

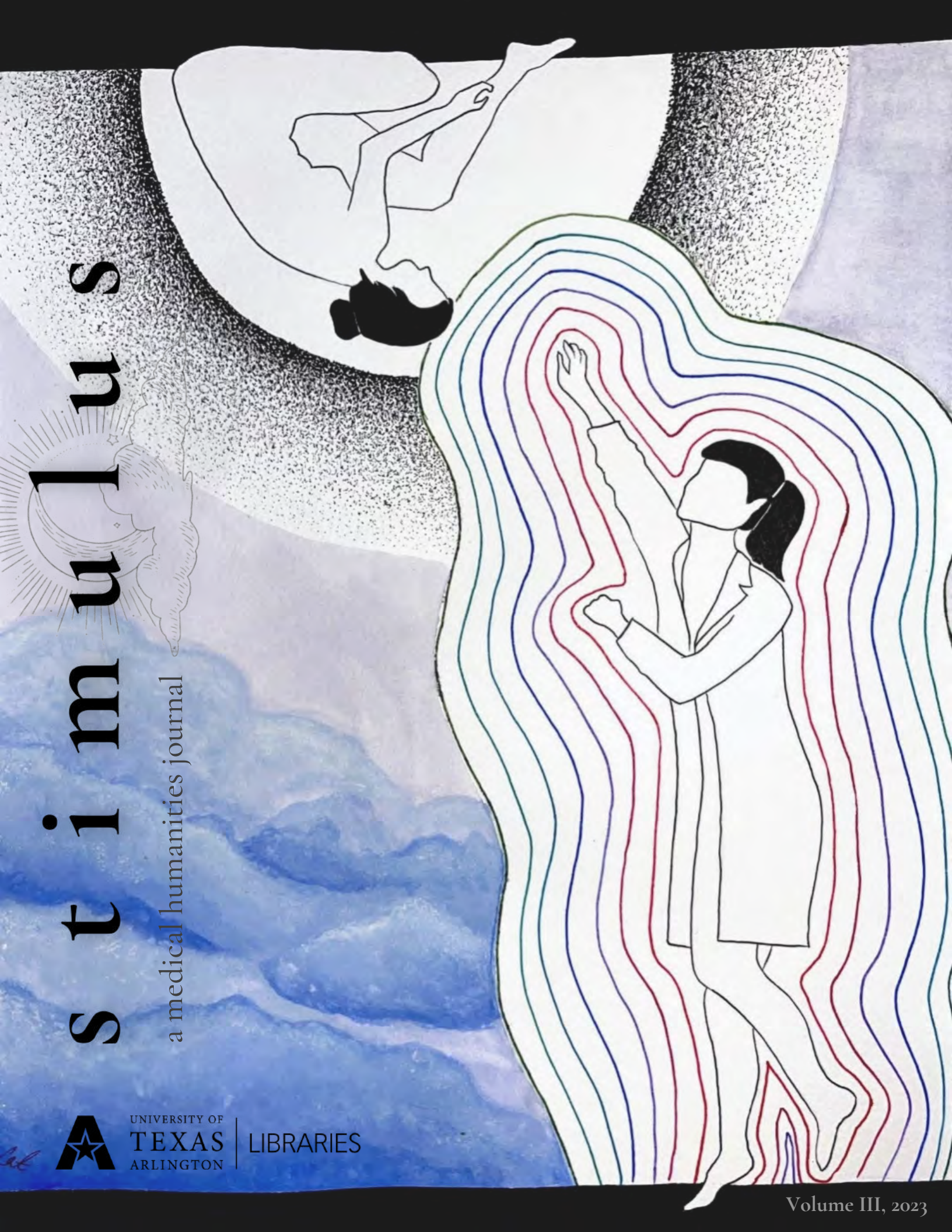
Stimulus

a medical humanities journal



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Volume III, 2023



WHAT'S INSIDE THIS ISSUE:

A collection of poetry, short stories, drawings, graphics, research, essays, music, and experiences from the students, faculty, and alumni of UTA as well as a number of community creators.

NOTE TO READER

From the Stimulus Team

Stimulus: A Medical Humanities Journal was created to be an experience for its readers. Unlike many other academic journals, it contains a unique combination of academic works, personal experiences, and artistic expressions. In this way, Stimulus can be seen as a portable art gallery.

Just as any piece of art can be interpreted in a number of different ways, so too can the articles that follow. We invite you to gain insight on the creators' interpretation of their own work by referencing the creator biographies at the end of this journal, in which our creators shared their purpose, artistic opinion, and the underlying meaning(s) of their submission.

In this Volume, we chose to provide trigger warnings for submissions that may contain sensitive content. Please note when the following icon appears at the beginning of a submission before continuing to read:

**Sensitive
Content**



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LETTER FROM THE DEAN OF THE COLLEGE OF LIBERAL ARTS



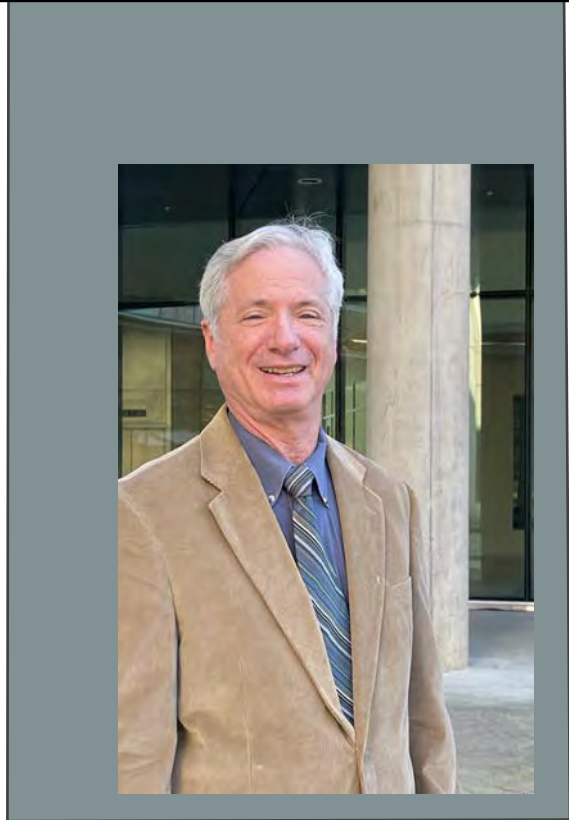
From Dr. Rebecca Deen, Associate Dean, College of Liberal Arts

