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**ABSTRACTS
(Alphabetical by Author)**

Analysis of Sudden Infant Death Syndrome coverage in Canadian newspapers

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Background: Empathy is an act of understanding and perceiving the feelings of another individual(1). The ability to empathize is vital in maintaining interpersonal relationships that are meaningful and supportive(1). With the death of an infant from sudden infant death syndrome, it is recommended that SIDS parents are able to get unconditional support at the time of the death, and social support(2). Ways of giving support to parents include being empathetic to their situation, and dispelling rumours through sharing of accurate information about SIDS. (2). Newspapers may play a role in providing information about SIDS as they are viewed as the source of public knowledge, enabling social participation(3). They have the ability to shape public perceptions, and impact public discourse.

Objective: The purpose of this study was to generate qualitative and quantitative data in order to gain an understanding of the how the coverage of SIDS/crib death was framed in 300 Canadian newspapers from the first appearance(1978) till 2015.

Methods: Canadian newsstand complete (CNC) database (n=300 English language newspapers) and the “The Globe and Mail”, “Calgary Herald, and “National Post” within the database were searched for the term “sudden infant death syndrome” and “crib death”. Relevant articles from the “The Globe and Mail”, “National Post” and “Calgary Herald” were downloaded for qualitative content analysis using Atlas-Ti7.

Results: The topic of SIDS was covered in 4211 articles of the newspapers present in the CNC database and crib death was mentioned in 1129 articles. Main themes found in the coverage of SIDS were causes and risk factors, preventative measures, blame, as well as the misdiagnosis of SIDS. We found further a lack of engagement with social issues and an invisibility of Indigenous people, other ethnic minorities , and other marginalized groups.

Conclusions: We suggest that the reader is ill informed after reading the newspapers and is misled in their understanding of SIDS. We think this is a problem given that there is still a lot of uncertainty around SIDS/crib death. We posit that the spread of inaccurate information has negative consequences for the SIDS community, especially parents.

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Material as a mirror for touch: creating empathy in visual art
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Visual art has a long history of portraying human suffering – illness, war, hunger, discrimination, and poverty. Artists have been drawn to these themes as a way to reveal injustices, to document as archive, or to invoke social action. Common tropes of reddened tearful eyes, curved, anguished postures, and hands covering heads, recur as visual signifiers for pain, often illustrating, instead of expressing, the emotion. Certain artworks, however, seem able to invoke intense feelings of empathy on the part of the viewer. What are the qualities that seem to generate empathic responses?

In this paper, I will examine some notable artworks that move beyond visual conventions to manifest deep connections to the subject. I point not only to the figurative gestures conveyed in the works, but to the significance of materiality as a means of reception. Creating mirrors for touch and connection, palpable ink lines of an etching or the scraped surfaces of sculptures can stir sensations beyond the visual. These pieces reassert, sometimes subtly, the artist's own contact with the work, recording these gestures as a sensory response to sorrow.

Focusing on a selection of historical and contemporary artworks, this paper proposes the touch of both artist and viewer as significant aspects of conjuring empathetic response.

***Still Alice*, But New Understanding:
Enveloping Nursing Students in the Lived Experience of Dementia
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This presentation describes the successful teaching strategy of using *Still Alice*, an Academy Award-winning 2014 movie, to perturb senior nursing students' assumptions about people with dementia. Older Adult Nursing is a fourth-year elective course that strives to provide students with in-depth knowledge, skills and expertise in older adult nursing care, including dementia. In past offerings of the Older Adult Nursing course, the lecture on dementia was greeted with eye-rolling and protestations of "teach us something new - we already know this!" However, course instructors were very aware that the students' knowledge of dementia was limited to encounters in institutional settings – hospitals, nursing homes – and that students had very little knowledge of the bigger picture of dementia and its devastating impact on people living with the diagnosis and their families.

Still Alice envelops the viewer in the life of Alice, a 50 year-old linguistics professor in the prime of her life who develops early-onset familial Alzheimer's Disease. *Still Alice* starkly portrays the devastating impact on Alice and her family as they are faced with the rapid and relentless progression of dementia. After watching *Still Alice*, the students were deeply moved and had a new, empathetic understanding of the consuming lived experience of dementia, epitomized by Alice and her family. The reflective papers submitted by the students revealed a profound change in how they thought about people with dementia and their families, and the realization that they did not 'know' dementia beyond the limited institutional, theoretical, professionally-detached point of view.

