

One-off sessions

Opening Address

[OP] Opening Address

[OP-01] Opening Address

Morito Monden (President, The Japanese Association of Medical Sciences)

Keynote Address / Invited Speakers | Education

[1] Keynote Address

[1-01] Keynote Address

Tsuguya Fukui (President, St. Luke's International Hospital)

[1-02] Keynote Address

Paul Crawford (Professor of Health Humanities, School of Health Sciences, University of Nottingham)

Keynote Address / Invited Speakers | Education

[2] Invited Speakers

[2-01] Invited Speaker

Steven C. Schlozman (Assistant Professor of Psychiatry, Harvard Medical School)

[2-02] Invited Speaker

Masayuki Satoh (Specially-Appointed Professor, Dementia and Neuropsychology Program, Advanced Institute of Industrial Technology)

[2-03] Invited Speaker

Akiko Yamanaka (Senior Diplomatic Fellow at Cambridge Central Asia Forum, Cambridge University Former member of the House of Representatives)

Oral presentation | Practice (Implementation)

[4] Panel discussion

[4-1] Implementing the medical humanities and narrative medicine: The case of Kraków, Poland

*Adrianna Beczek^{1,2,3}, Mateusz Potoniec^{1,2}, Hubert Syzdek^{1,2} (1. Uniwersytet Jagiellonski/Jagiellonian University(Poland), 2. Koło Naukowe Humanistyki Medycznej/ Student's Research Group for Medical Humanities(Poland), 3. Interdyscyplinarne Centrum Etyki UJ/Interdisciplinary Centre for Ethics JU(Poland))

Oral presentation | Theory, Vision, Other

[5] Panel discussion

[5-1] Being ill in a risk society: Patient narratives on the

management of uncertainty

*Rika Sakuma Sato¹, Maho Isono², Setsuko Sugano³ (1. DIPEX-Japan(Japan), 2. International University of Health and Welfare(Japan), 3. Rikkyo University(Japan))

Oral presentation | Practice (Implementation)

[7] Workshop

[7-2] Theater! The Workshop: Learn to use improv to create theatrical vignettes for improving mental and behavioral health

*Alan Kum Wing Lee¹, Kara Beatrice Beck², Eunice Yuen¹ (1. Yale School of Medicine(United States of America), 2. Drexel University Dornsife School of Public Health(United States of America))

[7-3] The potential of drawing for health professional education, research and practice

*Curie Scott¹ (1. Bournemouth University (UK))

[7-4] Graphic medicine and the art of self-reflection: Using comics to tell our stories about identity and community

*Brian Callender¹, Kathryn West¹ (1. University of Chicago(United States of America))

Oral presentation | Education

[8] Oral presentation

[8-1] On the Wings of The Pegasus: Creating and sustaining a creative writing organization within an academic setting

*Jennifer Pien-Wong¹ (1. Stanford University School of Medicine)

[8-2] "The Body Issue" : What can a graphic novel teach us about global and historical perspectives of the ideal female body?

*Nealie Tan Ngo^{1,2} (1. University of Toledo College of Medicine & Life Sciences(United States of America), 2. Yale University (United States of America))

[8-5] Integrating drawings into health curricula: University educators' perspectives

*Lorraine Smith¹, Bandana Saini¹, Melissa Cheung¹ (1. University of Sydney(Australia))

[8-6] Experiences of people with disability seeking to become healthcare professionals

*Yoko Setoyama¹, Noriko Iba² (1. Tokyo Medical University(Japan), 2. DIPEX-Japan(Japan))

[8-8] Ethical analysis of uncomfortable feelings in nursing practice described in narrative writing

*Mari Tsuruwaka¹, Kiyomi Asahara¹ (1. Graduate School of Nursing Sciences, St. Luke's International University(Japan))

[8-10] **How Japanese nurses learned injustice from patients' illness narratives**

*Toshitaka Adachi¹ (1. Kameda University of Health Sciences(Japan))

[8-11] **Fostering fundamental competencies as healthcare professionals through study-support for children with a foreign citizenship**

*Shinobu Hattori¹, Hiroyuki Kagami² (1. Fujita Health University(Japan), 2. Tokuyama University(Japan))

[8-13] **Activities of online counseling at medical site II**

*Sachi Takeshige¹ (1. Kyoto University Graduate School of Human and Environmental Studies Faculty of Integrated Human Studies(Japan))

[8-14] **Teaching for a healthier future: Health humanities addressing ageism as a social determinant of health**

*Erin Gentry Lamb¹ (1. Case Western Reserve University School of Medicine(United States of America))

[8-15] **USC+SSG: Designing a sustainable community partnership for community-based narrative medicine innovation and practice in Los Angeles**

*Jonathan C Chou¹, Ianthe RM Schepel², Karwai Ng³, Pamela B Schaff⁴, Erika Wright⁴, Suad Kapetanovic⁴, Trang Hoang⁵, Hala Masri⁵, Phuong Tang⁵, Mark Albright⁵ (1. MGH/McLean Adult Psychiatry Residency Program(United States of America), 2. Oxford University Hospitals NHS Foundation Trust(UK), 3. University College London(UK), 4. Keck School of Medicine of USC(United States of America), 5. Special Service for Groups (SSG)(United States of America))

[8-16] **Using Health Humanities to Promote Self-awareness of Unconscious Biases and Mitigate Healthcare Inequities**

*Anna-leila Williams¹ (1. Frank H. Netter MD School of Medicine at Quinnipiac University(United States of America))

[8-17] **A mother's rage: Horror tropes and the sociology of gendered mental health in *The Babadook***

*Emily Long¹ (1. University of North Carolina School of Medicine(United States of America))

[8-18] **English and international education for nursing students in English as a foreign language (EFL) environments**

*Jeffrey Huffman¹, Mami Inoue¹ (1. St. Luke's

International University(Japan))

[8-19] **My Life My Story: Teaching geriatrics fellows to listen to veteran patients' narratives**

*Susan Nathan^{1,2,4,3}, Andrea Wershof Schwartz^{1,2,3} (1. VA Boston Healthcare System, New England Geriatrics Research Education and Clinical Center(United States of America), 2. Harvard Medical School(United States of America), 3. Brigham & Women's Hospital(United States of America), 4. Boston University School of Medicine(United States of America))

[8-21] **Defining the "feminist" health humanities: Theoretical perspectives from the field of women's, gender, &sexuality studies**

*Rachel Dudley, Ph.D.¹ (1. The University of Toledo, Department of Women's and Gender Studies(United States of America))

Oral presentation | Practice (Implementation)

[9] Oral presentation

[9-3] **Finding the medicine in stories with care partners, people living with dementia and health professionals**

*Megan Voeller¹ (1. Director of Humanities, Thomas Jefferson University(United States of America))

[9-4] **Makeway Lab: A hospital makerspace to build the self-efficacy of dialysis patients**

*John William Waldron¹ (1. Queensland University of Technology (QUT)(Australia))

[9-5] **Development and clinical study of interactive art programs for rehabilitation**

*Kiyomi Yoshioka¹ (1. Meisei University(Japan))

[9-7] **Japan's "Tobyoki" transformed into medical resources: Significance, publication status, and actual situation in libraries**

*Emiko Wada¹, Yasushi Ishii², Kazuhiro Kanai³ (1. DIPEX-Japan(Japan), 2. International University of Health and Welfare Graduate School(Japan), 3. Seikosya Co., Ltd.(Japan))

[9-8] **"It takes a village" : Building partnerships to deliver an Arts in Health program within a major paediatric hospital**

*Lynne Seear^{1,2} (1. AHNQ(Australia), 2. CHQHHS(Australia))

[9-9] **'Beyond Words' books: How visual narratives can help people with learning disabilities to understand healthcare and tell their own stories**

*Bethany McPeake^{1,2} (1. The Open University(UK), 2.

Beyond Words(UK))

[9-10] **Designing effective interpersonal communication in improving the well-being of dementia patients: The Yumetomo (“ Dream Together”) Project in Kadoma City, Japan**

*Kimi Komisarof¹, Yasumi Mori² (1. Tokyo University of Foreign Studies(Japan), 2. Yumetomo Project in Kadoma Executive Committee(Japan))

[9-12] **The meaning of taking the role of an artist/researcher in participatory art: Concepts and methods in health humanities**

*Ilona Demecs¹ (1. Independent Artist/Scholar(Australia))

[9-13] **ARTRIP practice and research: A dialogue-based art program for those living with dementia and their caregivers in Japan**

*Yoko Hayashi^{1,2,3,4} (1. arts alive(Japan), 2. Shobi University(Japan), 3. ICOM Japan Committee(Japan), 4. Hitotsubashi University(Japan))

[9-15] **Factors that enable or obstruct the continuation of work among patients with chronic pain: Qualitative analysis of patient narratives**

*Mikiyo Sato^{1,2}, Machiko Ohara³, Rika Sakuma Sato², Noriko Iba², Natsuko Takahashi^{4,2} (1. Jichi Medical University,School of Nursing (Japan), 2. DIPEX-Japan(Japan), 3. Japan College of Social Work(Japan), 4. St. Luke's International University, Graduate School of Nursing Science(Japan))

[9-16] **Improving healthcare environments through human-centered design**

*Lizette Spangenberg¹, Duncan Reyburn¹ (1. University of Pretoria(South Africa))

[9-17] **Hurdles in the discharge adjustment for long-term psychiatric inpatients**

*Kiichirou Shinoda^{1,2}, Hiromi Kuwata² (1. Seisen University(Japan), 2. Shiga University of Medical Science(Japan))

[9-18] **Transformational teaching in the health humanities**

*Ye Kyung Song¹ (1. Duke University School of Medicine(United States of America))

[9-19] **Click here for body stories: Employing literary hypertext as illness narrative for women with hyperandrogenism**

*Megan Perram¹ (1. University of Alberta(Canada))

[9-20] **Pendemic: A medically centered writing workshop during COVID-19**

*Kacper Niburski¹ (1. McGill University(Canada))

Oral presentation | Research

[10] Oral presentation

[10-1] **How can poetry support the understanding of psychotic experiences? – A conceptual review**

*Mark Pearson¹ (1. University of Nottingham)

[10-3] **The house as symbolic representation of the self**

*Silvia Wyder¹ (1. University of Derby(UK))

[10-5] **Using psychological theory to understand the need for relatedness amongst people living with severe asthma**

*Lorraine Smith¹, Helen Reddel^{1,2}, Kath Ryan³, Daniela Eassey¹ (1. University of Sydney(Australia), 2. Woolcock Institute of Medical Research(Australia), 3. Reading University(UK))

[10-6] **Care and the child-grandparent relationship in children's picturebooks in Japan**

*Katsura Sako¹, Sarah Falcus² (1. Keio University(Japan), 2. University of Huddersfield(UK))

[10-7] **Diversity and process in performance activities related to mental illness**

*Hiroshi Sugimoto¹ (1. Niigata University of Health and Welfare(Japan))

[10-9] **Vaccine-hesitancy and medical education: Artist-researcher as a mediator between vaccine-critical parents and medical students**

*Kaisu Koski¹ (1. Sheffield Hallam University(UK))

[10-10] **A narrative medicine approach to disaster response: Ethical dimensions of Katrina and COVID-19**

*Yoshiko Iwai¹, Leah T Rosen¹, Sarah Holdren¹, Nina Y Hu^{1,2} (1. Columbia University, Division of Narrative Medicine(United States of America), 2. Columbia University/New York-Presbyterian, Department of Pediatric Emergency Medicine(United States of America))

[10-11] **Change your face, change your life? Prison plastic surgery programmes**

*Sharrona Pearl¹ (1. Drexel University(United States of America))

[10-12] **Imagining experimental philosophy of medicine**

*Kristien Hens¹, Andreas De Block² (1. University of Antwerp(Belgium), 2. KU Leuven(Belgium))

[10-13] **Bibliotherapeutic health humanities: Literature as a site for a therapeutic hermeneutics of**

experience in relation to recovering from trauma

*Jon David Little¹ (1. Alverno College(United States of America))

[10-14] The brain disorders debate, Chekhov, and international mental health humanities

*Jussi Valtonen^{1,2}, Bradley Lewis³ (1. University of Helsinki(Finland), 2. University of the Arts Helsinki(Finland), 3. New York University(United States of America))

[10-15] Caught between theory and practice: Rethinking the human dignity and housing needs of people living with severe mental illness

*Kriszta Sajber¹ (1. University of Michigan-Dearborn(United States of America))

[10-16] Psychologically-informed physiotherapy: Using online interviews and arts-based methods in healthcare research

*Kate Crook¹ (1. University of Leeds(UK))

[10-17] Relationality and mental illness: Understanding mental illness through photography

*Agnese Sile¹ (1. Edinburgh College of Art, University of Edinburgh, Scotland, UK(UK))

[10-18] Association of social networks with willingness to engage in advanced care planning among community-dwelling active older people in Japan

*Erika Nakanishi¹, Kuniyoshi Hayashi¹ (1. St. Luke's International University, Graduate School of Public Health (Japan))

[10-19] Awareness of those in their 20s to 40s about the aging society in 2040

*Misaki Yano¹ (1. St. Luke's International University GSPH(Japan))

Oral presentation | Theory, Vision, Other

[11] Oral presentation

[11-1] Connecting the health humanities and the environmental humanities?

*Keitaro Morita¹ (1. Rikkyo University(Japan))

[11-2] Planetary Health Humanities: Responding to COVID times

*Bradley Lewis¹ (1. New York University(United States of America))

Poster presentation | Education

[12] Poster presentation

[12-1] Educational program for nurses in rural Japan using

narratives of persons with dementia and their families:

A qualitative study

*Mikiyo Sato^{1,2}, Setsuko Hanzawa¹, Shin Narita¹, Sanae Haruyama¹ (1. Jichi Medical University, School of Nursing(Japan), 2. DIPEX-Japan(Japan))

[12-2] Ethical knowledge from lecturer with cervical spinal cord injury: Experience of the cervical spinal cord injury by traffic accident and ethics on use of aborted fetus in the regenerative treatment

*Eri Sasatani¹ (1. Hanazono University(Japan))

[12-3] Change of recognition toward medical care among students under school nurse training

*Eri Sasatani¹ (1. Hanazono University(Japan))

[12-4] Transformation of nursing students' infection control knowledge in irregular home nursing practice

*Yuka Ohnuma¹, Junko Hoshi¹, Takuko Shikano¹ (1. Akamon College of Sendai (Japan))

[12-5] Interpersonal relationships between patients and nursing students in psychiatric nursing practice: Analysis of patient interviews

*Hiromi Fu^{1,2}, Masahiko Ishimaru³ (1. The Open University of Japan Graduate School of Art and Sciences Master's Course(Japan), 2. Osaka Shin-ai College Department of Nursing(Japan), 3. The Open University of Japan Graduate School of Art and Sciences(Japan))

Poster presentation | Practice (Implementation)

[13] Poster presentation

[13-1] Perinatal loss grief counseling in the community

*Keiko Ishii¹, Shigeko Horiuchi¹, Shoko Gilbert Horiuchi² (1. St. Luke's International University(Japan), 2. Kaiser Permanente(United States of America))

[13-2] The current situation and issues to be addressed regarding muscular dystrophy patients' transition to living outside of institutions in Japan

*Kumi Banno^{1,2} (1. Gifu University of Medical Science(Japan), 2. Ritsumeikan University(Japan))

[13-3] The structure of home care service coordinator's vocational identity

*Takako Ayabe¹ (1. Baika Women's University(Japan))

[13-4] Relationship between the understanding of information for team approaches and the practice of team approaches by care managers

*Takako Ayabe¹ (1. BAIKA Women's University(Japan))

[13-5] **Interview survey of subjective symptoms of smoke from traditional cooking stoves in Rwanda**

*Kazuko Eto¹, Yo Ishigaki², Kenji Tanaka², Takashi Yoda³,
Muneo Matsukawa³ (1. Faculty of Nursing, Yokohama
Soei University, Japan(Japan), 2. University of Electro-
Communications(Japan), 3. Japan Weather
Association(Japan))

Poster presentation | Research

[14] **Poster presentation**

[14-1] **Metaphors of mental health: A research project on how sufferers and professionals talk about severe mental illness**

*Marta Coll-Florit¹, Salvador Climent¹, Martín Correa-
Urquiza³, Eulàlia Hernández², Antoni Oliver¹, Asun Pié²
(1. Universitat Oberta de Catalunya UOC, Arts and
Humanities(Spain), 2. Universitat Oberta de Catalunya
UOC, Psychology and Education Sciences(Spain), 3.
Universitat Rovira i Virgili, Anthropology - Philosophy and
Social Work(Spain))

[14-2] **Decision-making by mothers using a compatible support system of raising children and work**

*Naoko Wada¹, Hiroshi Sugimoto¹ (1. Niigata University
of Health and Welfare(Japan))

[14-3] **Process through which critical care nurses overcome patient death due to accidents or disasters**

*Asana Takasaki¹, Kazumi Takeno², Tadaaki Hashimoto³,
Arisa Tanaka², Sachiko Kawanami², Junpei Takeshima⁴,
Koji Ishii⁵ (1. Faculty of Nursing and Nutrition University
of Nagasaki(Japan), 2. Division of Nursing Nagasaki
University Hospital(Japan), 3. Division of Nursing
Japanese Red Cross Society Nagasaki Genbaku
Hospital(Japan), 4. Department of Nursing Faculty of
Fukuoka Medical Technology Teikyo University(Japan), 5.
Department of Anesthesiology Nagasaki University
Hospital (Japan))

[14-4] **Situation leading to the abuse of men who care for their wives and mothers**

*Midori Nishio¹, Sayori Sakanashi² (1. Japanese Red
Cross Kyushu International College of Nursing(Japan), 2.
Fukuoka University(Japan))

Poster presentation | Theory, Vision, Other

[15] **Poster presentation**

[15-1] **Listening to experiences of health and illness**

around the world: Introducing the DIPEX International project

*Rika Sakuma Sato^{1,3}, Lorraine Smith^{2,3} (1. DIPEX-
Japan(Japan), 2. The University of Sydney(Australia), 3.
DIPEX International(UK))

[15-2] **Toward Health Anthropology: From the practices of performance activities related to mental illness**

*Hiroshi Sugimoto¹ (1. Niigata University of Health and
Welfare(Japan))

IHHC-2020 Regional Zoom Gatherings (October 24, 7:00p.m.)