The National Institute for the Humanities says, “The humanities help us answer big questions. What is the meaning, value, and purpose of human life? ... What are the moral consequences of human action?” <https://www.neh.gov/divisions/fedstate/resource/the-humanities-belong-everyone> The truth of this proposition is woven through the Medical Humanities Program at the University of Texas at Arlington. As students learn from ethicists, medical practitioners, philosophers, and scientists, they acquire not only the foundational knowledge necessary to treat patients, but also think deeply about how best to care for people. It is my pleasure to commend to you this issue of *Stimulus*, the journal of the program. In its pages you will find work illustrating the beautiful complexity of the human experience. I hope that you will be inspired by the words, art, prose, and visual presentations you will find inside.

With warmest regards,

Rebecca Deen
Associate Dean, College of Liberal Arts
Associate Professor, Political Science
Distinguished Teaching Professor

LETTER FROM DR. GELLMAN



Spring 2023

Dear Stimulus Staff,

Congratulations to the *Journal* staff and the *Mavericks for Medical Humanities Club* for Volume 3 of the *Stimulus*! This is such a truly exciting and extraordinary opportunity for the UTA Community to share their creative passions. With the expanding role of robots and artificial intelligence in our world, and especially healthcare, the human touch and creativity have become more important than ever.

It has been very gratifying to participate in the growing *Medical Humanities and Bioethics* program at UTA. Expanding student and faculty interest have given credence to the importance of empathy and compassion in patient care. As the *science* aspect of medical care grows exponentially, it is equally important that we maintain the human connection in holistic care.

Thanks to everyone who has been part of this Journey toward creativity and humanistic care in medicine.

My mission statement for the program and reminder to all practitioners is always:

"There's a person in there".

Sincerely,

Dr. G

Steven Gellman MD, MFA

UTA Associate Professor of Practice

UTA Pre-med Consultant

Faculty Advisor *Mavericks for Medical Humanities Student Club*

Founder - UTA Medical Humanities Program

LETTER FROM THE STIMULUS TEAM



Photo above taken at the first Annual *Stimulus: A Medical Humanities Journal* Celebration Event in the sixth floor of the UTA Library.

Welcome to the third edition of *Stimulus: A Medical Humanities Journal!*

The third collection features prose, visual arts, and media from students, faculty, staff, alumni, affiliates, and members of the surrounding community. *Stimulus: A Medical Humanities Journal* is a student-led journal that is organized by the Mavericks for Medical Humanities organization and supported by the UTA's Department of Physiology and UTA's College of Liberal Arts.

The medical humanities is a unique amalgamation of the medical sciences and the fine arts. It explores the many dimensions of medicine: ethical, historical, literary, philosophical, and religious. The Stimulus Team is incredibly passionate about the field of medical humanities and its relevance in the present-day. The medical humanities brings creativity to the medical sciences and looks at health by considering humans as a whole: our brains, bodies, emotions, mentalities, relations, and environments.

Diversity and inclusion is important in the medical humanities and to our team at Stimulus. For this reason, our journal includes submissions from nearly every genre of artistic composition by creators of many unique backgrounds.

We are grateful for the opportunity to elevate UTA voices and to shine a light on the importance of the intersection of medicine and the humanities. It is an honor to be trusted with our authors' very personal pieces and perspectives on the medical humanities. It has brought our team great joy to discover the variety of views and experiences that our authors have showcased through their pieces. We have enjoyed learning from our fellow UTA community and growing in our knowledge of the medical humanities through their submissions.

We would like to thank the UTA faculty and staff who have helped and given support to the establishment of Stimulus: to Digital Publishing Librarian Dr. Leah Marie McCurdy and copyeditor Janet Long for their efforts in helping to put the journal together; Dean of the College of Liberal Arts Dr. Rebecca Deen for her advocacy of this journal and medical humanities at UTA, Dr. Eli Shupe for her support and teachings on the medical humanities; Caroline Nguyen for creating the Stimulus logo; and President of Mavericks for Medical Humanities Tiana Montas, as well as the club leadership for collaborating with us and spreading the word about our journal. We would also like to thank Karyssa Nelson and Thao Thu Nguyen, the founders of the journal, for trusting us with your vision and goal for the journal. Finally, a very special thanks to Dr. Steven Gellman for continuing to contribute to the journal and guide us on how to honor Stimulus and the UTA community in this year's volume.

We greatly enjoyed reading the submissions from members of UTA and surrounding communities. We are excited to showcase the creativity and talents of the many individuals who have contributed to the third edition of *Stimulus: A Medical Humanities Journal*. We hope that you enjoy reading this journal as much as we enjoyed putting it together for you!