The presentation will include the instrumental details of incorporating a contemporary Hollywood movie into a nursing course, and the reflective writing assignment which stimulated students to think deeply about one theme or issue from the movie. Students enjoyed the movie and the reflective writing assignment, which resulted in outstanding learner outcomes.

**The promise of Empathy for the relief of suffering : A Hermeneutic and Mindful
exploration of a promise never given**

Dr. Allan Donsky
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Who decides if empathy is needed and where should it live? When was it promised and by whom? This presentation will explore the virtuous and highly treasured goal of relieving suffering, both for oneself and others. With the clarity that a mindful awareness of our own necessary fictions can bring, we will discuss the construct of and the various facets of empathy. The initial promise of empathy, who some would argue is at the core of caring, will be examined from the moment of it's arising, through the desire grounded in the "rescue fantasy" of healers, to the ultimate realization that suffering itself may offer it's own paths to healing. Is it possible that empathy is already embedded in suffering? With a hermeneutic lens we may just see that all our seeing is a construct and that suffering and empathy have their own relationship, beyond our promises. This presentation will include quotes from persons who suffered their humanity and found relief in completed suicide.

Reference : Donsky, A. Book chapter. "They are all with me": Troubled youth in troubled schools. In : On the Pedagogy of Suffering: Hermeneutic and Buddhist Perspectives, Editors David W. Jardine, Christopher Gilham, Graham McCaffrey. Peter Lang Publishing Inc. 2014

Bitter Medicine: Performance and Mental Health

Dr. Patrick Finn

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Bitter Medicine: A Graphic Memoir of Mental Illness is an award-winning book by the Martini brothers. In our hands, the book came to life as a multimedia play. Our team involves experts in storytelling, and draws on the expertise of researchers in performance and mental health.

We believe that great narrative has the power to address great challenges. Our way of contributing to a discussion we feel is important is to create the most powerful, entertaining and immersive narrative possible.

Built around those narrative tools we also wish to create avenues for audience members who are dealing with these issue first hand to access useful, evidence-based information. We also wish to give them an opportunity to share their stories. People need to tell their stories and to be heard.

Bitter Medicine is the story of two brothers who found that the best way to deal with mental illness and an underfunded health care system is through narrative. One picked up a pen to write and the other a pencil to draw. That form of communication allowed them to open a channel – a channel that has sustained them and their family as they have engaged a battle that is both endless and winnable.

Our project began three years ago as a short play. It then expanded to a full-length show and was selected for the juried series of Toronto's SummerWorks Festival last year. A year from now, it will be featured as part of the Congress of Social Science and Humanities meetings in Calgary and will then tour to communities throughout Alberta and across Canada.

We would like to share our approach using the humanities as a support medical practice and research.

Flipping Cancer: Empathy, Evidence, and the Morality of Measurement

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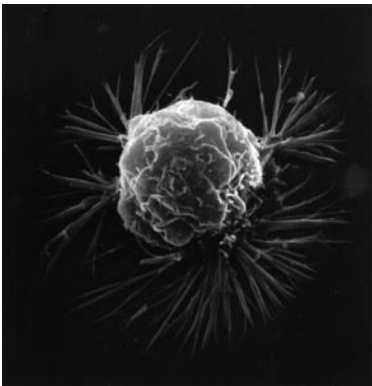
Proposal (300 words):

This “platform” is proposed as a 30-minute visual, dance, and live-story installation, based on the author’s 5-year immersion in oral history and critical ethnographic research with persons facing stage IV cancers as patients, caregivers and health providers (physicians, nurses, counselors). This query emerges from common knowledges: diagnostic/prognostic *measurement* underwhelms as a communication tactic; yet it overloads as a cognitive, emotional, and corporeal phenomenon; one which must be assimilated into the *body* both receiving and comprising the premise of health professionals’ measurements.

Inhabiting hinge points of evidence and empathy in contemporary cancer cultures, this presentation hopes to host dialogue with interdisciplinary scholars/practitioners through (1) qualitative research interview excerpts, (2) theoretical, ethical underpinnings guiding their adaptation, and (3) the will to honor often-silenced perspectives of persons facing life-threatening (versus imminently “survivable”) cancers.