[Gatherings] IHHC-2020 Regional Zoom Gatherings
【 October 24, 7:00p.m.】

[G-01] IHHC-2020 Regional Zoom Gatherings 【 October
24, 7:00p.m.】

Opening Address

[OP] Opening Address

[OP-01] Opening Address

Morito Monden (President, The Japanese Association of Medical Sciences)

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Morito Monden (President, The Japanese Association of Medical Sciences)

Keynote Address / Invited Speakers | Education

[1] Keynote Address

[1-01] Keynote Address

Tsuguya Fukui (President, St. Luke's International Hospital)

[1-02] Keynote Address

Paul Crawford (Professor of Health Humanities, School of Health Sciences, University of Nottingham)

[1-01] Keynote Address

Tsuguya Fukui (President, St. Luke's International Hospital)

In my keynote speech, I would like to talk about how I became interested in the medical and health humanities and discuss what the future holds in these areas.

It has been around 50 years since I started studying medicine. I trained as a clinical fellow in internal medicine in Boston, USA, whilst at the same time studying public health at Harvard University. After returning to Japan in the mid-1980s, I was involved in medical care, education, and research in the fields of internal medicine, clinical epidemiology, and Evidence-based medicine (EBM) for around 16 years as a professor at Saga Medical University and Kyoto University. Then, in 2005, I became the president of St. Luke's International Hospital and continue in this role to the present day.

In my role as president of St. Luke's, I have contributed to the introduction and development of new medical treatments and care. Recently, St. Luke's has played a leading role in Japan in the fields of postgraduate clinical training for doctors, measurement, disclosure, and improvement of quality indicators relating to medical care.

In 2017, I established a graduate school of public health at St. Luke's, an area in which Japan lags far behind other developed countries. I then felt that the next step in my career should be to gain a fuller understanding of the Health Humanities, which is an expansion of the already well-established Medical Humanities, and to promote the dissemination of research in this field throughout Japan, both academically and among the medical community.

Art, which is the culmination of creativity and imagination, and is something that only we human beings – homo sapiens – have, reminds all people of the significance of being born and brings them a deep sense of joy in living. In addition, works of art also provide an essential person-to-person connection to those around them. These interpersonal connections are essential for maintaining good health and overcoming illness. Therefore, the potential of the Health Humanities to contribute to and improve current thinking and practice in medical care and public health is enormous, and we aim to further its development.

Moreover, I would like to strive for the development of Health Humanities in Japan not only for those people who are sick, but also to ensure that people in Japan and other countries around the world may receive better medical care and health care to help them improve their health and lead meaningful lives.

[1-02] Keynote Address

Paul Crawford (Professor of Health Humanities, School of Health Sciences, University of Nottingham)

Creative Nursing and Health Humanities

Professor Crawford introduces the important role of health humanities through the lens of some of his highly funded research projects. He gives particular emphasis to the notions of 'creative public health' and 'creative nursing' against the backdrop of the Coronavirus pandemic. In this bicentenary year of the birth of Florence Nightingale, he fleshes out her astonishing creativity, not least in relation to the timely themes of health and contagion at home. This short overview is followed by discussion of the place of creative practice in advancing what Crawford has coined 'mutual recovery' among patients, healthcare staff and family

carers and exciting new work to foreground social and cultural assets as a key contribution to public health. This is underlined by illustrating how ‘mutual recovery’ and social and cultural assets can align in providing novel, egalitarian approaches, for example, in dementia care. Finally, he outlines his latest project working with the Academy-award winning film company Aardman (Wallace & Gromit, Chicken Run, Shaun the Sheep) to advance mental health literacy among young people as part of his innovative mission in creative public health—a much more generous vision of health provision, in which the concept of creative nursing could find a happy space.

Keynote Address / Invited Speakers | Education

[2] Invited Speakers

[2-01] Invited Speaker

Steven C. Schlozman (Assistant Professor of Psychiatry, Harvard Medical School)

[2-02] Invited Speaker

Masayuki Satoh (Specially-Appointed Professor, Dementia and Neuropsychology Program,
Advanced Institute of Industrial Technology)

[2-03] Invited Speaker

Akiko Yamanaka (Senior Diplomatic Fellow at Cambridge Central Asia Forum, Cambridge University
Former member of the House of Representatives)

[2-01] Invited Speaker

Steven C. Schlozman (Assistant Professor of Psychiatry, Harvard Medical School)

There's a Film for Each of Us: The Role of Film and Television in Preserving Mental Health and Fostering Resilience

Film and other forms of on-screen entertainment bolster mental health, foster resiliency, and, ultimately contribute to our general well-being. We might take this statement for granted, but these assertions beg a number of important questions. How does film accomplish this impressive task? What gives film the potency to readily provoke thoughts, feelings, and even physical experiences? This talk seeks to answer these questions by examining the ubiquity of content that film offers as it caters to the endlessly individual needs of the audience. We will survey neurobiological, psychological and media data to understand these processes, and we will pay special attention to the role of film and other forms on-screen entertainment in helping all of us during the trials of the ongoing global pandemic.

[2-02] Invited Speaker

Masayuki Satoh (Specially-Appointed Professor, Dementia and Neuropsychology Program, Advanced Institute of Industrial Technology)

Music in Medical Settings:
Applications for Dementia and Aphasia

Masayuki Satoh, M.M./Ph.D.

Department of Dementia and Neuropsychology
Tokyo Metropolitan Public University Corporation
Advanced Institute of Industrial Technology

Recently, the cognitive processing of music has been elucidated, and, based on these findings, music is going to be used for the rehabilitation and treatment of diseases. In neurology, the effectiveness of music therapy has been reported in following diseases/symptoms: dementia, aphasia, paresis and psychological symptoms due to stroke, gait disturbance of Parkinson's disease, and unilateral spatial neglect. In this lecture, I explain the present evidences of the former two symptoms, and introduce our studies about physical exercise with music to cognitively normal elderly people or patients with mild to moderate dementia, and the melodic intonation therapy (MIT) to patients with motor aphasia.

The symptoms of dementia are divided into two factors: the central symptoms which mean cognitive impairment, and behavioral and psychological symptoms of dementia (BPSD) such as delirium, wandering, hallucination, and so on. The evidence of the effectiveness of music therapy to the BPSD has been established. As for the non-pharmacological interventions to central symptoms, only the physical exercise reveals the significant effectiveness. Our team clarified that the physical exercise with music accompaniment is more effective than physical exercise alone (The Mihama-Kiho project).

It is well known that the patient with global aphasia often be able to utter lyrics when he/she sings familiar songs. The melodic intonation therapy (MIT) utilizes the musical factors to improve speaking of aphasic patients. We applied the Japanese version of MIT (MIT-J) to stroke patients with chronic aphasia, and performed functional MRI while naming before and after the intensive training of MIT-J for serial 9 days.

[2-03] Invited Speaker

Ensuring Social Resilience: From Humans to Medical and Health Science

Akiko Yamanaka (Senior Diplomatic Fellow at Cambridge Central Asia Forum, Cambridge University
Former member of the House of Representatives)

Political instability as well as various endemic and regional problems can shake the world community at any time and at any place, especially in the post-COVID-19 world. Therefore, renewed attention and urgency must be given to the concept of Preventive Diplomacy, which can be applied not only with regards to war and conflict but also natural disasters and pandemics. In this regard, we need to consider where we are in the tide of history and how to secure non-traditional aspects of security, such as water, food, health, energy, and environmental security. We must also consider how to deal with our aging society, and we must do so from various perspectives, because all developed nations are facing this issue. In order to realize a new world order which produces happy people by respecting humans in harmony with highly advanced medicine, I would like to propose three key phrases: 1. Ensuring Social Resilience, 2. Addressing Common Interests, and 3. Establishing an Age of Balance. In this talk I will also introduce the Japanese concepts of 一病息災 (ichibyou sokusai: “A creaking gate hangs long.”) and 医食同源 (ishokudougen), both of which are consistent with the principles of a health normal diet and medical treatment, and which should be introduced widely in order to create a better world community.

Oral presentation | Practice (Implementation)

[4] Panel discussion

[4-1] **Implementing the medical humanities and narrative medicine: The case of Kraków, Poland**

*Adrianna Beczek^{1,2,3}, Mateusz Potoniec^{1,2}, Hubert Syzdek^{1,2} (1. Uniwersytet Jagielloński/Jagiellonian University(Poland), 2. Koło Naukowe Humanistyki Medycznej/ Student's Research Group for Medical Humanities(Poland), 3. Interdyscyplinarne Centrum Etyki UJ/Interdisciplinary Centre for Ethics JU(Poland))

[4-1] Implementing the medical humanities and narrative medicine: The case of Kraków, Poland

*Adrianna Beczek^{1,2,3}, Mateusz Potoniec^{1,2}, Hubert Syzdek^{1,2} (1. Uniwersytet Jagielloński/Jagiellonian University(Poland), 2. Koło Naukowe Humanistyki Medycznej/ Student's Research Group for Medical Humanities(Poland), 3. Interdyscyplinarne Centrum Etyki UJ/Interdisciplinary Centre for Ethics JU(Poland))
Presentation language : English

Pellegrino (1984) claimed that 'medicine (...) sits between the sciences and the humanities being exclusively neither one nor the other but having some of the qualities of both'. We are a group of people who, following this thought, are trying to shift the weight of medical practice slightly more towards humanities in our city of Kraków, Poland. Kraków has a profound history of humanistic medicine, which seems to have been neglected over the recent years. In the process of reintroducing humanities into medical curriculum we see opportunities to create something new and ameliorate medical care both for patients and for doctors. In the discussion we: Hubert, a student of Medicine and Philosophy, Mateusz, a student of Literature, who have both recently translated the book "The Principles and Practice of Narrative Medicine" into Polish and Adrianna, who is a researcher in Cultural Anthropology and Philosophy and a student of Medicine, wish to demonstrate our views on the role of Medical Humanities, especially Narrative Medicine, in the clinic, and search for further possibilities this perspective provides.

Oral presentation | Theory, Vision, Other

[5] Panel discussion

[5-1] **Being ill in a risk society: Patient narratives on the management of uncertainty**

*Rika Sakuma Sato¹, Maho Isono², Setsuko Sugano³ (1. DIPEX-Japan(Japan), 2. International University of Health and Welfare(Japan), 3. Rikkyo University(Japan))

[5-1] Being ill in a risk society: Patient narratives on the management of uncertainty

*Rika Sakuma Sato¹, Maho Isono², Setsuko Sugano³ (1. DIPEX-Japan(Japan), 2. International University of Health and Welfare(Japan), 3. Rikkyo University(Japan))

Presentation language : Japanese

“Kyuni-guaiga-warukunaru” (“When you suddenly get sick”) is a title of a book, based on the correspondence between a philosopher suffering cancer and an anthropologist. In the book, the two women exchange their ideas about the contingencies of life, the risk management, and the “fateful” decision making.

This panel discussion is inspired by their exchanges regarding the predicament that today’ s patient must face when medical professionals deliver information hoping that she/he would make a rational decision based on the evidential information they provide. In contemporary society, individuals are held responsible for managing risks which can only be identified by experts (Giddens1990; Beck 1992). However, individuals often resist experts’ assessment of the risk and their advice when they try to manage their uncertainty. The dichotomy between “rational” and “irrational” is not productive here. We need to analyze how individuals mobilize resources such as trust or hope which are nurtured within their experience-based knowledge.

We begin the panel discussion with the presentation of audiovisual narratives taken from the Database of Health and Illness Narratives compiled by DIPEX-Japan, followed by two panelists’ (Setsuko Sugano, a sociologist, and Maho Isono, the anthropologist who co-authored the book mentioned above) discussion on patient strategies for managing uncertainty in a risk society.

Oral presentation | Practice (Implementation)

[7] Workshop

[7-2] Theater! The Workshop: Learn to use improv to create theatrical vignettes for improving mental and behavioral health

*Alan Kum Wing Lee¹, Kara Beatrice Beck², Eunice Yuen¹ (1. Yale School of Medicine(United States of America), 2. Drexel University Dornsife School of Public Health(United States of America))

[7-3] The potential of drawing for health professional education, research and practice

*Curie Scott¹ (1. Bournemouth University (UK))

[7-4] Graphic medicine and the art of self-reflection: Using comics to tell our stories about identity and community

*Brian Callender¹, Kathryn West¹ (1. University of Chicago(United States of America))

[7-2] Theater! The Workshop: Learn to use improv to create theatrical vignettes for improving mental and behavioral health

*Alan Kum Wing Lee¹, Kara Beatrice Beck², Eunice Yuen¹ (1. Yale School of Medicine(United States of America), 2. Drexel University Dornsife School of Public Health(United States of America))

Presentation language : English

Child-parent interactions are a common area where conflict occurs due to cross-cultural challenges. This workshop aims to develop realistic and relatable theatrical vignettes, namely “child-parent playbooks” , as an educational vehicle for a variety of mental and behavioral health related goals in Asian American families.

The workshop will teach how to create natural dialogues through long-form improvisational comedy techniques based on relevant lived experiences. This method starts with an in-depth discussion with script contributors. That then guides decisions about the characters, their relationship to each other, and their emotional motivation. Scenes are then improvised, recorded, and transcribed, with these steps repeated as necessary, focusing attention on cultivating a natural interaction.

Participants will understand the framework of constructing child-parent playbook vignettes. In addition to Asian American child-parent cultural disconnect, other vignettes that have been written and performed with audiences include ones related to low-income families as well as others that bring awareness to the emotional stress that COVID-19 is having on families and healthcare providers.

Our child-parent playbook workshop will take participants through the process of creating scripts and scenarios using these techniques, demonstrate their application, and allow participants an opportunity to practice script development and to reflect on the process.

[7-3] The potential of drawing for health professional education, research and practice

*Curie Scott¹ (1. Bournemouth University (UK))

Presentation language : English

“Today, we’ ll be drawing”

The response to this is statement universal: children look animated and adults look alarmed.

The cultural preference, to assume that ‘drawing = art’ , has meant we overlook the versatility of drawing for meaning-making in Health. Drawing happens in healthcare education, research and practice settings. Though mostly by children, there are numerous applications of drawings with adults too.