STIMULUS TEAM



Cami Henyan Editor-in-Chief

Cami Henyan is a senior at UTA majoring in biology and minoring in medical humanities. She hopes to become a pediatrician in the future to combine her interests in healthcare and childcare. She has worked with kids as a swim teacher, nanny, and now as a scribe in a pediatrician's office. Cami was drawn to the medical humanities after working in the ER as a scribe and seeing the need for compassion and understanding from providers when communicating with patients. She also has a passion for volunteering with her dog Luna as a therapy animal team. She visits patients and staff at hospitals, children at libraries, and patients at rehabilitation clinics. Through volunteering in the healthcare setting, she has seen the importance of focusing on someone as a unique person instead of only as a patient. Cami has found that medical humanities is the perfect training ground to learn about considerate and thoughtful patient care. As a previous editor for Stimulus, she has been inspired by our author's creativity and insight on the human experience behind medicine. She believes that her experience in the medical humanities will guide her to become a caring, well-rounded healthcare provider in the future.

Darashagam Nahal Lead Editor

Darashagam Nahal is a third-year undergraduate student at the University of Texas at Arlington. Darashagam is a first-generation college student working towards her Bachelor of Science in Biology. In the future, she hopes to become a health professional and serve underprivileged communities. Darashagam's passion for the medical humanities stems from her interest in bioethics as well as her combined enjoyment of science and the creative arts. Darashagam believes that the medical humanities contributes to better health by bridging the gap between medicine and the arts. This is Darashagam's second year as an editor for Stimulus. As a previous editor for the journal, Darashagam enjoyed seeing the creativity of the UTA community. Darashagam is grateful for the entire Stimulus team and all of the creators who have contributed to the third volume of *Stimulus: A Medical Humanities Journal*.





Amal Eltahir Ali **Co-Lead Graphic Designer**

Amal Eltahir Ali is a senior at the University of Texas at Arlington majoring in a Bachelor of Science in Biology with a minor in Medical Humanities and Bioethics. Amal aspires to go to medical school to become a pediatrician because of her admiration for children. Furthermore, Amal is the Director of Communications for the Mavericks for Medical Humanities Organization and had previously held the Communications Chair position. Additionally, Amal is one of the Lead Graphic Designers of *Stimulus* having worked on both *Stimulus* Volume 2 and

currently Volume 3. Her love of creating artwork, painting, drawing, and creative writing combined with her aspirations of wanting to work in the medical field sparked her interest in Medical Humanities. Amal believes that including humanities, patient care, ethics, and empathy is essential in the proper functioning of the medical and healthcare field. Additionally, she believes that *Stimulus* is a great way to showcase students, faculty, and the communities' talents as well as to represent the different ways people express what medical humanities is. This volume would be her second time working with *Stimulus* so she can't wait for everyone to be able to read and enjoy another *Stimulus* journal!

Eman Eltahir Ali **Co-Lead Graphic Designer**

Eman Eltahir Ali is a senior who's currently working towards her major, a Bachelor of Arts in Biology at UTA and is interested in obtaining a minor in Medical Humanities. After college, she plans to hopefully go to Medical School and do something in the medical field. If not medical school, she would like to continue her education and go to graduate school at UTA. Her career aspirations are working in a field that cares for and helps people. Outside of *Stimulus* work, she is also the secretary for the Medical Humanities club and she likes to have



fun by relaxing, such as reading a book or watching TV. Her interest in the Medical Humanities and *Stimulus* is due to her creative arts and science background, as well as her interest in medicine and empathy for others. She is one of the lead graphic designers for volume 3. This journal would be her second journal she's worked on. She is excited to see the new designs that the Volume 3 journal will have, created by the new design team. She is continuing to look forward to working with such an amazing team, seeing everyone's work, and making this *Stimulus: A Medical Humanities Journal* Vol. III possible!



Chris Casarez Editor

Chris Casarez is a third-year undergraduate student majoring in Biology and minoring in Medical Humanities and Bioethics on the pre-medicine track. Additionally, he is a proud first generation college student. Throughout his time at the University of Texas at Arlington, he has served as an undergraduate teaching assistant, an undergraduate research assistant through the UT-System LSAMP program, a volunteer at the Tri-C food pantry, resident assistant through the department of Apartment and Residence Life, and was one of the first student interns for the Medical Humanities and Bioethics internship program at Arlington Memorial Hospital. Through the program, he learned about the humanistic side to medicine by observing both clinical and non-clinical roles of the patient-provider relationship within a hospital setting. The experiences he had as an intern encouraged him to continue his path towards medicine. In the future, he plans to attend medical school in Texas to become a family medicine physician. As a member of the Editorial Team for Stimulus Volume III, he is both amazed and inspired by the creativity and narratives that each author has contributed to the journal.



Kelsey Wells Graphic Designer

Kelsey Wells is a Visual Communication Design senior here at UTA. Her goal is to use design to tell the stories she's passionate about. After graduating, she hopes to work in publication design and write children's books. Follow her on instagram @ksrwdesign!



Courtney Smith Editor

Courtney Smith is a sophomore at the University of Texas at Arlington. She is majoring in biology and minoring in medical humanities. She is a member of Mavs for Medical Humanities, Pre-Soma, and the Stimulus editorial team. After graduating from UTA with a bachelor's degree, Courtney plans to attend medical school. After medical school, Courtney intends to become either an emergency medicine physician or a primary care physician. She currently works as a multi-skilled technician on a progressive care unit at John Peter Smith Hospital in Fort Worth Texas. Through her time working at JPS, Courtney has developed a love for patients and healthcare as a whole. She is passionate about healthcare and one day hopes to bring change to the system. Courtney has previous experience working as an editor on her high school's yearbook staff, and this is her first year on the stimulus staff. She is excited to work alongside a dedicated and brilliant staff. She hopes that she is able to give a thoughtful perspective to the stimulus editorial team and help to create a great third volume.