“Flipping Cancer” features installation techniques developed in artist’s residencies and cancer clinic partnerships across the US and transnationally (2012-15). Theoretical perspectives explored include: Jain’s “statistical firing squad,” Gould’s “The Median is Not the Message,” Hamilton’s distinction between physicians’ “false hope and false hopelessness.” The platform troubles Foucault’s notion that “death becomes the most privatized thing of all” in societies where optimizing biological life becomes an entrepreneurial and political act.

Why perform research?: Empathy is intimately related to perceived excesses/deficits of both patients’ and providers’ bodies, and memories. Empathy is what many patients/caregivers remember first following medical encounters—yet what many medical professionals remember last or least after patient meetings. Producing/reporting “counts” (tumor markers, blood cells), and discovering symptoms/signs takes precedence. The “how” is often invited belatedly to patient-provider conversations, long after the “what” and “why” have rushed it into irrelevance. This platform explores the dynamics of reversing that process, through embodied translations of critical ethnographic research about stage IV cancer populations’ insightful, humorous and sometimes surprising perspectives on the morality of measurement.



Feedback from participants in artist’s residencies and workshops co-hosted with cancer clinics, to develop performance-based communication of this research:

“Wonderful; very powerful, very jolting, something that would be very good for physicians to see. So glad I attended, to see the connections between patient advocacy and this artistry, powered by [Garlock’s, her mother Barbara’s, and her research partners’] relationship to cancer, and loss.”

— *Dr. Jo Ann Earp, Chair of Health Behavior, Health Education, Gillings School of Global Public Health; patient advocacy researcher*

“What images, and layers: this piece got under my skin. Thank you. I would love to think about this project staged for medical students and faculty.”

— *Dr. Barry Saunders, Physician, Social Medicine Faculty, UNC School of Medicine*

“[I think] health care professionals should be required to see this performance, and to consider and discuss the realities of their patients’ situations, first in consultation with their colleagues and then with the patients and their families (with mental health professionals present). Medical students can see this to develop good patient skills from the ground up. Also priests, ministers, rabbis, who often have to counsel patients/caregivers/families. The interactive model is powerful, and may help some of the attendees develop greater empathy for what an awful lot of people face every day. ”

— *Caregiver to Stage IV Cancer Patient*

Empathy in the Responsible Innovation Discourse

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Gregor Wolbring

Background: Public engagement is the first of six dimensions in the European Commission's responsible research and innovation (RI) framework to facilitate "dialogue between science and civil society" (1). It is argued that fostering meaningful deliberation between stakeholder groups, including those who are conducting research and development (R&D) and those in civil society requires each group to consider the other's point of view (2). We posit that good practice in public engagement depends on the ability of all stakeholders to practice empathy during the deliberation process.

Methods: We searched four academic databases (EBSCO All, Scopus, Science Direct and Web of Science) for the phrase "responsible innovation" either in the title of the journal or in the article abstract and/or title. We also used articles from a journal that is not yet indexed, the Journal of Responsible Innovation (JRI) by Taylor Francis, whose editors are leaders in the field. 246 articles were found, downloaded, and analyzed for how the terms "public engagement" and "empathy" were covered using the qualitative data analysis software atlas.ti 7.

Results: A total of 306 quotations containing the phrase "public engagement", and 7 quotations containing the code "empathy" were found. Only 1.6 percent of articles mentioned "empathy", none of which were from the JRI, and only six quotations used the term concretely. Only one quotation mentioned empathy in the context of public engagement and none of the quotes dealt with empathy in the context of RI.

Conclusion: There is limited engagement with the concept of empathy within the RI academic literature, despite its perceived importance to facilitating deliberations between stakeholders (2-4). We would suggest that the RI academic literature engage further with the concept of empathy to enhance the practice of public engagement between academics in the R&D sector, academics within the health field, and the general public.

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Life Writing as a Tool for Self Reflection and Empathetic Inquiry