For my PhD, health professional students and the members of the public joined a Drawing Programme to consider their future older-self. Drawing facilitated ways for them to see, speak, hear and then make informed choices about their future. Drawing helps us think, understand, conceptualise and dream through issues of health and wellbeing. Drawings are useful for: record-keeping, visualising trends in vital signs, diagnostic assessment, glean health perceptions, learning and revision, health communication and public health campaigns.

If you were unsettled by the invitation “Today, we’ ll be drawing” , this workshop is for you. It has nothing

to do with producing ‘good drawings’ or being ‘artistic’. You do not need any drawing ability to be in this workshop, just an openness and interest in what drawing might offer. We will draw together and explore applications to your practice.

[7-4] Graphic medicine and the art of self-reflection: Using comics to tell our stories about identity and community

*Brian Callender¹, Kathryn West¹ (1. University of Chicago(United States of America))

Presentation language : English

Both the Covid-19 pandemic and current social justice movement have profoundly altered our senses of identity and community. We are in a historical moment where the health humanities are increasingly being utilized to capture and amplify narratives of the pandemic and racial justice movements, and as such graphic medicine is positioned to leverage the unique characteristics of comics to reflect upon and express what we are experiencing. This workshop will focus on using the medium of comics as a self-reflective exercise to explore identity and community through the creation of graphic narratives. In workshops we’ ve conducted in clinical and academic settings, we found that comics-creation is an approachable and innovative method for creating narratives, opening conversations, and sharing experiences while empowering the individual to express themselves.

The outline of the 30-minute workshop is as follows:

- 1) Introductions,
- 2) The Body and Identity (create a body map that identifies key features of one’ s identity; how is identity impacted both externally and internally?),
- 3) Community (create a community map that identifies key features of one’ s community and how their community has been affected by the pandemic and/or social justice movement; look for places of inclusion and exclusion),
- 4) Sharing and debrief,
- 5) Wrap-up

[8] Oral presentation

[8-1] **On the Wings of The Pegasus: Creating and sustaining a creative writing organization within an academic setting**

*Jennifer Pien-Wong¹ (1. Stanford University School of Medicine)

[8-2] **“The Body Issue” : What can a graphic novel teach us about global and historical perspectives of the ideal female body?**

*Nealie Tan Ngo^{1,2} (1. University of Toledo College of Medicine & Life Sciences (United States of America), 2. Yale University (United States of America))

[8-5] **Integrating drawings into health curricula: University educators' perspectives**

*Lorraine Smith¹, Bandana Saini¹, Melissa Cheung¹ (1. University of Sydney (Australia))

[8-6] **Experiences of people with disability seeking to become healthcare professionals**

*Yoko Setoyama¹, Noriko Iba² (1. Tokyo Medical University (Japan), 2. DIPEX-Japan (Japan))

[8-8] **Ethical analysis of uncomfortable feelings in nursing practice described in narrative writing**

*Mari Tsuruwaka¹, Kiyomi Asahara¹ (1. Graduate School of Nursing Sciences, St. Luke's International University (Japan))

[8-10] **How Japanese nurses learned injustice from patients' illness narratives**

*Toshitaka Adachi¹ (1. Kameda University of Health Sciences (Japan))

[8-11] **Fostering fundamental competencies as healthcare professionals through study-support for children with a foreign citizenship**

*Shinobu Hattori¹, Hiroyuki Kagami² (1. Fujita Health University (Japan), 2. Tokuyama University (Japan))

[8-13] **Activities of online counseling at medical site II**

*Sachi Takeshige¹ (1. Kyoto University Graduate School of Human and Environmental Studies Faculty of Integrated Human Studies (Japan))

[8-14] **Teaching for a healthier future: Health humanities addressing ageism as a social determinant of health**

*Erin Gentry Lamb¹ (1. Case Western Reserve University School of Medicine (United States of America))

[8-15] **USC+SSG: Designing a sustainable community partnership for community-based narrative medicine innovation and practice in Los Angeles**

*Jonathan C Chou¹, Ianthe RM Schepel², Karwai Ng³, Pamela B Schaff⁴, Erika Wright⁴, Suad Kapetanovic⁴, Trang Hoang⁵, Hala Masri⁵, Phuong Tang⁵, Mark Albright⁵ (1. MGH/McLean Adult Psychiatry Residency Program (United States of America), 2. Oxford University Hospitals NHS Foundation Trust (UK), 3. University College London (UK), 4. Keck School of Medicine of USC (United States of America), 5. Special Service for Groups (SSG) (United States of America))

[8-16] **Using Health Humanities to Promote Self-awareness of Unconscious Biases and Mitigate Healthcare Inequities**

*Anna-leila Williams¹ (1. Frank H. Netter MD School of Medicine at Quinnipiac University (United States of America))

[8-17] A mother's rage: Horror tropes and the sociology of gendered mental health in *The Babadook*

*Emily Long¹ (1. University of North Carolina School of Medicine(United States of America))

[8-18] English and international education for nursing students in English as a foreign language (EFL) environments

*Jeffrey Huffman¹, Mami Inoue¹ (1. St. Luke's International University(Japan))

[8-19] My Life My Story: Teaching geriatrics fellows to listen to veteran patients' narratives

*Susan Nathan^{1,2,4,3}, Andrea Wershof Schwartz^{1,2,3} (1. VA Boston Healthcare System, New England Geriatrics Research Education and Clinical Center(United States of America), 2. Harvard Medical School(United States of America), 3. Brigham & Women's Hospital(United States of America), 4. Boston University School of Medicine(United States of America))

[8-21] Defining the “feminist” health humanities: Theoretical perspectives from the field of women’ s, gender, &sexuality studies

*Rachel Dudley, Ph.D.¹ (1. The University of Toledo, Department of Women’ s and Gender Studies(United States of America))

[8-1] On the Wings of The Pegasus: Creating and sustaining a creative writing organization within an academic setting

*Jennifer Pien-Wong¹ (1. Stanford University School of Medicine)

Presentation language : English

Founded in 2008, the Pegasus Physician Writers at Stanford now have over 120 active members. Housed under the Medicine & The Muse Program of Medical Humanities at Stanford University, this organization, comprised of medical undergraduates, trainees and faculty, has expanded to include sustained writing critique groups, curated readings and symposiums, and ongoing educational seminars designed to promote the emergent creative writing endeavors of physicians. This presentation will describe the methodology, support, and resources utilized in sustaining this vibrant community of physician authors that include Drs. David Eagleman, Daniel Mason, Irv Yalom, and others in the areas of medical humanities, Narrative Medicine, and creative writing.

[8-2] “The Body Issue” : What can a graphic novel teach us about global and historical perspectives of the ideal female body?

*Nealie Tan Ngo^{1,2} (1. University of Toledo College of Medicine & Life Sciences (United States of America), 2. Yale University (United States of America))

Presentation language : English

The Body Issue: What Global and Historical Perspectives of the Ideal Female Body Can Teach Us About Our Own Present-day Bodies is a graphic novel that explores the cultural and social factors influencing female body image and aims to be an educational, entertaining tool for teaching history and medicine. Drawing from historical and contemporary sources, as well as personal experience, the author tries to understand the overemphasis on women's physical appearance. The graphic novel narrates the stories of four different historical societies: Tang Dynasty China, the Efik people, Victorian England, and Sparta, and invites readers to consider bodies as a means to individuality instead of assimilation, acknowledge how social and cultural factors can impact body image, and recognize that no perfect female body exists.

Poor body image is a worldwide public health crisis disproportionately affecting females. Physical bodies are social bodies; beauty is linked to perceptions of health, wealth, power, and overall success, which affect women's overall views of their capabilities, strengths, and worth. History can help expose ideals of women's beauty as arbitrary, suggesting fluidity and subjectivity of the notion of perfection. *The Body Issue* aims to help readers value self-validation over social validation with respect to their bodies.

[8-5] Integrating drawings into health curricula: University educators' perspectives

*Lorraine Smith¹, Bandana Saini¹, Melissa Cheung¹ (1. University of Sydney (Australia))

Presentation language : English

Background

Research shows that drawings offer a window into the authentic, insider view of health and illness. Based on our earlier work this study explored university educators' opinions regarding the implementation of drawings as an educational tool for higher education healthcare students.

Objective

To explore pathways for utilising drawings as an art form in an educational context, and provide recommendations for developing curricula and resources for further evaluation.

Methods

Focus group interviews with university educators. Materials included patient and healthcare professional drawings of perceptions of the lived experience of asthma.

Results

Participating educators supported the use of drawings as a novel medium. Perceived benefits were that drawings foster student appreciation of: (i) the holistic impact of illness, (ii) the importance of patients' priorities, and (iii) the value of learning from the patient.

Conclusion

Drawings offer opportunities for students to explicitly reflect about the patient experience holistically rather than view the patient as a 'biomedical problem.' Shifting students' perspectives and assumptions to be better aligned with and appreciative of patients' experiences were noted as central to adopting a person-centred approach to healthcare practice. Our findings suggest that incorporating drawings as educational tools would be a valuable addition to health curricula.

[8-6] Experiences of people with disability seeking to become healthcare professionals

*Yoko Setoyama¹, Noriko Iba² (1. Tokyo Medical University(Japan), 2. DIPEX-Japan(Japan))

Presentation language : Japanese

Objective:

The promotion of worker-friendly environment and diversity of healthcare professionals(HP) is a major issue in Japan today. This study explores the experiences of people with disability seeking to become, or those who have become HP, in order to promote inclusive environment within the healthcare field.

Method:

Thematic analysis of qualitative data collected by narrative interviews conducted between December 2018 and October 2019. Data from 6 people with disabilities who have the experiences of being HP or healthcare students was analyzed.

Findings:

A nurse with internal disability since the age of 16 found that his experience of disability had prompted him to become HP, and a doctor using wheelchair said the disability might affect the relationship with patients.

Some felt ethical dilemma in being or seeking to be HP with disabilities.

Discussions:

HP with disabilities have recognized that their own disabilities affect both positively and negatively on being or seeking to become HP. While people with disabilities have the right to choose their occupations, in healthcare settings, patients' safety and quality of care must take priorities. We need more discussions on what the essence of being HP and how to provide reasonable accommodation to HP with disabilities.

[8-8] Ethical analysis of uncomfortable feelings in nursing practice described in narrative writing

*Mari Tsuruwaka¹, Kiyomi Asahara¹ (1. Graduate School of Nursing Sciences, St. Luke's International University(Japan))

Presentation language : Japanese

Objectives: The purpose of this study was to explore the significance of narrative writing by analyzing from an ethical perspective nurses' narrative described based on uncomfortable feelings that they had in nursing practice.

Methods: The analyzed data were 86 nursing graduate students' narratives described as uncomfortable feelings in clinical settings. We examined what kinds of ethical issues had occurred from their narratives in light of the Code of Ethics for Nurses (2003) proposed by the Japanese Nursing Association and ethical principles. This study was conducted with the approval of St. Luke's International University Research Ethics Review Committee (14-035).

Results: Many of the 86 narratives included their insincere attitudes to patients and what was associated with patients' autonomy such as respect for their will, the right to know, and the assurance of self-determination. The nurses appeared to struggle to preserve patients' autonomy and be honest with patients amid various difficulties.

Conclusions: Narrative writing helped nurses notice and consider ethical issues in daily nursing practice in the described situations.

[8-10] How Japanese nurses learned injustice from patients' illness narratives

*Toshitaka Adachi¹ (1. Kameda University of Health Sciences(Japan))

Presentation language : Japanese

I have been teaching a course called “*Ningengaku* or Anthropology/Human relations” for graduate students of nursing school in Japan for over ten years. The main objective of this course is to understand patients' suffering from multifaceted perspectives by way of reading and discussing illness narratives of patients. One of the illness narratives as a required text is Keiko Yanagisawa's *Mitomerarenu yamai*, or *Illness not Permitted*, which is a novel based on her own experience. Dr. Yanagisawa used to be an active

embryologist and is one of the female pioneers of this field. However, she has suffered from an unknown disease since early in her career and was forced to relinquish her role as a scientist due to it.

Through reading and discussing this textbook, graduate students become mindful of some issues: how medical professionals suffer their patients despite of their professional roles; how a female patient holding a job has much more difficulty to keep her social status than a male patient in Japan. In this paper, I will present an illness narrative from a Japanese novel that would be a good educational resource for nursing students to recognize issues of social injustice between female and male patients.

[8-11] Fostering fundamental competencies as healthcare professionals through study-support for children with a foreign citizenship

*Shinobu Hattori¹, Hiroyuki Kagami² (1. Fujita Health University(Japan), 2. Tokuyama University(Japan))

Presentation language : English

In order to cultivate a spirit of cooperation among healthcare professionals, assembly activities have been conducted, in which students work in groups toward common purpose independently, regardless of their majors.

The educational effect of this assembly activity will be explained in this presentation in the view of the project, "Study-Support Volunteers for children with a foreign citizenship", which has been carried out as activities for the second-year students.

Conducting a questionnaire to students and NPO staff at the end of the program, it was found that there was a slight gap between the NPO staff and the students regarding evaluation, which was due to a lack of communication between them.

As a solution, activity reports, which students submit every time have been shared with not only NPO staff but also all team members, and even the comments for the reports by NPO staff. It has led the activity reports to be informative, communication between NPO staff and students has come to be better, and the evaluation for this activity of both parties has been improved.

In this presentation, it will be explained that the results of the analysis of this activity program and causes of improvements of the evaluation.

[8-13] Activities of online counseling at medical site II

*Sachi Takeshige¹ (1. Kyoto University Graduate School of Human and Environmental Studies Faculty of Integrated Human Studies(Japan))

Presentation language : Japanese

The most basic form of counseling is in person. Through their dialogue with counselors, clients deepen their conversation with themselves. On the other hand, online counseling is a limited communication method as non-verbal message is not fully conveyed via online counseling, therefore it is used to supplement psychotherapy conducted in person.

In this study, I would like to suggest about how we can utilize the online counseling at the scene of reproductive technique. Therefore research was done about stress due to infertility at various stage of treatment and different period of treatment, and patients' requests and points for improvement(their needs) toward conventional in person counseling.

As a result, it was acknowledged that the factor of "pain in therapeutic environment" indicated a significantly high level of stress at any stage of treatment. Also, it was discovered that the patients actually do not utilize the counseling due to lack of equipment and/or its price even though they tend to request it in regard of their anxiety and/or details of treatment. Therefore, based on result of the research, this study suggested occasions which online counseling can be useful.

[8-14] Teaching for a healthier future: Health humanities addressing ageism as a social determinant of health

*Erin Gentry Lamb¹ (1. Case Western Reserve University School of Medicine(United States of America))

Presentation language : English

In a recent review of global research on the effects of ageism on older persons' health, Chang et al (2020) found that in the vast majority of studies, across all countries studied, ageism was linked to significantly worse health outcomes. Ageism is a social determinant of health (SDOH), they conclude. It is not, however, a widely recognized SDOH, and has not been as targeted a focus of health humanities research, teaching, and interventions as it merits.

Ageism affects the health of other adults through both structural and individual mechanisms. Ageism among health care providers has been associated with a wide variety of negative clinical consequences. More pernicious is the internalization of ageism that often begins when we are children and strengthens as others start to identify us as "old." Health humanities is well-poised to address ageism through educational interventions at a wide variety of levels, from children, to young adults, to aspiring health professionals, to older people.

This presentation will present an overview of the health consequences of ageism, and will provide examples of health humanities educational interventions that might be implemented for diverse audiences.

Chang et al. (2020) Global reach of ageism on older persons' health: A systematic review. *PLoS ONE*, 15(1).