Mayte Campos-Tovar Graphic Designer

Mayte Campos-Tovar is a freshman majoring in Interdisciplinary Studies, with a concentration in medical humanities, and currently holds leadership roles as the Honors College Senator, Treasurer of the Arabic Language and Culture Organization, and a UTA Ambassador. Their interest in Medical Humanities and Bioethics stems from their past experiences as a certified phlebotomist and their avid artistry. Mayte's multiple interests range from watching true crime documentaries to crocheting. They are a member of Mavs for Medical Humanities, which lead them to joining the stimulus team. What Mayte loves about the *Stimulus* is its inclusivity regarding the different and creative ideas and mediums featured in the journal. Mayte has also been published in the Honors College newsletter *Veneratio* as a photographer and author, and hopes to continue publishing and working for the *Stimulus*.



Eman Khan **Editor**

Eman Khan is the Director of Events of Mavericks for Medical Humanities and the President of Mavericks with Disabilities. Eman organizes events such as the annual Medical Humanities Fair and the annual Symposium to spread the joy of Medical Humanities throughout the campus. At Mavericks with Disabilities, Eman works to promote Disability equity and inclusion, build a community for people with Disabilities and allies, and foster Disability reform on campus. In addition, Eman often participates in open mic poetry and art galleries in



Austin and the DFW to express herself. Science is her new love, and she believes swirling Erlenmeyer flasks and looking at samples through microscopes are art forms. Science and art are inseparable to Eman, and as a Muslim, she even finds them to be spiritual experiences. Eman is on the pre-med track and hopes to bring a culmination of these experiences and perspectives to enhance patient care.



Nadia Del Pilar Rique Mera **Graphic Designer**

Nadia is a junior at UTA majoring in Public Relations and Advertising. Posting and creating informational content on media outlets is one of her favorite activities. In the future, she would like to work in an advertising agency as a creative. She is an advocate for mental health and wants to help those struggling with depression or codependency issues. Nadia finally thought she had found her calling the day she learned about the Medical Humanities Stimulus Journal. She can't wait for everyone to read this volume 3. She wants to remind everyone that you can gain a lot more from the challenges you have faced in the past. This is what it's important to transmit to people.



Sarah Le Editor

Sarah Le is a sophomore currently majoring in Biological Chemistry with a minor in Medical Humanities. In the future, she plans to pursue a degree in medicine and hopefully complete her residency in her hometown of Arlington. Her aspirations and values sparked her interest in Medical Humanities, and she is so grateful for the opportunity to study how Medical Humanities can truly transform the practice of medicine and the physician-patient relationship. Currently, Sarah is spending her time as a tutor at UTA's chemistry clinic, an active member of MAPs, a volunteer with Alliance for Children, an undergraduate researcher within the Buonomo Lab, and lastly, an editor for this year's Stimulus volume! Sarah is immensely honored to work alongside a hardworking, dedicated, and brilliant team of individuals who are genuinely so passionate about Medical Humanities! She is very proud and excited to see all the creative submissions come together, and sincerely thank yous all the creators, authors, contributors, and readers of Stimulus: A Medical Humanities Journal | Volume III.



Deepanjali Chandrasekaran Graphic Designer



Deepanjali Chandrasekaran is a highly motivated and diligent individual who is currently pursuing her Masters in Computer Science from the University of Texas at Arlington. She has always been passionate about technology and its applications, which led her to pursue a career in this field. Throughout her academic career, Deepanjali has demonstrated a strong work ethic and a proactive attitude towards her studies. She is always willing to put in the extra effort to achieve her goals and constantly seeks out new opportunities to learn and grow. Aside

from her academic pursuits, Deepanjali has a keen interest in arts and crafts. She enjoys painting and designing as a way to unwind and express her creativity. She is also known for her excellent relationship-building skills and is highly regarded by her peers and colleagues. With her dedication to her studies and her passion for the arts, Deepanjali is a well-rounded individual who is sure to make a positive impact wherever she goes.