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The skills of empathy and compassion are critical as we seek to understand each other, yet a formal praxis does not exist with regards to how to teach this understanding. The researcher proposes that the process of life writing, as a professional reflective exercise, has the potential to be utilized to explore empathy and compassion with health care professionals working amidst complex human circumstances. Life writing encompasses the “braiding” or the sharing of stories to seek common themes and understandings. Through the “braiding” process we develop deeper perspective and understanding of others in meaningful and authentic ways. Chambers, Hasbe-Ludt, Leggo & Sinner (2012) speak of this as “the kind of knowing that we want to honour: one that comes from the body, the heart and the imagination, from having our feet planted in the humus of day-to day lived experience” (p. xxiv). Often an emotional and contemplative process life writing creates a space whereby the writer can embrace personal experience to then create something that is universal and applicable to the greater human condition. This process is at the fundamental heart of empathic response. Chambers et al (2012) reflect, “the etymology of empathy is rooted in emotion, passion, imagination, sympathy and vicarious identification. By writing about our experiences, often in vulnerable, confessional, personal ways we are creating ways for others to join us in conversation about their vulnerable and personal stories” (p. xxvi). This paper will explore how professionals can initially engage in a self- reflective writing process and then expand that learning to the understanding of others through the sharing of their stories with peers and/or mentors to come to a greater understanding of the perspective of others. This mode of learning has potential benefit for both students and working professionals as a tool for self-reflection and empathetic inquiry.

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Provoking empathy through transformational learning theory, hermeneutics and into practice.

“Our historical consciousness is always filled with a variety of voices in which the echo of the past is heard. Only in the multifariousness of such voices does it exist: this constitutes the nature of the tradition in which we want to share and have a part. We do not see it only in terms of progress and verified results; in it we have, as it were, a new experience of history whenever the past resounds in a new voice.” From this text, Gadamer’s idea of historically effected consciousness (*wirkungsgeschichtliches Bewußtsein*) expresses our embodiment in the particular history and enculturation that also becomes our health professional identity. It is also a useful modality to explain the enculturation process of health / medical education, its relationship to empathy, and practice. It is how we learn to belong as practitioners and researchers with prejudices, misunderstandings, and a reluctances or negation to accept other ways of practice which do not adhere to discipline specific hidden encultured teachings or rules. If empathy is not present and if we believe that it can be learned then it might be accessed through mode of learning theory, a philosophy to reflectively bridge this learning gap and then bring empathy into practice. In practice we will explore this process through the hermeneutic wager.

The hermeneutic wager is a means of assessing risk of engaging within transformative reflective practices. One that invites openness, authenticity and a focus on the relational aspects of working together, within a person centred empathic consciousness, developed through a transformational learning framework. Inspired by Kearney’s work, offer five reflections and conversations, *imagination, humility, commitment, discernment, and hospitality* as an educative transformative process to bring-out personal and professional perspectives about empathy, one’s deeply held beliefs and understanding about being or becoming an empathic practitioner.

Richard Hovey, PhD

We hear the word reflection countless times in education as a means through which learning through reflection will magically appear. In this understanding people will become empathic person-centred healthcare providers once reflection shows them the error in their thinking. Reflection serves to challenge existing worldviews, and encultured perspectives in order to invite new ways of seeing ourselves emerge, it is not a skill one produces on demand. But rather becomes a time when we can truly listen to ourselves without the rhetoric and encultured noise that competes for our attention. The difference between deep reflections brought out through mindfulness and the numerous reflections of our daily activities, are different. Common reflections are founded on the expected and habitual experiences of our predictable lives. The

Richard Hovey, PhD.

personal or professional reflection is fulfilled through somewhat predictable interactions. As such, although reflections of sorts are involved, little about one's self becomes disclosed. It is characterized by guarded emotions and minimal expectations or awareness that deeper reflections are possible (Hovey & Massfeller, 2012; Bauman, 1995). These common reflections are processed as merely matter of fact, non-traumatizing, and predictable with strict adherence to socially structured boundaries. These kinds of reflections are favored when the situation conveys the message that all is well. Thus, expectations, which were constructed from an encultured perception of reflection, remain intact.

In Transformational Learning Theory, the disorientating dilemma provokes an emotional responsiveness that extricates the person from the world of convention, routine, and normatively engendered reflection. Thereby, catapulting the person into a world in which few of their previously held perceptions and encultured reflective practices apply and thus demanding a form of reflection not previously experienced (Hovey & Massfeller, 2012; Bauman; 1995).

Therefore, all reflections are not equally experienced because not all experiences are alike, some are routine while others shake the very foundations of our identity and personhood. Hence, to ask someone to reflect in this way becomes an unfair request because they may not have had an experience that has suitably caused a disruption or disorientation.

This is analogous to giving a cello to a person who has never played one before, and asking them to play a very complex piece of music. Although many people will recognize the instrument, know what it should sound like, and possibly know someone who can play it, they themselves, however, can only make sounds—not music.