[8-15] USC+SSG: Designing a sustainable community partnership for community-based narrative medicine innovation and practice in Los Angeles

*Jonathan C Chou¹, Ianthe RM Schepel², Karwai Ng³, Pamela B Schaff⁴, Erika Wright⁴, Suad Kapetanovic⁴, Trang Hoang⁵, Hala Masri⁵, Phuong Tang⁵, Mark Albright⁵ (1. MGH/McLean Adult Psychiatry Residency Program(United States of America), 2. Oxford University Hospitals NHS Foundation Trust(UK), 3. University

College London(UK), 4. Keck School of Medicine of USC(United States of America), 5. Special Service for Groups (SSG)(United States of America))

Presentation language : English

Background: There has been limited exploration of the role narrative medicine could play in addressing the needs of vulnerable communities. In 2018-2019, we established a partnership between the new Master of Science in Narrative Medicine program at the Keck School of Medicine of USC and the nonprofit organization Special Service for Groups (SSG), which oversees multiple community health agencies in the greater Los Angeles area. **Methods:** Development of the partnership emphasized 1) adaptation of traditional narrative medicine methods for community settings, 2) pilot implementation of novel narrative medicine methods specific to individual community health agencies, and 3) systems-level processes for ongoing evaluation of the partnership. A service design approach ensured all stakeholders' perspectives were incorporated into the design of the partnership. **Results:** Insights from the service design project fell into two categories: those related to innovating community-based narrative medicine methods and those related to designing narrative medicine-centered community partnerships. A preliminary service blueprint and design toolkit were shared with stakeholders. **Discussion:** Engaging community-based collaborators in narrative medicine innovation could significantly impact the field of narrative medicine and community health. As an applied health humanities discipline, narrative medicine is uniquely suited for establishing partnerships between academic medical centers and community-based organizations.

[8-16] Using Health Humanities to Promote Self-awareness of Unconscious Biases and Mitigate Healthcare Inequities

*Anna-leila Williams¹ (1. Frank H. Netter MD School of Medicine at Quinnipiac University(United States of America))

Presentation language : English

Our unconscious biases are more likely to activate if we are in a high intensity situation with competing cognitive demands and/or have to deal with time constraints – which aptly describes clinical care. Health professionals must navigate complicated healthcare systems built for speed, which may trigger unconscious biases.

In the United States, health inequities are persistent and troubling. The 2018 National Healthcare Quality and Disparities report shows black and Hispanic patients received worse care than white patients on several quality measures. While health inequity is a multifactorial problem, evidence indicates unconscious bias among health professionals is a contributing factor.

Drawing from social science literature, this paper describes the evidence supporting unconscious bias among health professionals, as well as the process called de-biasing that helps health professionals and students learn to bring biases to consciousness and mitigate untoward effects on patients. Among de-biasing techniques are two approaches that align with health humanities education: counter-stereotypic training and deliberative processing. The spoken-word poem, *Sickle Cell*, by Jasmine Bailey is the exemplar that demonstrates how a first-person, artistically-rendered, literary piece by a patient-writer-performer can shake one's prevailing beliefs and biases about pain, perception, professional roles, communication, and the inadvertent harm we inflict on each other.

[8-17] A mother's rage: Horror tropes and the sociology of gendered mental health in *The Babadook*

*Emily Long¹ (1. University of North Carolina School of Medicine(United States of America))

Presentation language : English

Female horror film protagonists are often confined to misogynistically stereotypical categories, such as Paula Quigley's "mother-as-victim" and "mother-as-monster" tropes. I propose to use a psychosocial framework to consider how Jennifer Kent's 2014 Australian horror film, *The Babadook*, functions as an avant-garde challenge to these clichés and to the mental health establishment. I argue that the film's main character, Amelia, follows a polarized trajectory from feminine depression to masculine antisocial personality disorder, eventually embodying characteristics of both genders in order to save herself and her son. I will support this assertion by considering how the horror genre affords the film's social potency; it uses violence to shock the reader and transmit controversial, politically progressive messages in a fantastically-inflected, accessible popular genre. It does so not to condone the brutality that the film portrays, but to call for action on the part of mental health professionals. By both highlighting and subverting the false dichotomy formed by traditional gendered conceptions of mental health, *The Babadook* questions the typical treatment of mental illnesses, in which diagnoses and research are often based largely on gender, and instead argues that patients must be helped to express qualities linked to both genders in order to heal.

[8-18] English and international education for nursing students in English as a foreign language (EFL) environments

*Jeffrey Huffman¹, Mami Inoue¹ (1. St. Luke's International University(Japan))

Presentation language : English

In this presentation, we explore how nursing school educators draw from a wide range of fields to foster improvement of English communication skills and provide international education opportunities to nursing students in EFL environments.

The communication skills of healthcare providers impact patient safety, health, adherence, and satisfaction. Culturally sensitive care also helps nurses cultivate trust relationships with their patients and improve adherence and other health outcomes. In Japan, where, pandemic notwithstanding, the influx of non-Japanese workers, residents, and tourists continues to rise, it is particularly important for nurses to develop these skills.

As English faculty at a nursing university in Japan, we describe our own curriculum and program design initiatives and experiences, which include the use of roleplay and simulated patients for the development of communication skills, custom-designed study abroad programs, an academic writing desk, a presentation

training course, and a nascent health humanities unit, and a strong emphasis on developing reading and writing fluency. We will discuss evaluations and research results in some cases, and we will interweave these initiatives into the backdrop of existing research, identifying consistencies with, departures from, and gaps in the literature within both applied linguistics (specifically English for Specific Purposes) and nursing education.

[8-19] My Life My Story: Teaching geriatrics fellows to listen to veteran patients' narratives

*Susan Nathan^{1,2,4,3}, Andrea Wershof Schwartz^{1,2,3} (1. VA Boston Healthcare System, New England Geriatrics Research Education and Clinical Center(United States of America), 2. Harvard Medical School(United States of America), 3. Brigham & Women's Hospital(United States of America), 4. Boston University School of Medicine(United States of America))

Presentation language : English

COVID-19 has shed light on the importance of listening to the stories and experiences of older adults, who disproportionately bear the social isolation, morbidity and mortality during this pandemic. My Life My Story (MLMS), a narrative life history program based at Veteran's Affairs Hospitals in the US, teaches trainees to listen to Veterans' life stories using a structured interview that is written up and provided to the Veteran and made available in the clinical chart, with the patient's permission.

We will describe the MLMS experience for fellows in the Harvard Multicampus Geriatric Medicine Fellowship. During their VA Geriatrics or Palliative Care rotations, fellows interview at least one Veteran through the MLMS program. From 7/2017-6/2020, 16 fellows have interviewed 17 veterans across an array of clinical care settings, including acute care, subacute rehabilitation, long term care spinal cord injury unit, inpatient hospice, and in their home via telephone interview. Trainees received anonymous and optional email surveys for evaluation and rate the experience as a highlight of their training.

MLMS offers a structured and feasible model for integrating narratives into clinical training to help humanize older Veterans and prepare geriatric fellows to better elicit and bear witness to their stories.

[8-21] Defining the “feminist” health humanities: Theoretical perspectives from the field of women’ s, gender, &sexuality studies

*Rachel Dudley, Ph.D.¹ (1. The University of Toledo, Department of Women’ s and Gender Studies(United States of America))

Presentation language : English

The presentation will identify how thinking with Women’ s, Gender and Sexuality Studies perspectives alongside Health Humanities perspectives can open new avenues of inquiry and practice for each field. It will explore questions such as: How do we define “feminist” approaches to the health humanities? What methods and methodologies do scholars of Women’ s, Gender and Sexuality Studies employ when studying

health-related issues? How do feminist scholars think about topics such as power, agency, the body, or identity in relation to health and cultural representation? By applying feminist analysis to examples from the arts, literature and memorial culture, I will demonstrate how the feminist health humanities represents an important, interdisciplinary and collaborative sub-field of inquiry. The point here is two-fold. First, to articulate how feminist health humanities perspectives deepen the engagement of feminist theory with important topics in the study and teaching of human health. Second, to shine a light on important opportunities as well as challenges for ongoing interdisciplinary, collaborative research-creation between the two fields. In addition to defining and outlining the parameters of this important sub-field of inquiry, the presentation will also identify avenues for future investigation and collaboration—within medical curriculum diversity training for example.

[9] Oral presentation

- [9-3] **Finding the medicine in stories with care partners, people living with dementia and health professionals**
 *Megan Voeller¹ (1. Director of Humanities, Thomas Jefferson University(United States of America))
- [9-4] **Makeway Lab: A hospital makerspace to build the self-efficacy of dialysis patients**
 *John William Waldron¹ (1. Queensland University of Technology (QUT)(Australia))
- [9-5] **Development and clinical study of interactive art programs for rehabilitation**
 *Kiyomi Yoshioka¹ (1. Meisei University(Japan))
- [9-7] **Japan's "Tobyoki" transformed into medical resources: Significance, publication status, and actual situation in libraries**
 *Emiko Wada¹, Yasushi Ishii², Kazuhiro Kanai³ (1. DIPEX-Japan(Japan), 2. International University of Health and Welfare Graduate School(Japan), 3. Seikosya Co., Ltd.(Japan))
- [9-8] **“ It takes a village” : Building partnerships to deliver an Arts in Health program within a major paediatric hospital**
 *Lynne Seear^{1,2} (1. AHNQ(Australia), 2. CHQHHS(Australia))
- [9-9] **‘ Beyond Words’ books: How visual narratives can help people with learning disabilities to understand healthcare and tell their own stories**
 *Bethany McPeake^{1,2} (1. The Open University(UK), 2. Beyond Words(UK))
- [9-10] **Designing effective interpersonal communication in improving the well-being of dementia patients: The *Yumetomo* (“ Dream Together”) Project in Kadoma City, Japan**
 *Kimi Komisarof¹, Yasumi Mori² (1. Tokyo University of Foreign Studies(Japan), 2. Yumetomo Project in Kadoma Executive Committee(Japan))
- [9-12] **The meaning of taking the role of an artist/researcher in participatory art: Concepts and methods in health humanities**
 *Ilona Demecs¹ (1. Independent Artist/Scholar(Australia))
- [9-13] **ARTRIP practice and research: A dialogue-based art program for those living with dementia and their caregivers in Japan**
 *Yoko Hayashi^{1,2,3,4} (1. arts alive(Japan), 2. Shobi University(Japan), 3. ICOM Japan Committee(Japan), 4. Hitotsubashi University(Japan))
- [9-15] **Factors that enable or obstruct the continuation of work among patients with chronic pain: Qualitative analysis of patient narratives**
 *Mikiyo Sato^{1,2}, Machiko Ohara³, Rika Sakuma Sato², Noriko Iba², Natsuko Takahashi^{4,2} (1. Jichi Medical University,School of Nursing (Japan), 2. DIPEX-Japan(Japan), 3. Japan College of Social Work(Japan), 4. St. Luke's International University, Graduate School of Nursing Science(Japan))
- [9-16] **Improving healthcare environments through human-centered design**
 *Lizette Spangenberg¹, Duncan Reyburn¹ (1. University of Pretoria(South Africa))
- [9-17] **Hurdles in the discharge adjustment for long-term psychiatric inpatients**
 *Kiichirou Shinoda^{1,2}, Hiromi Kuwata² (1. Seisen University(Japan), 2. Shiga University of Medical Science(Japan))

[9-18] Transformational teaching in the health humanities

*Ye Kyung Song¹ (1. Duke University School of Medicine(United States of America))

[9-19] [Click here for body stories: Employing literary hypertext as illness narrative for women with hyperandrogenism](#)

*Megan Perram¹ (1. University of Alberta(Canada))

[9-20] [Pendemic: A medically centered writing workshop during COVID-19](#)

*Kacper Niburski¹ (1. McGill University(Canada))

[9-3] Finding the medicine in stories with care partners, people living with dementia and health professionals

*Megan Voeller¹ (1. Director of Humanities, Thomas Jefferson University(United States of America))

Presentation language : English

This presentation details a project called *Tangles in Time*, a public storytelling performance about love, loss, living with dementia, and providing care featuring a cast of six community members and six health professions trainees. The project was developed between Jefferson, an academic medical center, and a local nonprofit arts organization called Theater of Witness with the goal of building empathy between medical and nursing students, medical residents, and community members with lived experience of dementia as care partners and patients. This presentation will focus on the design of the program, how it was integrated into other cocurricular and extracurricular humanities initiatives for students, results of qualitative research into effects of participating on student and resident empathy, and feedback from public audiences. Brief video clips will be shown featuring cast members. While the presentation focuses on one specific project, general principles of the format and process—e.g., storytelling with participants who include both health professionals and community members—will be shared as a model transferable to other institutions.

[9-4] Makeway Lab: A hospital makerspace to build the self-efficacy of dialysis patients

*John William Waldron¹ (1. Queensland University of Technology (QUT)(Australia))

Presentation language : English

Introduction - This presentation describes a creative, agency focused design response to the experience of treatment for Chronic Kidney Disease (CKD). CKD is increasingly common and with high impact treatment that results in reduced mental health of patients. The Makeway Lab, created by first author Waldron, is designed to facilitate increased mental wellbeing for patients undergoing CKD treatment.

Hemodialysis (HD) is described as both a time-creating and a time-consuming process. People on HD are required to modify their lifestyle, which can affect their quality of life. For many their diagnosis and treatment triggers emotional instability and anxiety and them to devalue themselves and lose their sense of agency and confidence.

These factors point towards a need to improve patient mental health and improve the quality of time during dialysis. The Makeway Lab is a project designed to respond to this situation.

Description - The Makeway Lab is a clinical trial underway that examines the experience of a group of HD patients and their interaction with a purposefully designed mobile makerspace during their treatment. The participants undertake a series of interesting and educative ‘maker’ activities in digital design and 3D printing to improve the quality of their treatment time.

Outcomes - For the participants the project will provide them interesting and engaging activities to stimulate them socially, cognitively and physically. For the hospital the project can account for the social and mental health of the participants and provide an innovative mental health intervention.

Discussion - At a time of growing international acceptance that participation in creative, participatory activity can be beneficial for wellbeing and health, this study provides a unique hospital inquiry that will add to the knowledge addressing HD patients and the in-hospital programs and activities that can assist their social and mental health.

[9-5] Development and clinical study of interactive art programs for rehabilitation

*Kiyomi Yoshioka¹ (1. Meisei University(Japan))

Presentation language : English

We have studied two interactive art programs for rehabilitation. A virtual reality(VR) program was developed in which patients perform standing-up and sitting-down rehabilitation exercises based on interactive changes in VR images, and the level of exercises achieved is reflected in the images as feedback. In a recovery-phase rehabilitation hospital, the patients who used the program rated their enjoyment of rehabilitation significantly higher than those who did not use the program. The patients who used the program also found that rehabilitation was more enjoyable after the exercise than before. In addition, the number of movements increased significantly by continuing exercises over a long time period. Furthermore, focusing on respiratory rehabilitation for maintaining and improving swallowing function, we have developed a program that involves production of an artwork into which breath is blown. The rehabilitation session consisted of strongly blowing into an artwork doll 10 times in a row per day for 30 days. The swallowing function of elderly people who need nursing care remained in as good condition as before the sequence. As the participants completed the respiratory rehabilitation sessions for a full 30-days it indicates the program using their own artworks is effective for sustaining rehabilitation on a long-term basis.

[9-7] Japan's "Tobyoki" transformed into medical resources: Significance, publication status, and actual situation in libraries

*Emiko Wada¹, Yasushi Ishii², Kazuhiro Kanai³ (1. DIPEX-Japan(Japan), 2. International University of Health and Welfare Graduate School(Japan), 3. Seikosya Co., Ltd.(Japan))

Presentation language : Japanese

(Background) In Japan, books written by patients with leprosy and tuberculosis have been for a long time. Books describing the autobiographical internal experiences of illness are referred to as "Tobyoki" in Japan. Due to the large number of self-published publications, it had been not consistently organized. The citizen research group the Health Information Bookshelf Project tried to make a list by hand-searching them.

(Purpose) To analyze the actual state of Tobyoki and examine its potential as a material that contributes to humanities.

(Method) Using the data of publishers in Osaka and NDL database, analyze the current status of Tobyoki in public and medical university libraries.

(Result) The Tobyoki database was released to NDL in 2007. In 2006, its installation method was released,

and it spread rapidly to public libraries. Tobyo-ki were published about 100 books each year. There were more than 150 Tobyo-ki paperbacks nationwide.

(Conclusion) Tobyo-ki, which have been positioned as essays and literature, have been transformed into medical resources by being assigned a classification. It is necessary to examine the needs of users in libraries and consider the relationship with medical consultation services. The genre of Tobyo-ki has a unique characteristic in Japan, and it is necessary to compare it with other countries.