STIMULUS

U T A C R E A T O R S

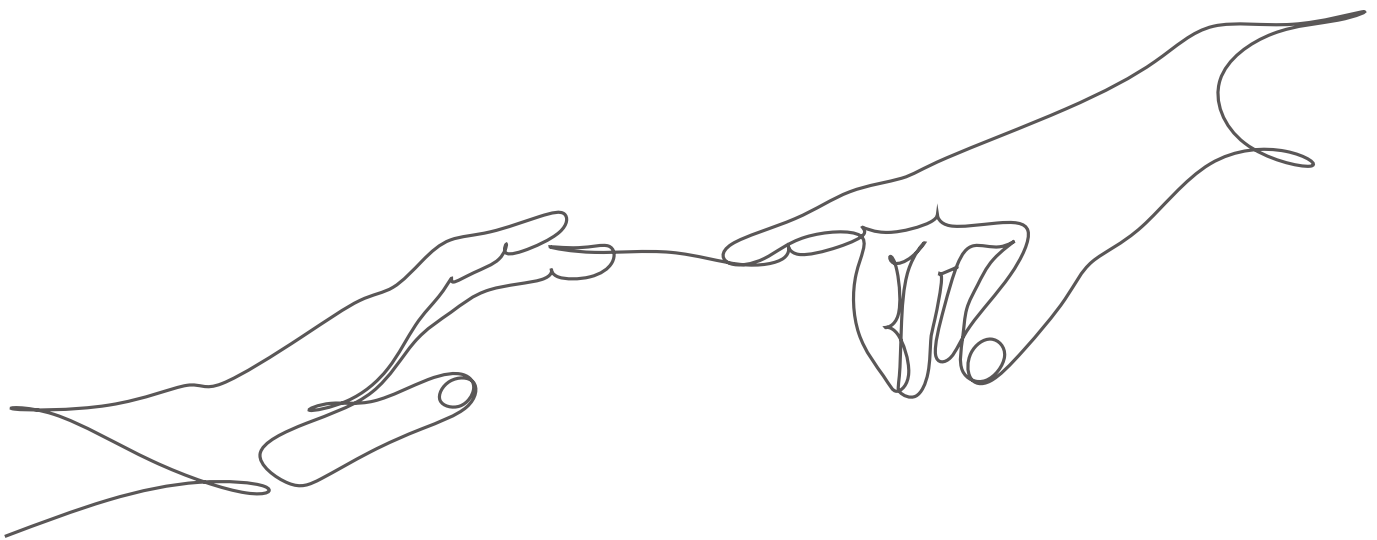


Reaching Out

Catherine Gomez



An integral part of working in the medical field is being able to connect with people from all walks of life, especially in their most vulnerable moments. The concept for this piece is that a physician is reaching out to a patient who is dejected. The patient is drawn upside-down to represent their world being “turned upside down” in some way, which is a feeling that many patients describe when battling a chronic illness, whether mental or physical. Even if the physician is not coming from the exact same place as their patient, they still reach out to meet them where they’re at. This is a visualization of how empathy and compassion can break through the darkness of isolation.



Who Could Be?

Laisha Verdusco

Who could be a wild bird?
To fly away as pleased,
To travel the world without frontiers,
To make a nest in every tree.
But what a sad life that of a bird
Without a real home to call its own,
Without the assurance of food,
Without the certainty of life.

Who could be a plant?
To be provider of food,
To feed from light,
To change bad into good.
But what a miserable existence that of a plant
Stuck in one place for eternity,
Bound to silence without a voice,
Without recognition for your work.

Who could be a human?
To be able to create,
To be able to feel,

To be able to think.
But what a depressing life that of humans,
Feeling useless even when creating art,
Being judge by the celled friends,
Being judge by their own gaze.

What a miserable life that of all creatures,
But what a joy to be alive
Because the only other option is to die.

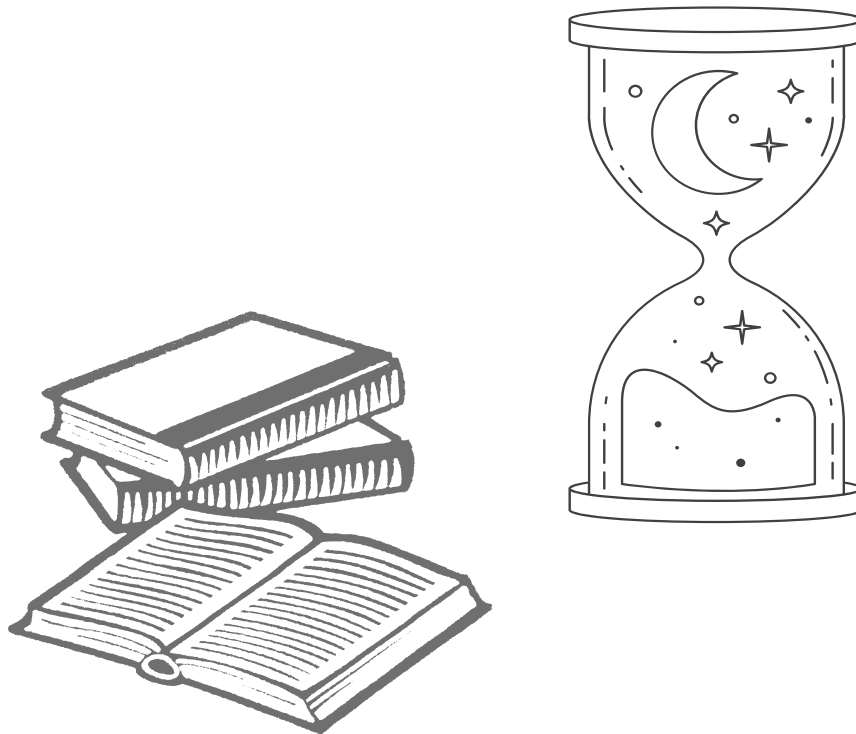


Eleven:FiftyNine

Susan Phan



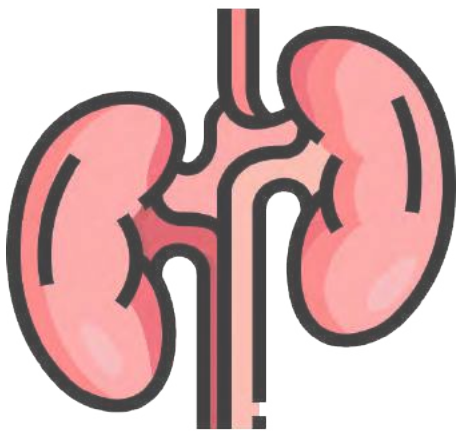
This piece shows the time in a student's life that goes into studying and schoolwork. There seems to be such little time during the day and school seems to take the bulk of it, leaving no time for mental and physical health. Most students seem to define their worth based on a letter grade and mentally it can take a toll. However there is more to a person than just letters and numbers that school defines us by. The time on the clock represents the 11:59 deadline on most assignments that students are scrambling to meet.



Kidneys for Jesus: Religious Motivations for Organ Donation

Serena Karim

Over 100,000 Americans suffer from kidney failure, rendered to regular dialysis treatments while their names pile up on the transplant waitlist. Some religious leaders have taken an interest in shortening this list through a faith-based approach. Dave McKay and Jon Lee, in particular, have promoted kidney donation as a means of fulfilling Christian values. In this paper, I will consider whether spiritual leadership has a space in donor decision-making, as well as which religious motivations—on the part of donors—are legitimate, and which might raise worries about donor autonomy.