Nevertheless, we can teach or guide reflection through processes capable of nurturing transformational learning through an elevation of critical reflection among learners; everyone as a unique person will find their own way, time, and readiness to achieve a deeper ability to reflect. Critical reflection, a differentiating quality of adult learning, refers to questioning the integrity of deeply held encultured assumptions and beliefs based on previous experience (Mezirow, 1991). The demand for this kind of reflection is premised on some kind of underlying thinking, feeling, or disruption that remains unresolved; one that seemingly always makes us aware of a discomfort or disconnection to ourselves as a person and /or professional.

Richard Hovey, PhD.

Mezirow (1991) identified three forms of reflection in the transformation of meaning perspectives and these were about the ‘Content’ in which we reflect on *what* we perceive, understand, think, feel, and/or act about a topic, person or experience. What is the topic or thing, student, patient, or client that draws us into this reflection? The second is the “Process” of reflection; this is concerned on *how* we perform these functions for the medical professional. The third is the ‘Premise’—a presupposed awareness of *why* we perceive as we do is the least common basis for critical reflection, refers to examining our encultured understandings underlying our knowledge and practice as who we have become. Reflection for the sake of reflection—without the inner desire to explore, or if we find that we wish to avoid some form of suffering that reflection can create—negates the essence of critical reflection.

The hermeneutic conversation must occur in a place where mutual openness and generosity abound. Gadamer described this as a place for dialogical engagement, where the learners can open and reopen the hermeneutical space where the possibility of becoming different to ourselves is preserved, as we authentically learn from each other and about ourselves (Davey, 2006). This is a conversational space co-created by people through trust and shared generosity fused together by compassion and authentic engagement (Hovey, 2014).

In transformational learning theory, the reflection of the person is crucial for a desired change of perspective, attitude or understanding to happen. The reality is that we become encultured in the ways of reflection or non-reflection as well, which must be first be acknowledged and confronted. Otherwise the reflective process stalls or fails altogether by prejudices, misunderstandings, assumptions and professionally encultured knowledge with habituated ways of thinking. Reflection as a means to become open to other ways of knowing and understanding is why transformational learning theory is suitable to enable person-centred healthcare to change into a community of practice, rather than a hierarchy. The quotation below from Gadamer demonstrates that reflection needs to be brought into the world through our practice or performance.

Reflection is rather brought into play in such a way that it accompanies the lived performance of the task. This is our real freedom, which enables choices and decisions to be made even as we participate in the performance of life itself.

Richard Hovey, PhD.

Gadamer (1996) wrote that ‘reflection is the free process of turning in on oneself’ (p.51) and that our minds are thus enabled to examine their own content about what we understand and why. Reflection can give us distance from ourselves; ‘the ability to stand back from oneself is a fundamental prerequisite for linguistic orientation in the world, and in this sense reflection is in fact freedom.’ (p. 51)

Understanding is an interpretive process that begins by “being-in-between” (Davey, 2006, p.15), meaning that we are at a distance from ourselves when we are in reflection. “Hermeneutics is based upon a polarity of familiar and strangeness... the true locus of hermeneutics is the in-between” (Gadamer, 2989 p. 295). The sense of not quite who I was and not quite whom I want to become is where conversation and interpretation of this experience leads to self-understanding.

Gadamer continues by explaining that ‘an ability,’ such as what the healthcare professional brings to the patient, is not simply the performance of an action or application of a skill, but is only possible with the ‘prior possession of this possibility’ (p.52). Therefore, an ‘ability’ to practice dentistry, medicine, education or nutrition is part of the consciousness, the knowledge and identity unique to our education, the ways we are taught, how we come to understand our experiences and ways of knowing, which are suitable to be called a genuine ability with proficiency in the application of knowledge into practice.

The concept of ability implies a certain distance towards the performance of the act involved. It is thus principally determined by that structure which we call reflexivity.

“Reflection is the process of knowing how we know. It is an act of turning back upon ourselves. It is the only chance we have to discover our blindness and to recognize that the certainties and knowledge of others are, respectively, as overwhelming and tenuous as our own.” (Maturana & Varela, 1992, p. 24)

However, this reflection resides in the ‘free ability’ of techne (craft or art) as a reflexive consciousness. It has to do with our capacity to represent our own thinking both personally and professionally to ourselves. It is bringing these reflections into the world with others to share, interpret, and work through making sense of our understanding of self with others.

The Words We Hear: Two cancer survivors use storytelling to reflect on the experience, practice and cultivation of empathy in a health care setting.