[9-8] “ It takes a village” : Building partnerships to deliver an Arts in Health program within a major paediatric hospital

*Lynne Seear^{1,2} (1. AHNQ(Australia), 2. CHQHHS(Australia))

Presentation language : English

The Queensland Children’ s Hospital opened at the end of 2014 and is the only standalone facility offering tertiary and quaternary care to paediatric patients, newborn to 18 years, in the state of Queensland. The hospital was designed from the earliest stages of planning to incorporate a multi-faceted Arts in Health therapeutic program to enhance patient experience and recovery. This includes a bespoke visual arts collection and a regular schedule of creative, participatory activities integrated into the daily routines of patients, clinicians and visitors. The success and sustainability of this initiative are dependent on formal partnerships with major cultural and educational institutions which provide direct programming support. This presentation will demonstrate the potential that can be realised when the creative community partners with the healthcare sector to care for the whole child - body, mind and spirit. Three case studies will be described, involving innovative projects co-designed by clinicians and cultural workers, to deliver specific, meaningful benefits. These include the commissioning of VR-based artwork; the establishment of a hospital choir; and a narrative medicine workshop series.

[9-9] ‘ Beyond Words’ books: How visual narratives can help people with learning disabilities to understand healthcare and tell their own stories

*Bethany McPeake^{1,2} (1. The Open University(UK), 2. Beyond Words(UK))

Presentation language : English

For people with learning disabilities, creative spaces foster social inclusion and encourage feelings of interpersonal belonging. In the UK, various groups use creative practices to cultivate relationships and self-advocacy, including my partner organisation, Beyond Words. Beyond Words produce wordless picture books for adults, dealing with key issues in social, emotional, mental and physical health.

Beyond Words Book Clubs use the approach of ‘co-creative reading’ , which allows participants to actively contribute towards the texts’ meaning, as part of a team. This encourages collaboration and uses nonverbal communication cues that are necessary for many people with learning disabilities.

Wordless books help people with learning disabilities to acquire robust visual and emotional literacies,

enabling people to spot the signs of health problems, to understand what to do about them and to communicate with others experiencing similar issues.

This presentation aims to explore the potential health and wellbeing benefits of co-creative reading in Beyond Words Book Clubs. This collaborative practice leads to the sharing of personal narratives that people with learning disabilities might not otherwise have the opportunity to tell. I will investigate the social, emotional and cognitive benefits of the visual form for health education, storytelling and relationship-building amongst people with learning disabilities.

[9-10] Designing effective interpersonal communication in improving the well-being of dementia patients: The *Yumetomo* (“ Dream Together”) Project in Kadoma City, Japan

*Kimi Komisarof¹, Yasumi Mori² (1. Tokyo University of Foreign Studies(Japan), 2. Yumetomo Project in Kadoma Executive Committee(Japan))

Presentation language : English

Japan is one of the world’s fastest graying societies, experiencing rapid growth in the number of people with dementia. Such patients often feel disconnected from society, causing them to lose hope and suffer negative effects to their well-being. To remedy these issues, in addition to medical treatment and physical caregiving, it is crucial to offer support through consciously designed communication opportunities between dementia patients and others as a means of nurturing connection to the surrounding community. The presenters will describe the “Dream Together” project in Kadoma City, Japan (implemented since 2018), which serves such ends—constructing a vibrant, fulfilling context for interpersonal communication where dementia patients can flourish as they relate with fellow residents. Through Dream Together, dementia patients engage in cooperative, enjoyable activities designed to empower them with a sense of ownership and agency while performing social roles. For example, with local residents, dementia patients worked in a neighborhood café, sang in a concert, ran a mini-marathon, and weaved artistic tapestries. As a result, positive changes were observed in those patients’ mental health outcomes. The presenters will discuss this program’s key success factors—bridging theory and practice by analyzing how communication opportunities were designed to foster community and connection.

[9-12] The meaning of taking the role of an artist/researcher in participatory art: Concepts and methods in health humanities

*Ilona Demecs¹ (1. Independent Artist/Scholar(Australia))

Presentation language : English

As part of my PhD, I designed a participatory art project- *Tapestry of Home*- which included moving my tapestry-weaving studio and inviting the community of an aged care facility to co-design and co-create a woven tapestry in order to empower participation and foster creativity in elderly residents. One of the aims of the study was to disclose the meaning of taking the role of the artist/researcher in a participatory art project within the field of arts and health.

This paper explores the contextual and methodological considerations, the complex responsive involvements and the methods of a participatory art practice in health care from the artist/researcher's perspective. Through 'The theory of meaning making' this paper reflects on how this concept influenced the study's design, progression and outcomes. It also discovers the artist/researcher experience in association with the theoretical and the objective research context of the study. Specifically, reports the challenges of the non-cohesive context of art and health and that the artist/researcher's role extends beyond delivering and evaluating the art practice in health. Finally, the interwoven connection between the practical involvement and the unique position of the artist/researcher including the participant-researcher relationship induced by the research context will be explored.

[9-13] ARTRIP practice and research: A dialogue-based art program for those living with dementia and their caregivers in Japan

*Yoko Hayashi^{1,2,3,4} (1. arts alive(Japan), 2. Shobi University(Japan), 3. ICOM Japan Committee(Japan), 4. Hitotsubashi University(Japan))

Presentation language : English

Due to the difficulties of developing a cure for dementia, attention is turning to non-medical interventions such as physical exercise, healthy diet, and the arts. Arts Alive, a non-profit arts organization in Japan, has developed and disseminated a dialogue-based art program for those living with dementia and their caregivers since 2011, while training art conductors who facilitate group discussions at art galleries and care homes. ARTRIPs have been conducted at over 27 art museums and dozens of care facilities and hospitals in Japan.

The effects of ARTRIP on prevention and easing of the symptoms of dementia have been shown through a study on 70 seniors with MCI and symptoms of depression. Artrip has also been shown to improve the well-being and psychological conditions of participants. There have been thousands of studies worldwide investigating the clinical effects of participatory arts programs in the past 10 years.

This presentation covers the principles of ARTRIP and presents some case studies as well as the results of A-Health Japan, a collaboration with McGill University, the Centre of Excellence on Longevity, and Tokyo Fuji Art Museum, which examined the effects of ARTRIP followed by an art-making workshop on senior residents.

[9-15] Factors that enable or obstruct the continuation of work among patients with... chronic pain: Qualitative... analysis of patient narratives

*Mikiyo Sato^{1,2}, Machiko Ohara³, Rika Sakuma Sato², Noriko Iba², Natsuko Takahashi^{4,2} (1. Jichi Medical University, School of Nursing (Japan), 2. DIPEX-Japan(Japan), 3. Japan College of Social Work(Japan), 4. St. Luke's International University, Graduate School of Nursing Science(Japan))

Presentation language : Japanese

Objective

Chronic pain affects the patient's entire life. The objective of the study is to clarify factors that enable or obstruct the continuation of work of patients with chronic pain by focusing on psychosocial aspects concerning the current status of their workplace.

Method

Exploratory research was conducted based on the secondary analysis of the interview data of 31 patients with chronic pain, provided by DIPEX-Japan, which publishes a website on patients' and family experiences of chronic pain (www.dipex-j.org/chronic-pain/).

Result

The uncontrollable intense pain was proved to be the most obstructive personal factor. However, self-management capability to adjust one's workstyle suitably made it possible for them to continue their job. Furthermore, job continuation has become possible under an environment with a work climate that accepts adjustment of working site and time as well as workload.

Conclusion

Employment not only affects the economic aspect but also relates to joy and purpose in life. On the other hand, it has been suggested that leaving their job could induce the patients to lose their confidence and decrease self-esteem with negative impacts on their lives. We need to build a comprehensive support system that enable patients to continue their work in spite of their pain.

[9-16] Improving healthcare environments through human-centered design

*Lizette Spangenberg¹, Duncan Reyburn¹ (1. University of Pretoria(South Africa))

Presentation language : English

Human-centered design, broadly conceived, is a problem-solving approach that aims to put people first. It is widely used in the user-experience design community, and many other fields also stand to benefit from it. Healthcare in particular has a tendency to focus heavily on technology and science, and often doesn't consider the people interacting with systems or processes – such as doctors, nurses, patients, etc – enough when creating solutions. Human-centered design is increasingly being applied to the field of healthcare to assist in creating solutions that don't just define people based on their “illness” or “professional skill”, but that treats them as individuals. It includes them in the creation of a solution for the problem space in which they are engaged, and especially allows for finding solutions in more underprivileged areas that may have unique restrictions in terms of budget, remote locations, access to materials, outdated equipment, etc.

[9-17] Hurdles in the discharge adjustment for long-term psychiatric inpatients

*Kiichirou Shinoda^{1,2}, Hiromi Kuwata² (1. Seisen University(Japan), 2. Shiga University of Medical Science(Japan))

Presentation language : Japanese

The purpose of this study was to clarify the perception of hurdles in the discharge adjustment for long-stay psychiatric inpatients. Study participants were two men and three women, in late 20s to early 40s, hospitalized for 4 to 7 years (average 5.6 years), with diagnosis of schizophrenia, and in the process of receiving hospital discharge assistance. Two of them were also receiving regional administrative discharge assistance. A descriptive study using semi-structured interview method was employed, and the data were analyzed by the qualitative induction method. The study was conducted with the approval of Shiga University of Medical Science Research Ethics Committee. Two categories reflecting the perceived hurdles for discharge adjustment for long-stay psychiatric patients emerged from 11 subcategories which were derived from 56 codes: (1) concern for acquisition of a new set of life skills, and (2) concern for remission of mental symptoms and relapse, which some of the participants had been experiencing in the process of discharge preparation. For patients, whose hospital life had occupied a large part of their lives and successfully acquired skills to stay in the hospital, leaving the well-known environment may pose a particular burden.

[9-18] Transformational teaching in the health humanities

*Ye Kyung Song¹ (1. Duke University School of Medicine(United States of America))

Presentation language : English

As the health humanities continues to become more widespread within health professions education, it is important for its teachers to be self-reflexive about their practice and its undergirding pedagogies. A survey by the American Association of Medical Colleges reports that 1 in 11 students believed their coursework in professionalism was excessive, and 1 in 6 believed their coursework in professionalism was excessive. Some suggest that this is because “students do not fully understand the relevance of the information in the context of patient care.” I argue that the responsibility of understanding the relevance of the information falls on us, the educators. As bell hooks argues, we have the responsibility to practice “engaged pedagogy,” transforming the classroom into an exciting, or even “fun” place, that co-exists with serious academic engagement. In conclusion, this presentation, which is based on the research on transformational teaching and educational theory, will discuss ways that educators can alter their own practice to make the health humanities resonate better with our learners.

[9-19] Click here for body stories: Employing literary hypertext as illness narrative for women with hyperandrogenism

*Megan Perram¹ (1. University of Alberta(Canada))

Presentation language : English

Turning towards the intersection of health and digital humanities, this project questions what the future of illness narratives may look like by considering how to “code” health liberation into the digital through literary hypertext technology.

Literary hypertext is a form of rhizomatic, nonlinear digital story writing that calls on the reader to participate in the narrative’s unfolding by selecting different hyperlinks. The medium holds imminent potential as a therapeutic tool for body-based concerns due to its ability to foster unique and helpful connections between

ideas, encourage integrative thought, and support collaborative learning. Twine, one platform for literary hypertext, is a freely accessible, open source tool for nonlinear writing.

Through an interactive, online participant module facilitated in the Summer of 2020, a nonlinear digital storytelling tool (Twine) is evaluated as an avenue for women* with hyperandrogenism to write an experiential-based illness narrative.

Hyperandrogenism is a medical condition characterized by “excessive” levels of male hormones such as testosterone which, when identified in the female body, are associated with “masculinizing” symptoms. This research opens new pathways for women* to address the pathologization of deviant femininity through a re-imaging of illness narratives in the digital space.

[9-20] Pandemic: A medically centered writing workshop during COVID-19

*Kacper Niburski¹ (1. McGill University(Canada))

Presentation language : English

Background: Writing workshops have recently been employed as a means to increase empathy and reflection in medicine. Yet few studies have looked at the critical component of creative medical writing or how workshops can be used to better deal with pandemics.

Method: A seven-week course was created to craft written skills and develop broader literary understanding of pandemics. Weekly workshops consisted of pre-reading, interactive lectures, practice writing prompts, and a discussion of the participants' pieces, for a total of two hours. Data on 11 participants was collected on pretest and post-test variables. Statistics were calculated with SPSS25.

Results: 80.2% reported a subjective increase in confidence. Frequency of writing immediately after and 1 month after the intervention increased by 89% and 80% respectively (p

Conclusion: Literary focused writing workshops improve clinical comprehension, literary skills, and offer unique opportunities for publishing. During the pandemic, such workshops further provide support and opportunity to understand the literary roots of medicine.

[10] Oral presentation

- [10-1] **How can poetry support the understanding of psychotic experiences? – A conceptual review**
 *Mark Pearson¹ (1. University of Nottingham)
- [10-3] **The house as symbolic representation of the self**
 *Silvia Wyder¹ (1. University of Derby(UK))
- [10-5] **Using psychological theory to understand the need for relatedness amongst people living with severe asthma**
 *Lorraine Smith¹, Helen Reddel^{1,2}, Kath Ryan³, Daniela Eassey¹ (1. University of Sydney(Australia), 2. Woolcock Institute of Medical Research(Australia), 3. Reading University(UK))
- [10-6] **Care and the child-grandparent relationship in children' s picturebooks in Japan**
 *Katsura Sako¹, Sarah Falcus² (1. Keio University(Japan), 2. University of Huddersfield(UK))
- [10-7] **Diversity and process in performance activities related to mental illness**
 *Hiroshi Sugimoto¹ (1. Niigata University of Health and Welfare(Japan))
- [10-9] **Vaccine-hesitancy and medical education: Artist-researcher as a mediator between vaccine-critical parents and medical students**
 *Kaisu Koski¹ (1. Sheffield Hallam University(UK))
- [10-10] **A narrative medicine approach to disaster response: Ethical dimensions of Katrina and COVID-19**
 *Yoshiko Iwai¹, Leah T Rosen¹, Sarah Holdren¹, Nina Y Hu^{1,2} (1. Columbia University, Division of Narrative Medicine(United States of America), 2. Columbia University/New York-Presbyterian, Department of Pediatric Emergency Medicine(United States of America))
- [10-11] **Change your face, change your life? Prison plastic surgery programmes**
 *Sharrona Pearl¹ (1. Drexel University(United States of America))
- [10-12] **Imagining experimental philosophy of medicine**
 *Kristien Hens¹, Andreas De Block² (1. University of Antwerp(Belgium), 2. KU Leuven(Belgium))
- [10-13] **Bibliotherapeutic health humanities: Literature as a site for a therapeutic hermeneutics of experience in relation to recovering from trauma**
 *Jon David Little¹ (1. Alverno College(United States of America))
- [10-14] **The brain disorders debate, Chekhov, and international mental health humanities**
 *Jussi Valtonen^{1,2}, Bradley Lewis³ (1. University of Helsinki(Finland), 2. University of the Arts Helsinki(Finland), 3. New York University(United States of America))
- [10-15] **Caught between theory and practice: Rethinking the human dignity and housing needs of people living with severe mental illness**
 *Kriszta Sajber¹ (1. University of Michigan-Dearborn(United States of America))
- [10-16] **Psychologically-informed physiotherapy: Using online interviews and arts-based methods in healthcare research**
 *Kate Crook¹ (1. University of Leeds(UK))
- [10-17] **Relationality and mental illness: Understanding mental illness through photography**
 *Agnese Sile¹ (1. Edinburgh College of Art, University of Edinburgh, Scotland, UK(UK))

- [10-18] **Association of social networks with willingness to engage in advanced care planning among community-dwelling active older people in Japan**
*Erika Nakanishi¹, Kuniyoshi Hayashi¹ (1. St. Luke`s International University, Graduate School of Public Health (Japan))
- [10-19] **Awareness of those in their 20s to 40s about the aging society in 2040**
*Misaki Yano¹ (1. St. Luke's International University GSPH(Japan))

[10-1] How can poetry support the understanding of psychotic experiences? – A conceptual review

*Mark Pearson¹ (1. University of Nottingham)

Presentation language : English

Whilst the association between psychosis and creative individuals, especially poets, has been suggested since antiquity, only limited research has been undertaken in this area. As part of ongoing PhD research, exploring the potential of poetry to support meaning making and recovery for those who have experienced psychosis, this paper presents a conceptual framework based on a synthesis of existing literature.