Living Donor Evaluation

In recent years, living organ donation has risen as an effective alternative to sourcing from the deceased. Friends and family members have the opportunity to give their loved ones “the gift of life.” Even “good Samaritan” donors can participate in non-directed donations (NDDs)—procedures where donors do not have an intended recipient (Organ Procurement and Transplantation Network, n.d.).

Direct or non-direct, any potential donor must undergo a series of evaluations (Barnes, n.d.). Tests to measure blood pressure and heart rate, analyze blood and urine samples, and assess vascular renal imagery all determine whether the candidate can withstand surgery and sustain their health after giving up a kidney. Social workers also conduct psychological evaluations and educate donors on each facet of the procedure to ensure that they fully understand the gravity of their decision.

Indeed, the interdisciplinary transplant team works to ascertain that the donor is physically, mentally, and emotionally fit to enter the operating room. If a candidate raises red flags in either realm, transplant officials have the authority to relinquish the donor--recipient pairing; if a donor does not pass the psychosocial portion of the examination, the recipient remains on dialysis until another kidney becomes available to them.

“ When a donor
is driven by
manipulation or
coercion, they are not
fully autonomous ”

This measure may come across as a violation of the patients' ethical right to autonomy: The donor consents to giving their organ, and the recipient consents to receiving it. However, the role of the transplant professional is not to remain passive in order to save a life—it's to protect the livelihoods of every player involved (Wright et al., 2004). When a donor is driven by manipulation or coercion, they are not fully autonomous, so allowing them to give up their organ would contradict the bioethical principle of non-maleficence. Social workers, then, assess motivations to give, familial, financial, and societal influences, and evidence of reward or solicitation (Mueller et al., 2008) to ensure that the procedure is ethically based.

Jesus Christians

Hailing from Australia, the Jesus Christians are a small religious sect that seeks to redefine the contemporary interpretation of the Christian faith. All followers, including leader Dave McKay, divest themselves of material possessions to live communally (Religion News Blog, 2005). The Jesus Christians share a spiritual commitment to donating their kidneys to strangers—a practice that has garnered deep media controversies.

Six members of the group simultaneously approached Mayo Health Clinic in 2003 presenting as NDDs (Mueller et al., 2008). Because there was no existing framework for faith-based group donation, the clinic temporarily denied their requests to conduct a separate ethical analysis. Determined to proceed, two Jesus Christians later presented for individual evaluation with particular intended recipients, whom they had found themselves. The clinic's social workers were still concerned, however, that social pressure loomed behind the group's allegedly altruistic motives.

The American Society of Transplant Surgeons outlines altruism as “an action that is motivated primarily or solely by concern for the needs of others, and is freely chosen rather than done out of duty, obligation, persuasion, or exploitation” (Roff, 2007). By requiring that donors—and particularly NDDs—are motivated by altruism, transplant professionals ensure that organ donation remains a non-obligatory act of service, and prevent organ procurement from becoming a commodified, corrupt practice. Thus, worried that the Jesus Christians were driven by religious coercion, Mayo Health Clinic ultimately declined to move forward with their donations.

Faith-Based Organ Donation

This is not to suggest that religious motivations for organ donation are not legitimate. In fact, a study from 2003 shows that 37% of living anonymous donors attribute their altruism to personal spiritual belief systems (Henderson et al., 2003). Many consider the opportunity to donate a kidney as an expression of their spiritual values, or sometimes as a means of collecting religious merit for the afterlife. Others credit their religious upbringing alone, regardless of their current spiritual affiliation at the time of the study (Maghen et al., 2018). Indeed, many religions hold good deeds and acts of kindness at the forefront of their doctrines. If transplant centers and medical professionals welcome “supererogatory” altruism, certainly spiritual motives can align with those criteria.

Spirituality also plays a significant role in the donation process itself. Religious communities and leaders can act as beacons of faith-based support for those who are considering donation. NDDs may weigh the risks and fears associated with losing a kidney by placing their trust in a higher power. For instance, a participant in one study reported that her faith in God helped to mitigate her fear that her daughter would need her kidney in the future by reasoning that it would all work out regardless (Maghen et al., 2018).

Seeing as many parents save their kidneys to fulfill this possibility, religious motivations may offer an alternative attitude towards anonymous donation.



As the Jesus Christians have demonstrated, there are situations in which spiritual motivations can be scrutinized from an ethical standpoint—particularly when potential donors present as a group. Jesus Christians split off from their families and shed their assets to serve with other members in a commune (Guardian News and Media, 2002), meaning that they are highly dependent on each other. This financial, emotional, and spiritual reliance suggests that group coercion may have fueled what they considered as religious motivations. In such cases, transplant professionals may perceive the basis of spiritually motivated organ donation (especially when prospective donors present en masse) as dangerous or illegitimate, and, as in the case of the Jesus Christians and Mayo Health Clinic, even end their consideration as candidates (Mueller et al., 2008).

Us For for Them

Some religious leaders have utilized their faiths to rally for donations in less problematic ways. Namely, Texas pastor Jon Lee’s ministry Us for Them calls for Christians to “prayerfully consider” living kidney donation (Us for Them, n.d.). Lee was inspired to shorten the kidney waitlist after he gave his own kidney in a paired donation for his brother-in-law. He credits his decision to faith-derived gratitude and the opportunity to grow in his spirituality.



