawing on 25 years of participatory ethnography, I show how community bodies—collective embodied experiences that exceed individual boundaries—become sites of ontological transformation where colonial medical categories are reworked into healing. The analysis identifies three processes: embodied witnessing (community protocols that hold individual trauma through shared bodily practices), somatic solidarity (the distribution of distress across care networks), and corporeal resistance (active refusals of biomedical categorizations through community-led healing). In the Indigenous site, collective body protocols relocate suicide discourse from individualized pathology to ceremonial, political, and socioeconomic action; in the Hansen's disease site, shared embodiment—reciprocal touch, co-presence, and intimate caregiving—contests isolation and sustains alternative circuits of proximity. Across both sites, participants pursue resemanticization by navigating between biomedical and Indigenous healing without treating either as totalizing. Methodologically, the study advances a participatory embodiment approach that integrates co-analysis with community researchers and multimodal, sensory ethnography. Ethics and positionality: the research followed trauma-informed, sovereignty-aligned practices, established data-sharing agreements, and maintained ongoing community review; my embedded, collaborative role shaped questions, analysis, and dissemination. Findings suggest decolonial health interventions should center community-generated practices of collective embodiment, reorienting policy and care away from individualized treatment protocols toward infrastructures that enable shared bodily practice, ceremonial response, and networked caregiving. The paper contributes transferable design principles for programs that resource ritual infrastructures, protect proximity, and support collective care across contexts.