The conceptual framework consists of three domains: i) psychotic language as meaningful poetics, ii) poetry as an expression of psychosis and iii) poetic exchange as therapeutic practice. The first of these domains relates to the way in which meaning making can be undertaken and achieved when working with individuals who have experiences psychosis. The second domain explores the linguistic theory underpinning the way in which poetry might present new linguistic opportunities to aid expression and narration of self and experiences. The third domain focuses on the way in which poetry is, or can, be utilised within therapeutic clinical practice.

This conceptual framework seeks to advance the discourse in relation to psychosis, suggesting a novel understanding relation to poetry. This novel understanding proposes moving away from traditional biomedical paradigms and instead placing greater importance upon individual narratives.

[10-3] The house as symbolic representation of the self

*Silvia Wyder¹ (1. University of Derby(UK))

Presentation language : English

My PhD-art therapy research investigates symbolic aesthetic representations of the self in the form of the *house*. The study covers several cultures (Japan and Europe), incorporating fieldworks with art therapy patients, artists and architects. Additionally, it searches for possible visual indications of Posttraumatic Stress Disorder symptoms within *house* based aesthetic works.

Working on the theme of the *house* can be a means of *expressing* and *reconstructing* suffering selves through art making. The topic of the *house* is both emotionally charged and universal; it proved to be appropriate for cross-cultural research as people are concerned with its presence, or absence.

My research methodology is grounded in qualitative phenomenological approaches, including a quantitative element via the Posttraumatic Stress Disorder test (IES-R, Weiss & Marmar, 1996). Fieldwork procedures consisted of art therapy focus group workshops in clinical, and non-clinical settings where participants are invited to paint *houses*. Analysis of obtained material builds on phenomenological coding looking for emerging patterns.

The focus of this paper is to discuss overall findings gathered in Japan and Europe. Overlapping and dissimilar patterns are investigated both theoretically and practically, while avoiding reductionist approaches, highlighting distinct culturally grounded phenomena, which Mauss (1934) referred to as "cultural moulding". The study's findings are conceptualized via notions of architectural and cultural theory,

art therapy and philosophy.

[10-5] Using psychological theory to understand the need for relatedness amongst people living with severe asthma

*Lorraine Smith¹, Helen Reddel^{1,2}, Kath Ryan³, Daniela Eassey¹ (1. University of Sydney(Australia), 2. Woolcock Institute of Medical Research(Australia), 3. Reading University(UK))

Presentation language : English

Background

Severe asthma affects 3-10% of the asthma population and is associated with a significant burden affecting social and working life. The Self-Determination Theory (SDT) construct of 'relatedness' concerns the need for belonging both with individuals and community. However, this has not been closely examined from the patient's perspective.

Methods

In-depth semi-structured interviews were conducted with participants aged 18+ years and diagnosed with severe asthma. Interviews were video and/or audio recorded, transcribed, and analysed inductively and deductively, informed by the SDT construct of relatedness.

Results

Thirty-eight face-to-face interviews, lasting 1.5 - 4 hours, were conducted around Australia. Participants' sense of relatedness was challenged by the impact of their illness. Two themes emerged: 1) *the desire to be understood: feeling isolated* and 2) *the desire to be accepted: 'I'm supposed to be like everybody else'*. Participants valued feeling cared for, understood, connected to others and having a sense of belonging. Their overall psychological well-being was dependent upon their sense of connection to others.

Conclusion

Using SDT and qualitative methods has enabled a more nuanced and rich understanding of living with a debilitating and unpredictable illness. Findings such as these can inform future self-management interventions for those living with severe asthma.

[10-6] Care and the child-grandparent relationship in children's picturebooks in Japan

*Katsura Sako¹, Sarah Falcus² (1. Keio University(Japan), 2. University of Huddersfield(UK))

Presentation language : English

In many ageing societies concerned about the growing demand for care, the health of older people has become a significant issue with profound economic and social implications, promoting the perception of old age as a time of ill health and dependency and in some cases, creating generational tension.

With their unique mixture of didacticism and aestheticism, children's picturebooks can play a vital role in interrogating and re-shaping the limited cultural perceptions of ageing. Bringing together ageing studies and

the childhood studies, we explore subjectivity, autonomy and dependency through the connection between the child and the older adult depicted in Japanese picturebooks from the late 20th and early 21st centuries. Specifically, the presentation will analyse books where ageing and associated changes, such as increased frailty, threaten to upset generational roles that are organised around care. These books emphasise the relationality between child and grandparent that stands upon both their dependency and autonomy. Situating these texts within the cultural context of contemporary Japan, we suggest that the model of relationality and responsibility that emerges in these books, whilst undoubtedly contextually related, offers a way of rethinking subjectivity, health and our understanding of the temporality of the lifecourse.

[10-7] Diversity and process in performance activities related to mental illness

*Hiroshi Sugimoto¹ (1. Niigata University of Health and Welfare(Japan))

Presentation language : English

This study explores the diversity and process found in performance activities related to mental illness and considers the creation of health as different from the prevention of illness through an ethnographic approach to these performance activities.

The performers of the activities suffer from mental illnesses such as alcoholism, eating disorders, and depression. The performances include such activities as reading poetry or singing. In many of their works, the performers reflect on their experiences with their illness. One performance activity influences others. One of the founders of such performance activity called “presentation of life (in Japanese , IKIZAMAHAPPYOKAI)” stated that our performance is influenced by other activities. Some activities end or reduce live performance, while some performances or activities continue on . Performance activities are created by many persons and organizations, including musicians, operators of live music cafes, and publishers. Based on participant observation, there is diversity in membership and organizations, as well as in the form of the activities, and there are processes of events mixed with this diversity. In this context, it may be said that health is created from diversity and process, and that this type of health is required in a society filled with complexity.

[10-9] Vaccine-hesitancy and medical education: Artist-researcher as a mediator between vaccine-critical parents and medical students

*Kaisu Koski¹ (1. Sheffield Hallam University(UK))

Presentation language : English

This presentation introduces an interdisciplinary arts-based project on vaccine-hesitancy, developing two interrelated strands: first, investigating vaccine-critical parents’ underlying health beliefs, and second, developing an arts-based intervention on vaccine-hesitancy for medical students. The presentation discusses the various voices and settings involved in the project, highlighting especially the artist-researcher’ s fluid positionality. In the project, she navigates between 1. Ethnographic interviews at vaccine-critical parents’ homes, 2. Analysis and visualization of the interview data in the artist studio, 3. Longitudinal art-science meaning-making dialogue with a vaccine scientist, and 4. Developing an arts-based intervention on vaccine-hesitancy for a Prevention study module in medical education. The project illustrates benefits and challenges

arising from “mediation” between the parents’ and the scientist’ s/medical students’ conflicting viewpoints, and the difficulty of maintaining a neutral ground in a highly polarized subject matter. The presentation maps out the parents’ predominant health beliefs backgrounding their decision-making on immunization, such as perceived benefits of illness and aspiration for a “natural” lifestyle. It also discusses the medical students’ responses to the parents’ beliefs as represented in a film and a writing exercise, in preparation for constructive encounters with the parents.

[10-10] A narrative medicine approach to disaster response: Ethical dimensions of Katrina and COVID-19

*Yoshiko Iwai¹, Leah T Rosen¹, Sarah Holdren¹, Nina Y Hu^{1,2} (1. Columbia University, Division of Narrative Medicine(United States of America), 2. Columbia University/New York-Presbyterian, Department of Pediatric Emergency Medicine(United States of America))

Presentation language : English

While the Health Humanities field of Narrative Medicine traditionally analyzes stories shared between patients and physicians, we also study structural narratives that contextualize healthcare experiences. Revisiting historical disasters with a Narrative Medicine approach illuminates ethical challenges that may offer insight into navigating COVID-19. We have examined journalistic accounts of 2005’ s Hurricane Katrina and COVID-19 to illuminate the unique bioethical challenges present at the forefront of clinical care. Utilizing theories of social suffering and structural violence, our analysis reveals a lack of disaster preparation and protocol, as well as complex ethical decision-making which exacerbates disproportionate suffering among vulnerable populations. These narrative analyses also show the valuable research methods Health Humanities can offer to disaster response, preparedness, and medical education during times of crisis. Ultimately, our investigations reinforce the need for systemic change. We also propose support systems for healthcare workers and educators, including the use of Narrative Medicine, to alleviate individual burden, prioritize quality care and uphold high moral standards. We hope the reviewers, and potential viewership of the International Health Humanities Conference, find this presentation to provide a uniquely situated narrative perspective on the COVID-19 pandemic that demonstrates the tangible impact of the stories we tell in this time.

[10-11] Change your face, change your life? Prison plastic surgery programmes

*Sharrona Pearl¹ (1. Drexel University(United States of America))

Presentation language : English

Will more plastic surgery make fewer criminals?

A lot of doctors thought so in the middle of the 20th century. Or at least they claimed to, using the possibility of reform as a reason to offer plastic surgery to inmates as part of their rehabilitation. Between 1950 and 1979, more than 30 US States and several prisons in Canada and England had plastic surgery programs, some of which were part of federal grants designed to test the possibility that improving appearance would reduce recidivism rates amongst both male and female offenders.

This presentation will excavate the history of prison plastic surgery, situating the rhetoric of these programs in mid-20th century behaviorist approaches to identity. I will show that the narratives behind these interventions emphasized the need for a transformation of self-image that was damaged due to perceived unattractiveness and disfigurement. While the literature does pay some attention to societal factors, the overwhelming motivation behind these programs – as stated – was to change the character of the inmates by changing how they looked. As I explore these discourses, I will also pay attention to the ethics of these procedures, both in terms of the vulnerability of the prison population as experimental data and as training ground. At the same time, I'll acknowledge that these programs gave inmates access to procedures they would otherwise not be able to afford; many of the doctors who engaged with these programs were also active in offering gender confirmation surgeries and other interventions for the trans prison population.

[10-12] Imagining experimental philosophy of medicine

*Kristien Hens¹, Andreas De Block² (1. University of Antwerp(Belgium), 2. KU Leuven(Belgium))

Presentation language : English

Experimental philosophy has tackled philosophical questions using empirical methods (mainly quantitative methods such as vignette studies). Now, twenty years after the first seminal X-Phi study, experimental philosophers have investigated intuitions regarding epistemology, moral psychology, religion..., thus contributing to a better understanding of the concepts that these philosophical subdisciplines tend to focus on. Although conceptual questions are also central to philosophy of medicine, experimental philosophy of medicine (XPhiMed) is still in its infancy. In this talk we reflect on our own experience with doing XPhiMed (vignette study, corpus analysis) as well as with editing a special issue (in Theoretical Medicine and Bioethics) and edited volume (in Bloomsbury's Advances in Experimental Philosophy series) on XPhiMed. We argue that an experimental approach can shed valuable light conceptual issues in philosophy of medicine, and also on its relation to empirical bioethics. However, because moral and epistemic values are intertwined in clinical research and clinical practice, and because it covers both the public domain and individual experience, XPhiMed must go beyond traditional quantitative approaches. We argue that corpus analysis and qualitative methods should supplement vignette studies, and that empirical studies of medical concepts can and should be sensitive to cross-cultural aspects.

[10-13] Bibliotherapeutic health humanities: Literature as a site for a therapeutic hermeneutics of experience in relation to recovering from trauma

*Jon David Little¹ (1. Alverno College(United States of America))

Presentation language : English

Literature, similar to CBT and Gestalt Therapy, offers a hermeneutics of experience. Cognitive based therapeutic approaches focus on how perception creates meaning, interpretation, and certain thoughts and behaviors. A key strategy in cognitive based therapies is based on thought experiments to test automatic thinking and perceptions in order to correct dysfunctional and maladaptive perception. The therapeutic emphasis is on creating an experience of something new that will allow the client to become more fully and creatively alive and to experiment with new, healthier ways of thinking and being. For those of us interested in individualistic creative bibliotherapy's role in the Health Humanities, we can apply this notion of a

hermeneutics of experience to explain the bibliotherapeutic potential of reading literature about trauma more fully. In this paper I explore the experiential and experimental nature of several well-known novels in imagining varied embodied responses to trauma. These healing thought experiment responses can provide a universal therapeutic template for readers struggling to overcome the negative impact of their own experiences with trauma.

[10-14] The brain disorders debate, Chekhov, and international mental health humanities

*Jussi Valtonen^{1,2}, Bradley Lewis³ (1. University of Helsinki(Finland), 2. University of the Arts Helsinki(Finland), 3. New York University(United States of America))

Presentation language : English

Mental health care has reached a turning point in the two hundred year brain disorders debate that has divided and distorted the field. In 2015, an influential opinion piece in *Science*, titled “Brain disorders? Precisely,” kept the debate alive by arguing that biological markers can be salvaged with enough research. But, four years later, a 63-page rebuttal in *Behavioral and Brain Sciences*, titled “Brain disorders? Not really,” used the current wealth of research data to show the opposite. “Explanatory reductionism is wrong...and we will never find out ‘what mental disorders really are’ through neuroscientific and/or genetic research” alone. The upshot of the rebuttal is clear: bioscientific reductionism has proven a disappointment and a more “holistic” approach is needed.

We take this turning point towards a more holistic understanding seriously by returning to the work of Anton Chekhov (1860-1904). Chekhov is a valuable exemplar of a mental health worker who not only keeps the biological, psychological, and social sciences together, he also works out the necessity of adding the arts and humanities. Generalizing from Chekhov’s contribution, we advocate for the development of an international mental health humanities that can be a major contributor in future mental health research, education, and practice.

[10-15] Caught between theory and practice: Rethinking the human dignity and housing needs of people living with severe mental illness

*Kriszta Sajber¹ (1. University of Michigan-Dearborn(United States of America))

Presentation language : English

In 2014, a United States federal judge in New York ordered the replacement of assisted-living facilities serving persons with severe mental illnesses with opportunities for autonomous living. Loss of life as well as compromised safety and well-being followed as a result, due to the misapplication of the philosophical concept of patient autonomy.

This case study demonstrates the theoretical blind spots of principlism, the dominant approach to analyzing ethical dilemmas in biomedical and health care ethics. The principle of respecting patient autonomy is

singularly the most revolutionary tenet of principlism. Yet the concept of autonomy is infamously difficult to apply to cases involving persons with diminished decision-making capacity. I will argue that those who live with severe mental illness in particular are in danger of a “backhanded” recognition of their autonomy: an individualist notion that actively isolates them from the solidarity of a community in which they should find their autonomous moral status affirmed.

Beyond showing the relevance of the health humanities’ pragmatic approach to developing guidance for the ethical treatment of persons living with mental illness, my goal in this paper will be to recommend methodological refinements to an influential research paradigm of normative philosophy and health care ethics.

[10-16] Psychologically-informed physiotherapy: Using online interviews and arts-based methods in healthcare research

*Kate Crook¹ (1. University of Leeds(UK))

Presentation language : English

Psychologically-informed physiotherapy is recommended by the World Health Organisation and expected by the UK regulatory body. It is supported by the evidence base and is encouraged in physiotherapy training, yet there is a lack of consistency and standardisation at undergraduate and post-qualifying level.

The research will explore newly qualified physiotherapists’ use, and understanding, of psychology within physiotherapy practice. Online interviews will be combined with an image produced by the physiotherapists representing their experience of psychology in physiotherapy.

Undertaking fieldwork in a pandemic requires flexibility and innovation. Online interviews ensure flexibility while maintaining the benefits of face to face interviews, including engaging with participants, gathering rich data, and providing a platform for individual experiences to be heard. Arts-based methods are innovative and were chosen to work as an aid to the online interview. Image creation will prompt reflection on the topic prior to the interview and encourage individuals to engage in a wider discussion of the topic.

Such constructivist, qualitative methods are used infrequently within the traditional, biomedical field of physiotherapy. As such, the research project will combine innovative yet relevant methods to explore and give voice to a, hitherto, silent cohort of health professionals.