Potential donors sign up to receive information through Lee’s email list, which offers spiritual and medical resources, but does not follow up with recipients on an individual basis. Us for Them is active in North Texas and, to my knowledge, has not previously been written about in the literature. Furthermore, the founder and the email recipient do not have a personal relationship, mitigating the social risks associated with choosing not to donate. By using an informational website as his medium, Lee creates a respectful distance between himself and potential donors. He also acknowledges that organ donation is not meant for every Christian, but that his message might resonate with those who are called to do so.

Unlike Dave McKay, Jon Lee's ministry is not tied to one congregation, but to any church that requests to promote his cause—meaning that Lee's message disseminates across several Christian audiences rather than tunneling in on one. This, combined with the relational gap between himself and potential donors, ensures that Lee's leadership as pastor does not coerce his followers to participate. Whereas McKay maintains spiritual, communal, and financial authority in the Jesus Christians, Lee relies exclusively on education and faith-based support to guide Us for Them's email recipients. His approach keeps the decision to donate contained, personal, and well-informed; recipients can choose to unsubscribe from his list if they are no longer interested in donating—it would be more difficult for a Jesus Christian to formally withdraw their consideration.

Conclusion

Motivations for organ donation can be religiously inspired so long as there is no evidence of coercion from spiritual groups or leaders. Transplant teams can distinguish between coercion and faith-based support by carefully analyzing donors' social, familial, and financial influences within their religious contexts. In this regard, Us for Them serves as a contrast to the Jesus Christians. When donating seems to extrinsically benefit candidates for living organ donation, transplant clinics are ethically obligated to not proceed with the donor-recipient pairing.

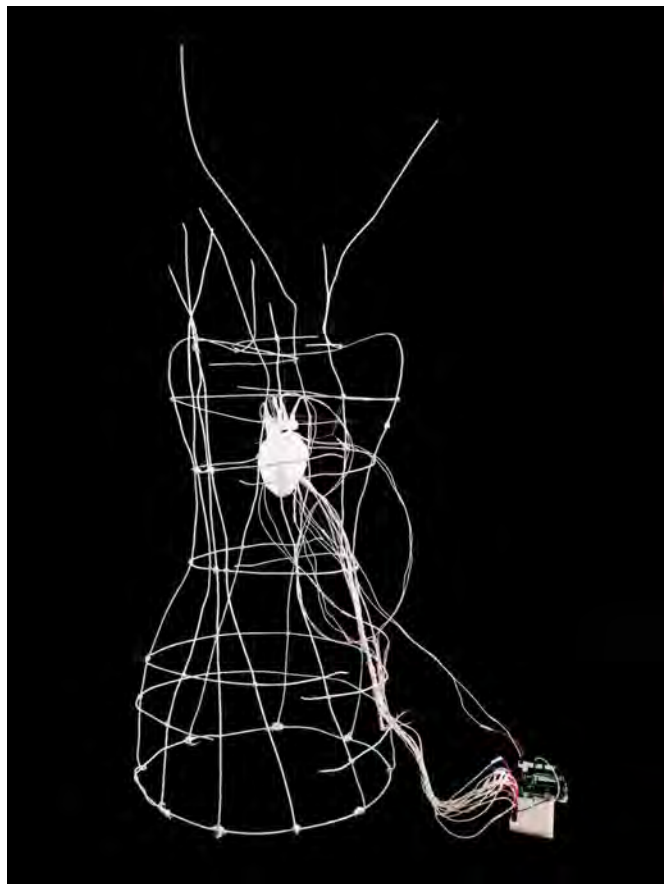
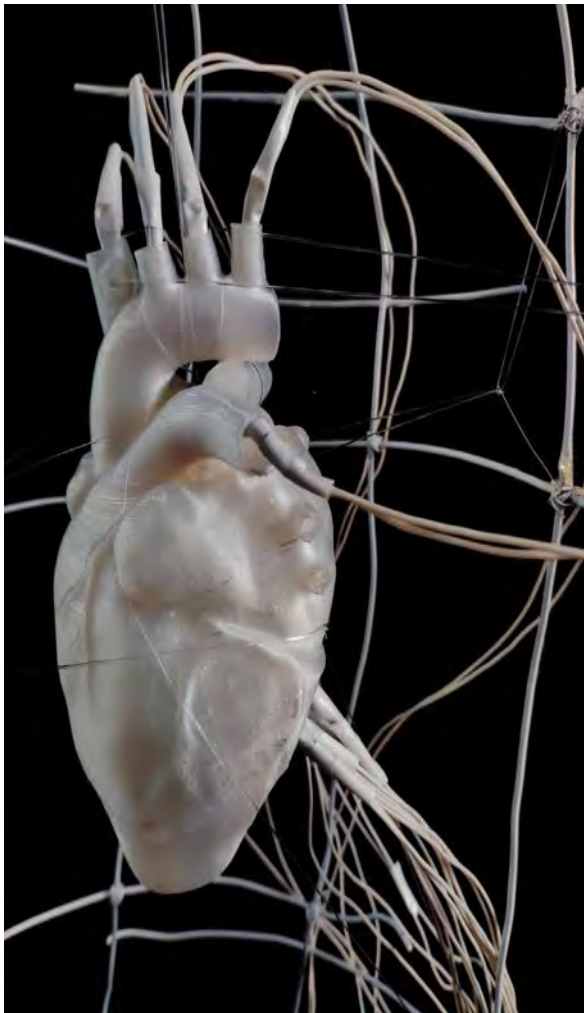