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The construct of empathy is complex, multifaceted and ostensibly individual in nature. Using storytelling to explore the many aspects of empathy in a health care setting can be an effective way to contextualize this nebulous concept for health care professionals. In this presentation one medical resident and recent health services research graduate will use written and digital stories from their own cancer journeys to explore ideas about the experience, practice and cultivation of empathy in a health care setting. Their stories address topics such as the interconnectedness of empathetic communication and situational awareness, the power of words to influence a patient's experience, the reciprocity of empathy, and employing personal experiences of suffering to strengthen empathic responsiveness. Attendees will be invited into the candid reflections of two former cancer patients who are now healthcare providers, and with them explore how their own personal journey's have shaped the way they interact with the patients they meet.

Empathy: A worthwhile lens for the field of Ecohealth

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Keywords: Ecohealth, empathy, human-human empathy, human-animal empathy, human-environment empathy

Background:

Ecohealth is an emerging field (1-3) whose premise is to “improve the health and wellbeing of people, animals and ecosystems” (4). The Ecohealth approach does this by examining how each of these dimensions interacts and affects each other.

Empathy is defined as the capacity to identify with and understand another’s thoughts or feelings without necessarily experiencing the situation yourself or feeling positive regard for the situation (5). Empathy serves to give insight into other perspectives and to understand why something is important or what it is intending to accomplish even if we are not directly affected by it (5). The impact of empathy is investigated in relation to human-human (6), human-animal (7), and human-environment (8) relationships. As such, we posit that empathy should be prevalent in the Ecohealth field.

Objective:

To ascertain how the term “empathy” is used in the academic Ecohealth literature, to see if the field of Ecohealth engages with the concept of empathy.

Methods:

A total of 648 academic articles were downloaded from four academic databases (EBSCO All, Scopus, Science Direct and Web of Science) that had the term Ecohealth in the article title, article abstract or in the title of the journal. These articles were analyzed using ATLAS-ti®, a qualitative analysis software, for the content linked to the term “empathy”.

Findings:

The term “empathy” showed up only once in the 648 downloaded articles. This hit count spoke about the motives for feeding a species of monkey called a langur, which included religion, esthetics, recreation and empathy (9).

Conclusion:

Our findings suggest that the academic Ecohealth literature has not yet engaged with the concept and lens of “empathy”. We posit that in order to improve the interactions and health of people, animals and the environment, empathy might be a worthwhile concept and lens to engage with.

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Face Pain

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Dr. Lorraine York, Supervisor

In his essay “On Suffering,” holocaust philosopher Emmanuel Levinas states that the relationships we have with other people are based in empathy. Levinas contends that the only use of pain is forming bonds with others and that to know others, we must understand if they are in pain (94). Trauma theorist Cathy Caruth contends that “To be traumatized is precisely possessed by an image or event” (4-5). In my presentation, I will invoke Levinas and Caruth as well as the work of affect theorists Tomkins, Ekman, and Deleuze in order to theorize the expression of emotion on the human face. I look at how the face as a locus of affect is one of the primary challenges to receiving empathy. As a Canadian physician and poet with the diagnosis of bipolar disorder, I use my own personal history as my site of investigation. This biographical information is interrogated using a poetics of affect: I examine poems published in my recent book, *On Shaving Off His Face* (PQL, 2015) to demonstrate the paradox of empathy as manifested in the human face: as the place where psychological pain is most readily detected as visual phenomenon, it is also the place most likely to repel/prevent empathy from being offered. Qua Caruth, the face is the dominant image used in the book, and I try to show how an aesthetic approach can reconceive medical approaches to pain.

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Empathy in Ancient Greece and Rome

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Preceptor: none

Empathy and compassion, as vital to human evolution and social interaction, is a topic worth exploring in the ancient Greco-Roman world. By examining both medical writers and other authors from the first and second centuries CE in particular, we can obtain a larger picture of how these emotions operated across genres and within an era. We see medical literature concerned with patient care and medical ethics, with physicians expressing empathy in a number of different ways; we see moral philosophy worry over the ethical treatment of animals and extend empathy and compassion past human beings to the animal world; and we see the novel present fictional worlds in which the same concepts are not only expressed by their characters but also meant to affect their readers. Taken as a whole, these texts indicate a first and second-century CE world in which empathy and compassion play a large role in the emotional life of the Greeks and Romans and their interactions.