[10-17] Relationality and mental illness: Understanding mental illness through photography

*Agnese Sile¹ (1. Edinburgh College of Art, University of Edinburgh, Scotland, UK(UK))

Presentation language : English

In the last decade there have been an increasing number of photographic essays that depict mental illness narratives. This suggests that there is an urgent need to find visual and textual language to communicate these experiences, as well as to seek a wider audience and recognition. The chapter will focus on American photographer's Lisa Lindvay's ongoing series *Hold Together* (initiated 2006), which is made up of intimate portraits of her family members affected by her mother's mental illness. I am concerned with four major questions: How do the photographs construct experiences and effects of mental illness? How do the photographic representations disclose new realities and challenge assumptions? What kind of emotions are communicated (effect), and evoked and stimulated through the photographs (affect) in this project? I will re-examine the potential of photographs to communicate lived realities and explore the role of emotions in shaping viewers' opinions about mental health. My reading and analysis of Lindvay's project will be informed by some of the writings by Roland Barthes, particularly his concept of 'the third meaning', Julia Kristeva and Sianne Ngai ('minor affects'), and builds upon growing body of research on photography, feeling and performativity.

[10-18] Association of social networks with willingness to engage in advanced care planning among community-dwelling active older people in Japan

*Erika Nakanishi¹, Kuniyoshi Hayashi¹ (1. St. Luke's International University, Graduate School of Public Health (Japan))

Presentation language : English

Aim

We aimed to examine the association of social networks with the willingness to engage in Advance Care Planning among community-dwelling active older people in Japan.

Methods

We conducted this cross-sectional study among 728 older people aged 60 years and above at Silver Human Resource Center in F city, Japan. We assessed social isolation using the Lubben Social Network Scale (LSNS-6, Japanese version). This study was approved by the Research Ethics Review Committee of St. Luke's International University.

Results

We will analyze the data once the questionnaires are returned.

[10-19] Awareness of those in their 20s to 40s about the aging society in

2040

*Misaki Yano¹ (1. St. Luke's International University GSPH(Japan))

Presentation language : English

In Japan, it is said that Japan's elderly population will peak in 2040s. Entering a super-aging society, various problems have already been occurring and are expected to happen in near future. As a matter of fact, government of Japan have started discussing for our future social security reforms with a view to 2040.

It seems that many Japanese people recognize the declining birthrate and aging population and are discussing how to solve problems and prepare for the future. Various words such as healthy life expectancy or ACP have been introduced to the society. However, there are few reports on awareness of the younger generation (those who will be starting to prepare for one's own aging in 2040).

An exploratory cross-sectional study via internet survey was conducted. 486 participants were randomly presented with 29 terms related to social problems, possible solutions, policies, as well as terms reminding of death, and examined whether they had heard of each term. They were also asked to predict the average life expectancy of 2040 and age to start receiving pension in 2040. The results of an internet survey will be presented in the session.

Oral presentation | Theory, Vision, Other

[11] Oral presentation

[11-1] **Connecting the health humanities and the environmental humanities?**

*Keitaro Morita¹ (1. Rikkyo University(Japan))

[11-2] **Planetary Health Humanities: Responding to COVID times**

*Bradley Lewis¹ (1. New York University(United States of America))

[11-1] Connecting the health humanities and the environmental humanities?

*Keitaro Morita¹ (1. Rikkyo University(Japan))

Presentation language : Japanese

The environmental humanities are an interdisciplinary study whose focus differs from the health humanities (i.e., environmental vs. medical, non-human vs. human) but whose scope is similar, as both disciplines encompass literary studies, history, philosophy, and the social sciences. The terminology used by both overlaps as well, including not only “pain,” “suffering,” and “care” but also “posthuman,” “bioethics,” “intraspecies/transspecies,” and “cripistemology.”

The issues that the two disciplines encounter also overlap. A good example is that both have faced questioning as to how they contribute to addressing actual environmental and health issues.

Their themes overlap as well. Food is one such example. Some health humanities scholars look at eating disorders, while ecocriticism—a discipline within the environmental humanities that studies environmental literature—addresses the foodscape as depicted in such literature.

Indeed, in ecocriticism, it has been a practice to analyze patient journals in relation to environmental issues. Furthermore, it is possible to reinterpret environmental literature from a health/medical perspective. Japanese works suited to this include Ishimure Michiko’s *Paradise in the Sea of Sorrow* and Nashiki Kaho’s *Tsubaki-shuku no Atari ni*.

In this paper, I will use the above-mentioned similarities and differences as a basis for proposing potential collaborations between the two disciplines.

[11-2] Planetary Health Humanities: Responding to COVID times

*Bradley Lewis¹ (1. New York University(United States of America))

Presentation language : English

The coronavirus pandemic has shattered our world with increased morbidity, mortality, and personal/social sufferings, and we are now in a biomedical race for protective equipment, viral testing, and vaccine creation.

But what is the role of health humanities in these viral times? First, we need health humanities to empower narrative agency around the story of COVID-19. Narrow biomedical stories neglect the more expansive “planetary health” possibilities. The 2015 *Lancet* Commission on Planetary Health makes it clear that environmental destruction, driven largely by overconsumption, create the conditions for increasing zoonotic pathogens like coronavirus. Emerging infectious diseases are thus not a surprise—they are the expected outcome of environmental devastation. In this context, health humanities has a crucial role in re-storying COVID-19 as a wake-up call toward more sustainable living.

Second, COVID-19 creates a bio-ethical climate where health humanities can and should link with environmental humanities. The goal of this link is to continue re-storying health humanities itself toward promotion of planetary health and well-being. Well-being is critical here because environmental humanities

tells us that planetary destruction not only causes ill-being, but that *ill-being is a key driver of planetary destruction*. For health humanities, a basic role and narrative identity starts to emerge—we should become a planetary health and well-being humanities.

[12] Poster presentation

[12-1] Educational program for nurses in rural Japan using narratives of persons with dementia and their families:

A qualitative study

*Mikiyo Sato^{1,2}, Setsuko Hanzawa¹, Shin Narita¹, Sanae Haruyama¹ (1. Jichi Medical University, School of Nursing(Japan), 2. DIPEX-Japan(Japan))

[12-2] Ethical knowledge from lecturer with cervical spinal cord injury: Experience of the cervical spinal cord injury by traffic accident and ethics on use of aborted fetus in the regenerative treatment

*Eri Sasatani¹ (1. Hanazono University(Japan))

[12-3] Change of recognition toward medical care among students under school nurse training

*Eri Sasatani¹ (1. Hanazono University(Japan))

[12-4] Transformation of nursing students' infection control knowledge in irregular home nursing practice

*Yuka Ohnuma¹, Junko Hoshi¹, Takuko Shikano¹ (1. Akamon College of Sendai (Japan))

[12-5] Interpersonal relationships between patients and nursing students in psychiatric nursing practice:

Analysis of patient interviews

*Hiromi Fu^{1,2}, Masahiko Ishimaru³ (1. The Open University of Japan Graduate School of Art and Sciences Master's Course(Japan), 2. Osaka Shin-ai College Department of Nursing(Japan), 3. The Open University of Japan Graduate School of Art and Sciences(Japan))

[12-1] Educational program for nurses in rural Japan using narratives of persons with dementia and their families:

A qualitative study

*Mikiyo Sato^{1,2}, Setsuko Hanzawa¹, Shin Narita¹, Sanae Haruyama¹ (1. Jichi Medical University, School of Nursing(Japan), 2. DIPEX-Japan(Japan))

Presentation language : English

Background

In Japan, households with elderly persons is increasing, especially dementia person.

In spite of their dementia they are living alone, especially rural area. So we developed more useful nursing educational program using narratives of persons with dementia and their families for nurses in Japanese rural areas.

Objective

This study is clarified the learning of nurses who have received the education program using narratives of persons with dementia and their families.

Method

They attended face-to-face group session after accessed the website (<https://www.dipex-j.org/dementia/>). We analyzed descriptive data by qualitative method.

Result

Through the program, they understood about the following five points.

Understand of various thought and experiences of people with dementia and their families, Recognize of necessity for nursing practice based on narratives, Consider their values and dignity of dementia person and their families, Create another adequate nursing care though their narrative episodes. Recognize of corroborate with community social resource through their families' experiences

Conclusion

We considered this program is more useful for nurses in rural area, because they could discussion with nurses of different facilities in other region, reflect their nursing experiences, and create another nursing practices through episode of dementia persons and their families.

[12-2] Ethical knowledge from lecturer with cervical spinal cord injury: Experience of the cervical spinal cord injury by traffic accident and ethics on use of aborted fetus in the regenerative treatment

*Eri Sasatani¹ (1. Hanazono University(Japan))

Presentation language : English

This study was conducted on juniors majoring in the Department of Social Welfare who are taking the Nursing Teacher Training Course. The purpose was to elucidate what students can learn from a lecture on a personal "accident experience" and a lecture containing universal content, "Ethics Over the Use of Aborted Fetuses," by a special lecturer who has suffered cervical spinal cord injury in a traffic accident. In

conducting the study, students' reports about thoughts and learnings after each lecture were analyzed. Consequently, their learnings were largely categorized into two types. (1) Learnings from the special lecturer who has experienced an accident. Students showed "empathy" and "fear," as women of the same generation, towards the fully functioning body suddenly becoming immobile accidentally. They also praised and respected the "efforts." (2) As for learnings from ethical issues regarding the use of aborted fetuses for spinal regeneration researches, students mentioned the importance of ethical thinking, although stances and opinions differ among individuals involved, administrative bodies, and women's organizations. Students were lectured on "bioethics" through detailed case examples from the lecturer and learned about ethical issues by relating them with personal experiences and opinions.

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[12-3] Change of recognition toward medical care among students under school nurse training

*Eri Sasatani¹ (1. Hanazono University(Japan))

Presentation language : English

In Japan, due to the increasing number of children requiring special medical care, the importance to introduce classes and trainings on "medical care" in school nurse training is increasing. However, medical care education is not required in educational departments. As a result, many who became a school nurse without opportunities to learn medical care are anxious about caring for Children with Special Health Care Needs (CSHCN). This study was conducted to discover how students' knowledge and opinions change after taking a lecture held by a special lecturer who has a child with special health care needs. Students were asked to fill out questionnaires before and after the lecture. The number of students who knew about children requiring special medical care increased from 26 (74%) to 31 (89%), while those who did not decreased from 9 (26%) to 4 (11%). Furthermore, the number of students who knew about the term CSHCN increased significantly from 5 (14%) to 27 (77%). As for the exercise of medical care, students who were willing to change body positions increased from 20 (57%) to 29 (83%). In contrast, those who chose vital sign check decreased from 21 (60%) to 14 (40%).

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[12-4] Transformation of nursing students' infection control knowledge in irregular home nursing practice

*Yuka Ohnuma¹, Junko Hoshi¹, Takuko Shikano¹ (1. Akamon College of Sendai (Japan))

Presentation language : English

The purpose of this study is to determine changes in attitudes about nursing students' knowledge of infection prevention during home nursing practice during the COVID-19 epidemic.

In June 2020, prior to the practice, the time spent in the facility was reduced and accompanying home visits were discontinued. The students spent two days at institution. They were lectured on facility-specific

infection control methods and various case studies. On the last day, they had a group work session to discuss how they felt about their own countermeasures against COVID-19. We did a qualitative analysis of their thoughts written by the students. Ethical considerations were approved by the research ethics committee of our university. We used data from students who agreed with our description.

Twenty-four concepts and five categories were extracted from 22 female students. The students were anxious and fearful of infection before their internship, but the internship eliminated these fears and made them realize of their profession.

In conclusion, the results suggest that practice during the COVID-19 epidemic allows nursing students to be aware of their profession and prevention of infection.

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[12-5] Interpersonal relationships between patients and nursing students in psychiatric nursing practice:

Analysis of patient interviews

*Hiromi Fu^{1,2}, Masahiko Ishimaru³ (1. The Open University of Japan Graduate School of Art and Sciences Master's Course(Japan), 2. Osaka Shin-ai College Department of Nursing(Japan), 3. The Open University of Japan Graduate School of Art and Sciences(Japan))

Presentation language : Japanese

Background: It is necessary to understand interpersonal relationships between the patients and the students during a psychiatric nursing practice. However, there have been only few studies performed from the patients' perspective.

Purpose: To clarify how patients experience interpersonal relationship in psychiatric nursing practice.

Method: Interviews were conducted with 29 patients with psychiatric disorders who had an experience of taking charge of a student for nursing practices, Data were analyzed using a modified grounded theory approach. The study was conducted with an approval by the Research Ethics Review Committee of The Open University of Japan (2019-11)

Results/Discussion: The patient-student relationship consisted of a , and a . Patients were mostly aware of their in terms of the students' learning, although some of them felt it burdensome to spend time with the students. In the process of their , the patients felt a growing sense of security with the students, and developed a more comfortable relationship with an enhanced communication. The results suggest that an appropriate care should be delivered through the students' communication and their constant presence so as to raise a good mood and a sense of security among the patients.

[13] Poster presentation

[13-1] Perinatal loss grief counseling in the community

*Keiko Ishii¹, Shigeko Horiuchi¹, Shoko Gilbert Horiuchi² (1. St. Luke's International University(Japan), 2. Kaiser Permanente(United States of America))

[13-2] The current situation and issues to be addressed regarding muscular dystrophy patients' transition to living outside of institutions in Japan

*Kumi Banno^{1,2} (1. Gifu University of Medical Science(Japan), 2. Ritsumeikan University(Japan))

[13-3] The structure of home care service coordinator's vocational identity

*Takako Ayabe¹ (1. Baika Women's University(Japan))

[13-4] Relationship between the understanding of information for team approaches and the practice of team approaches by care managers

*Takako Ayabe¹ (1. BAIKA Women's University(Japan))

[13-5] Interview survey of subjective symptoms of smoke from traditional cooking stoves in Rwanda

*Kazuko Eto¹, Yo Ishigaki², Kenji Tanaka², Takashi Yoda³, Muneo Matsukawa³ (1. Faculty of Nursing, Yokohama Soei University, Japan(Japan), 2. University of Electro-Communications(Japan), 3. Japan Weather Association(Japan))

[13-1] Perinatal loss grief counseling in the community

*Keiko Ishii¹, Shigeko Horiuchi¹, Shoko Gilbert Horiuchi² (1. St. Luke's International University(Japan), 2. Kaiser Permanente(United States of America))

Presentation language : Japanese

Tenshi-no-Hogoshaka Luka-no-kai (TL) in Tokyo started offering a group for individuals to share their experience of perinatal loss in 2004. The group also offers an annual event where participants make a gift for their deceased babies (e.g., toys, clothing) while meeting other grieving parents. As requested by many participants, TL Grief Counseling became available in 2009 for those who desire individual therapy.

Individual counseling provides a safe space for clients to share various topics, including their birth/loss experience, feelings toward their babies, conflicts with their partner, challenges with returning to work, and relationships with family, friends, or neighbors. The unexpected loss of their child often leads to acute awareness of the uncertainties of life and causes increased anxiety. Many parents continue to suffer from general anxiety, as well as situational anxiety even months after the loss.

In our society, grieving families are often left to deal with grief on their own. However, the online survey shows that people are highly satisfied with individual counseling; the program was rated above eight on a scale of 10 where a higher number shows higher satisfaction. This seems to suggest the need for more support in the community.

[13-2] The current situation and issues to be addressed regarding muscular dystrophy patients' transition to living outside of institutions in Japan

*Kumi Banno^{1,2} (1. Gifu University of Medical Science(Japan), 2. Ritsumeikan University(Japan))

Presentation language : Japanese

The history of the treatment of muscular dystrophy in Japan is long, and there are many patients who live in specialized muscular dystrophy wards responsible for their care and education. As times have changed there has been a transition from institutionalization to patients living in their local communities, but this transition has not progressed very far in the case of muscular dystrophy patients. The purpose of this study is to interview support providers involved in muscular dystrophy patients' transition to life outside of institutions and to clarify and examine the process leading up to this transition and the obstacles that must be overcome. The results of this study show that the views of hospitals and families who prioritize patients' safety and those of support providers who prioritize their quality of life differ, and considerable effort is required to achieve mutual understanding. There is a desire for institutions to function as a safety net and to provide support in transitioning to living in the community to patients whose condition is stable. Cooperation between healthcare and welfare services and the construction of systems adapted to the local community are important to the realization of a smooth transition to living outside of institutions.

[13-3] The structure of home care service coordinator's vocational

identity

*Takako Ayabe¹ (1. Baika Women's University(Japan))

Presentation language : Japanese

Background

In Japan's Long-term Care Insurance System, importance is given to medical and care team approaches as part of care management. For the coordinator, having a professional identity is important in coordinating with healthcare.

Objectives

This study aimed to clarify the structure of Home Care Service Coordinator's Vocational Identity.

Method

Using the database WAMNET, 800 home-visit care centers registered with this system and located in randomly selected prefectures were targeted as potential study facilities. A mail questionnaire survey was conducted, involving a Home Care Service Coordinator (HC) of each potential study facility within the period between March 20 and April 20, 2015. Excluding missing values, responses from 134 (valid response rate:16.7%) were analyzed. For 12-related Vocational Identity items, factor analysis was performed using the major factor method involving Promax rotation. The reliability of each item was examined using Cronbach's alpha.

Result and conclusion

Through analysis, the following 3 factors were extracted: 1. The competence of HC ($\alpha=0.840$); 2. The acquisition of job as a HC($\alpha=0.848$); 3.The ambiguous about the purpose of HC occupation($\alpha=0.734$). HC's Vocational Identity was configured 3 keywords("competence" , "acquisition" , "ambiguous").

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[13-4] Relationship between the understanding of information for team approaches and the practice of team approaches by care managers

*Takako Ayabe¹ (1. BAIKA Women's University(Japan))

Presentation language : English

Background and Objectives

In the long-term care insurance system, Care Managers practice a team approach with home-visit nursing and home-visit care support centers. The present study examined the relationship between the understanding of Information for Team Approaches(ITA) and the practice of Team Approaches(TA) with home-visit nursing and home-visit care service by Care Managers of Homed-Based Care Support centers in Japan.

Method

The subjects were 800 randomly selected Care Managers(CM) in Homed-Based Care Support centers registered in WAM NET in Japan.

A mail questionnaire survey was conducted, Care Manager within the period between March and April, 2015. Excluding missing values, responses from 202(valid response rate 25.3%) were analyzed.

A Multiple regression analysis on the forced injection method was conducted, with factors related to TA as dependent variables, and the care managers' basic attributes and ITA including control variables as independent variables.

Results and Conclusion

As the results of analysis, all TA-related factors were closely associated with ITA.

In conclusion, the current study supported the hypothetical ITA significantly affected TA. It is important for care managers to collect information on team practices in order to make the team approach as smooth as possible.

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[13-5] Interview survey of subjective symptoms of smoke from traditional cooking stoves in Rwanda

*Kazuko Eto¹, Yo Ishigaki², Kenji Tanaka², Takashi Yoda³, Muneo Matsukawa³ (1. Faculty of Nursing, Yokohama Soei University, Japan(Japan), 2. University of Electro-Communications(Japan), 3. Japan Weather Association(Japan))

Presentation language : Japanese

Background: Smoke from traditional cooking stoves using in closed kitchen is acknowledged to cause various health problem. In spite of this knowledge, 94% of families in Republic of Rwanda are still using traditional cooking stoves in their daily cooking. In this research, we show the health awareness of mothers who are using the cooking stoves in Republic of Rwanda.

Methods: Interview survey was conducted for 4 Rwandan mothers who are using the traditional cooking stoves in daily life. The interview were consisted two items; mean time of using cooking stoves (/day), health condition of respiratory organ based on 5 items from IPAG.

Results: 3 participants had subjective symptoms of eye hurting, smoke with eyes, cough and headache. 2 had sore throat, eye itchiness, tears, runny nose and 1 had itch nose and sneeze for each. Additionally, the number of subjective symptoms was increased depending on longer time of using cooking stoves.

Discussion: The results shows most mothers had already had health troubles with their eyes and noses. This suggested that the necessity of health education methods and contents based on their life styles for low standard of education countries.

[14] Poster presentation

[14-1] **Metaphors of mental health: A research project on how sufferers and professionals talk about severe mental illness**

*Marta Coll-Florit¹, Salvador Climent¹, Martín Correa-Urquiza³, Eulàlia Hernández², Antoni Oliver¹, Asun Pié² (1. Universitat Oberta de Catalunya UOC, Arts and Humanities(Spain), 2. Universitat Oberta de Catalunya UOC, Psychology and Education Sciences(Spain), 3. Universitat Rovira i Virgili, Anthropology - Philosophy and Social Work(Spain))

[14-2] **Decision-making by mothers using a compatible support system of raising children and work**

*Naoko Wada¹, Hiroshi Sugimoto¹ (1. Niigata University of Health and Welfare(Japan))

[14-3] **Process through which critical care nurses overcome patient death due to accidents or disasters**

*Asana Takasaki¹, Kazumi Takeno², Tadaaki Hashimoto³, Arisa Tanaka², Sachiko Kawanami², Junpei Takeshima⁴, Koji Ishii⁵ (1. Faculty of Nursing and Nutrition University of Nagasaki(Japan), 2. Division of Nursing Nagasaki University Hospital(Japan), 3. Division of Nursing Japanese Red Cross Society Nagasaki Genbaku Hospital(Japan), 4. Department of Nursing Faculty of Fukuoka Medical Technology Teikyo University(Japan), 5. Department of Anesthesiology Nagasaki University Hospital (Japan))

[14-4] **Situation leading to the abuse of men who care for their wives and mothers**

*Midori Nishio¹, Sayori Sakanashi² (1. Japanese Red Cross Kyushu International College of Nursing(Japan), 2. Fukuoka University(Japan))

[14-1] Metaphors of mental health: A research project on how sufferers and professionals talk about severe mental illness

*Marta Coll-Florit¹, Salvador Climent¹, Martín Correa-Urquiza³, Eulàlia Hernández², Antoni Oliver¹, Asun Pié²

(1. Universitat Oberta de Catalunya UOC, Arts and Humanities(Spain), 2. Universitat Oberta de Catalunya UOC, Psychology and Education Sciences(Spain), 3. Universitat Rovira i Virgili, Anthropology - Philosophy and Social Work(Spain))

Presentation language : English

In Cognitive Linguistics, Conceptual Metaphor is understood both as a mechanism for the conceptualization of experiences and as a method for analyzing people's discourse. Multiple studies at the intersection of Conceptual Metaphor Theory and Health Studies have revealed that metaphors can play an important role in the analysis of sufferers' emotions, in public communication, and in psychotherapeutic treatment in the case of mental illness.

In this framework, we present the MOMENT Project (Metaphors of Mental Health; FFI2017-86969-R REA/ERDF, EU), a large effort to study the metaphors produced in the internet (blogs, twitter) by patients of severe mental illness and health care professionals. Texts in Spanish (approximately one million words) are analysed for four groups of patients (schizophrenia, depression, OCD and bipolar disorder) and professionals (psychiatrists, psychologists, nurses and social educators), in order to detect the most relevant metaphors issued by each group and compare the discourses.

Metaphors have been classified into three broad domains: sufferer's life, social environment and medical practice. We will present the most important frames detected in the study, highlighting those that can contribute to sufferer empowerment. As a result of the project, an online repertoire of metaphors detected in the discourses will be publicly available.

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[14-2] Decision-making by mothers using a compatible support system of raising children and work

*Naoko Wada¹, Hiroshi Sugimoto¹ (1. Niigata University of Health and Welfare(Japan))

Presentation language : Japanese

Mothers who work while raising children aim for a balance by utilizing various support systems. The purpose of this study is to clarify the decision-making of mothers who are using the compatibility support system of raising children and work. We interviewed two working mothers about their situation when using a support system. They decided to use the support system while feeling guilty and apologetic to their colleagues and bosses. Understanding by their family and relationships with their bosses influence their decision to use shorter working hours, which have been consistent with the findings so far. Before using support systems, they felt guilty and apologetic thinking about the evaluation of others. However, after using a support system, they were aware of themselves being freed from the evaluations of others. The fact they don't care about the evaluation of others isn't just because of the positive recognition like confidence of compatibility, a sense

of fulfillment and accomplishment, but it's also related to recognizing acceptance and giving up of their ability. "Giving up" is often understood as the negative side of abandoning goals and desires. However, considering that "giving up" promoted the use of a support system, it can also have a constructive side.

[14-3] Process through which critical care nurses overcome patient death due to accidents or disasters

*Asana Takasaki¹, Kazumi Takeno², Tadaaki Hashimoto³, Arisa Tanaka², Sachiko Kawanami², Junpei Takeshima⁴, Koji Ishii⁵ (1. Faculty of Nursing and Nutrition University of Nagasaki(Japan), 2. Division of Nursing Nagasaki University Hospital(Japan), 3. Division of Nursing Japanese Red Cross Society Nagasaki Genbaku Hospital(Japan), 4. Department of Nursing Faculty of Fukuoka Medical Technology Teikyo University(Japan), 5. Department of Anesthesiology Nagasaki University Hospital (Japan))

Presentation language : Japanese

[Objective] To clarify the process through which critical care nurses (hereinafter referred to as nurses) overcome patient deaths from critical incidents, such as accidents and disasters. [Methods] Data were collected through semi-structured interviews with 10 nurses who had experienced critical incident stress and analyzed with a modified grounded theory approach. [Ethical Considerations] Participants were provided with written and verbal explanations about ethical considerations and consented to participation in the study after ethical review approval. [Results] Nurses face patient deaths from critical incidents, become in "a state in which they cannot control their emotions," and feel "remorse for care." While they "searched for a coping method" and "acquired a coping method," they also underwent changes in memories of experiences over time. They become capable of "using experiences to pursue nursing care" and "approving nursing care" through reflection. They then "practiced care towards the nursing care they aimed for" and "aspired for physical and mental support systems." [Discussion] Nurses were found to overcome patient deaths from critical incidents through coping, reflection, and approval of their own nursing care. Our findings suggest the necessity of improving physical and mental support systems for nurses.

[14-4] Situation leading to the abuse of men who care for their wives and mothers

*Midori Nishio¹, Sayori Sakanashi² (1. Japanese Red Cross Kyushu International College of Nursing(Japan), 2. Fukuoka University(Japan))

Presentation language : Japanese

It is considered that emotional exhaustion appears as abuse to the care recipient, suicide in the care recipient and the caregiver, or ill-treatment of the caregiver itself. To prevent abuse, it is recommended to identify the factors that lead to mental problems. We studies that clarify the situation of men the abuse, which are specialized for men who care for women with dementia.

We surveyed a total of 100 male primary caregivers. 56 men (61.6%) who had or were about to become abused, 44 (48.4%) who had free description of their feelings of abuse were subject to qualitative analysis.

Obtained approval from the Ethics Review Committee of Fukuoka University School of Medicine (2017M40).

The average caregiving period for male caregivers was 103 months, and all felt social difficulties. "Difficulty of communication" and "attack of men by caregivers" were extracted as situations leading to abuse. The "difficulty of communication" subcategory consists of "do not follow instructions" and "repeat the same thing", and the "male caregiver attack" subcategory consists of "attack", "denial", and "exile" Will be done.

When a man takes care of a woman with dementia, the conditions that lead to abuse are thought to result in long-term communication difficulties and social difficulties.

[View the presentation file](#)

Poster presentation | Theory, Vision, Other

[15] Poster presentation

[15-1] **Listening to experiences of health and illness around the world: Introducing the DIPEX International project**

*Rika Sakuma Sato^{1,3}, Lorraine Smith^{2,3} (1. DIPEX-Japan(Japan), 2. The University of Sydney(Australia), 3. DIPEX International(UK))

[15-2] **Toward Health Anthropology: From the practices of performance activities related to mental illness**

*Hiroshi Sugimoto¹ (1. Niigata University of Health and Welfare(Japan))

[15-1] Listening to experiences of health and illness around the world: Introducing the DIPEX International project

*Rika Sakuma Sato^{1,3}, Lorraine Smith^{2,3} (1. DIPEX-Japan(Japan), 2. The University of Sydney(Australia), 3. DIPEX International(UK))

Presentation language : English · Japanese

DIPEX (Database of Individual Patient Experiences) is a unique online resource that compiles a wide variety of people's narratives on experiences of health and illnesses, founded in UK in the 1990's. The enterprise, after twenty years, has grown into a collaboration of research organizations around the world using a common rigorous qualitative research method to collect and compile people's experiences. Researchers from 14 countries (Australia, Brazil, Canada, Czech Republic, Germany, Israel, Japan, Netherlands, Norway, Republic of Korea, Spain, Switzerland, UK and US) are now involved in the DIPEX International project (www.dipexinternational.org).

DIPEX website is comprised of approximately 250 video and audio clips for each condition, thematically organized to show different aspects of illness experiences. DIPEX-Japan has published 7 websites on health conditions and medical interventions (e.g., breast cancer, dementia, chronic pain, bowel screening, clinical trials, etc.) and as for DIPEX International we have in total over 150 conditions and interventions covered. While the majority of the users are patients and families, the database is increasingly being utilized as a resource for teaching medical professionals, service improvement and cross-national comparative research. In the poster, we will present our ongoing challenges to present polyphonic voices of health and illness around the world.

[15-2] Toward Health Anthropology: From the practices of performance activities related to mental illness

*Hiroshi Sugimoto¹ (1. Niigata University of Health and Welfare(Japan))

Presentation language : English

The purpose of this study is to consider health anthropology through verification of the concept of "health" and fieldwork involving performance activities related to mental illness.

"Health" is commonly considered a concept that includes "medicine." Accordingly, health humanities emphasize the social and cultural aspects of medicine. However, some research on health suggests that medicine is not actually a part of health. In fact, it is argued that, as a concept, health is more properly regarded as the opposite of medicine. This type of health concept is seen in such theory as salutogenesis, health promotion and the practice of performance activities related to mental illness. The theory of salutogenesis regards health as a continuum from dis-ease to health-ease, asserting that creating health is different from the prevention of disease. Dubos (1959) explained the difference between health and medicine by using Greek mythology. In addition to providing a literature review, this paper describes fieldwork involving performance activities indicating a form of health that is different from medicine. Health anthropology has the potential to develop a concept of health that focuses on life and is on the opposite side of medicine.

View the presentation file

IHHC-2020 Regional Zoom Gatherings (October 24, 7:00p.m.)

[Gatherings] IHHC-2020 Regional Zoom Gatherings 【 October 24,
7:00p.m.】

[G-01] IHHC-2020 Regional Zoom Gatherings 【 October 24, 7:00p.m.】

[G-01] IHHC-2020 Regional Zoom Gatherings 【 October 24, 7:00p.m.】

IHHC-2020 Regional Zoom Gatherings

Although the 9th International Health Humanities Conference will be held in an online, on-demand format, we are happy to announce that we are planning three real-time Regional Zoom Gatherings on October 24 in place of what would normally be a Conference Dinner. These will be each be hosted by a Regional Host and feature open remarks and a toast by a regional Special Guest, one of our Keynote or Invited Speakers. (Please be ready with your favorite regionally-inspired beverage!) After the toast, participants will move into Breakout Rooms for introductions, small talk, networking, and conference-related or health humanities-related discussions. Don't worry, you'll be free to wander through the rooms and mingle, just like you would at a normal conference dinner!

After you've registered and joined the conference, you will be able to access the information needed to join, but for now, you can save the date on your calendar.

*Some functions may not work if you join via smartphone or tablet, so please try to join the Zoom gatherings via computer if at all possible.

Asia: “Kampai to the Health Humanities”

October 24, 7:00 p.m. JST

Hosts: Jeffrey Huffman & Mami Inoue

Special Guest: Tsuguya Fukui

Details:

<https://zoom.us/j/91885611337?pwd=eEphK0FwOWpWajZtNCtOZmpzOEJ3dz09>

Meeting ID: 918 8561 1337

Passcode: 215127

North America: “A Toast to the Health Humanities”

October 24, 7:00 p.m. CDT

Hosts: Erin Lamb & Megan Voeller

Special Guest: Steve Schlozman

Details:

<https://cwru.zoom.us/j/98818248852?pwd=T0plZTVGWHRleHY5Q1lIZnpFampPd09>

Meeting ID: 988 1824 8852

Passcode: 087474

Europe: “Cin cin to the Health Humanities”

October 24, 7:00 p.m. CEST

Host: Silvia Wyder

Special Guest: Paul Crawford

Details:

<https://zoom.us/j/91343652640?pwd=TnBTVmViV09rcCs3dTdOTVlyLzNaQT09>

Meeting ID: 913 4365 2640

Passcode: 880734