Utilizing the “In-between” to Create Empathic Engagement

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There is considerable debate within the literature whether humanities, particularly empathy, can be taught in professional programs such as nursing and medicine. In my experience as a nurse, there is a liminal space between the epistemology of medicine. It is a space where the experience of human suffering exists but is often overlooked in the pursuit of memorizing scientific facts, evidence based algorithms, and learning procedural skills. In order to foster empathic engagement in the classroom, I thread narrative knowledge juxtaposed with complex pathophysiology content. Through purposeful use of storytelling combined with lecture content, my intention is to draw students into the liminal space and intricate experiences of patients thus enabling students to find subjective meaning within the story, connect with complex material on a deeper level, and reflect on their own practice. In this presentation, I will discuss concepts of humanism within a medical curriculum, binary roles of an educator as both a story teller and expert within the classroom, as well as key adult learning theories such as narrative learning, emotional learning, and transformational learning which can be used within in a medical teaching model to foster empathic engagement for students.

Keywords: empathic engagement, humanism, narrative learning, emotional learning, transformational learning, students, education

Creating *The Longview* Journal
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A widely accepted adage in medicine involves the phenomenon of decreasing empathy throughout the medical education experience. Undergraduate medical education programs have attempted to address this issue, but this pattern continues to plague medical students and residents. After a unique reflective session in their summer 2014 *Introduction to Clinical Practice* course, a group of medical students from the Cumming School of Medicine Class of 2016 founded a medical humanities journal, *The Longview*.

Recognizing the limited creative outlets available to healthcare students, *The Longview* invites students to share their thoughts and experiences. *The Longview* believes that by allowing expression of a wide array of emotions during a life changing time, such as learning medicine, students can reflect deeply on their educational and emotional journey. The goal of the journal is to pool a collection of experiences from various students in healthcare fields thereby building a strong connection between disciplines. Ultimately, *The Longview* aims at maintaining and even building empathy in healthcare students.

This presentation will further explore the journal's vision and the journey that led to its Spring 2015 inaugural publication. This publication included 9 submissions from both medical and nursing students. Notable complications included establishing clear and fair submission guidelines encompassing a spectrum of art forms, coordinating and communicating between multiple faculties, developing a sustainable platform, enabling students to submit their personal art pieces, and transitioning the editorial board smoothly. The next issue of *The Longview* is projected for 2016. It is anticipated to further broaden its doors to nursing, medical, and other healthcare students within the University of Calgary. A large opportunity exists within *The Longview* to conduct research on its impact on empathy between graduating classes of healthcare programs.

The Longview 2015 Editorial Board - Wauldron Afflick, Carli Clemis, Angela Coleman, Julena Foglia, CJ MacMillan, Audrey Nguyen, Venessa Shaneman

Meaningful Narratives: Empathy, Inclusion, and Mental Health

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If empathy *shows* promise in patient-care models, it also seems to *make* a promise of inclusion and belonging. However, as disability studies demonstrate, inclusion is not a common experience for many populations; individuals with cognitive disorders or developmental delays experience an endemic failure of empathy, yet (like all patients) share the need for hope and belonging – mental health outcomes that narrative can foster. This three-part presentation outlines self-awareness of empathetic limits, moving from failure of empathy to inclusion, and a correlation between narrative and mental health.

I. **Self-awareness of empathetic limits: Narrative modes of investigation**

Based on qualitative data derived from a cross-listed, co-taught Psychology and Literature course, this section describes investigative modes and student self-awareness of their (in)tolerance for ambiguity. Through engagement with a surreal film (*Un Chien Andalou*) and a postmodern novel (*Alias Grace*), students assessed their limits of empathy. The latter also provided an opportunity to discuss a brief history of mental health care, contradictory diagnoses, and the power dynamics between physicians and patients.

II. **Moving from failure of empathy to inclusion: Can contemporary novels help?**

Using Autism-Spectrum Disorder and Down Syndrome as the basis of discussion, this section describes addressing a failure of empathy through literary narratives of belonging – their benefits and limitations. The contemporary fiction under consideration is Lisa Genova's *Love Anthony* and Graeme Simsion's partner novels, *The Rosie Project* and *The Rosie Effect*.

III. **How narrative can promote mental health through hope and empathy**

Drawing on established links between mental health and wellness, the final section presents a correlation between narrative and hope. The inclusive model argues for the reciprocal value of narrative across demographics to establish trust, create community, and provide hope through empathetic exchange.