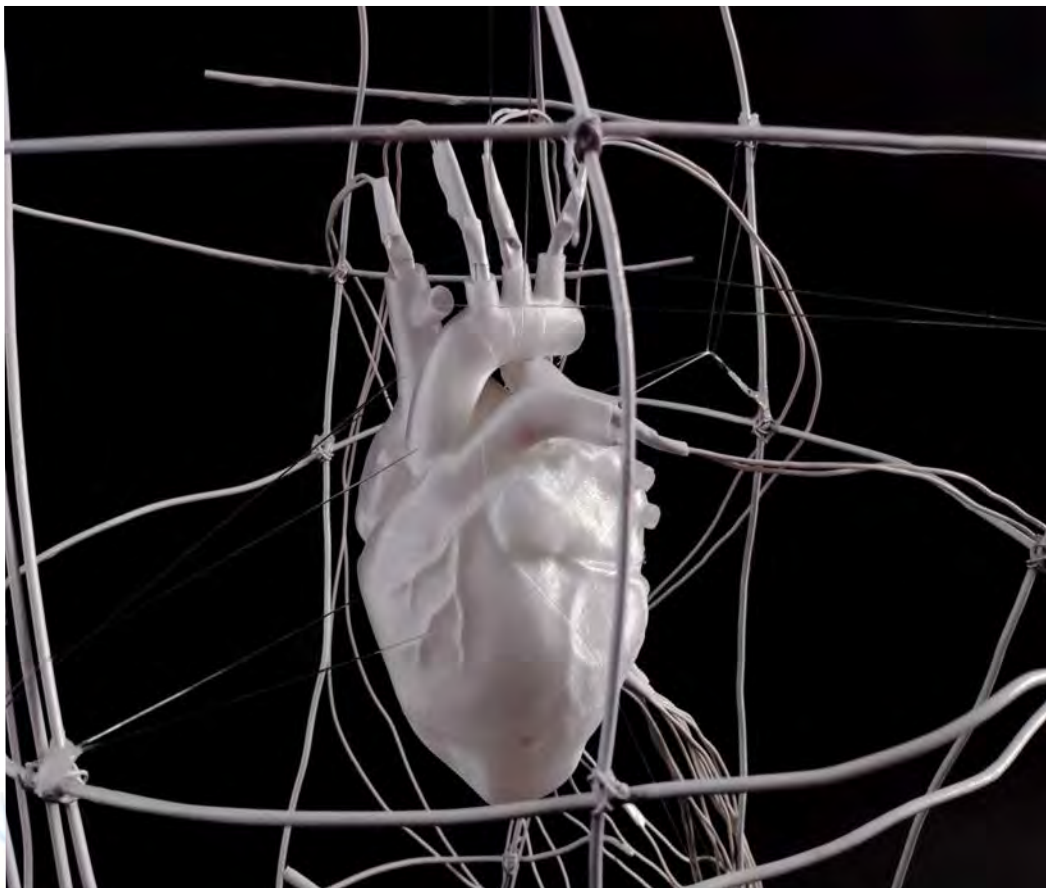
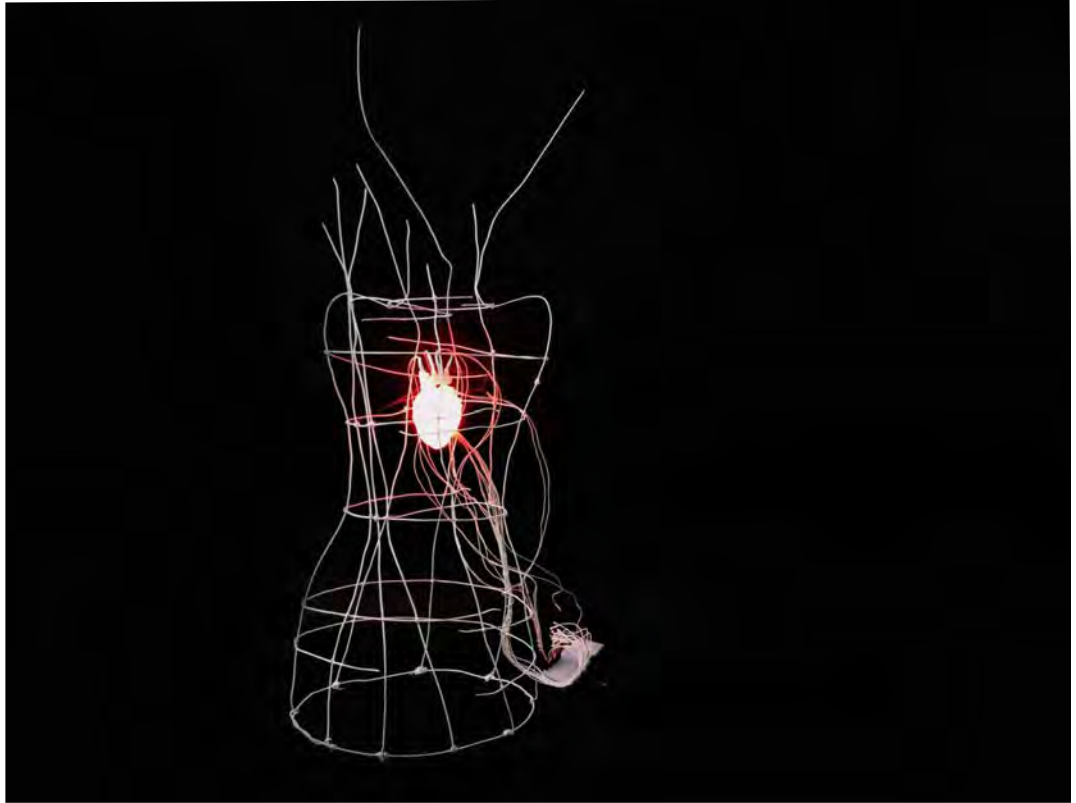
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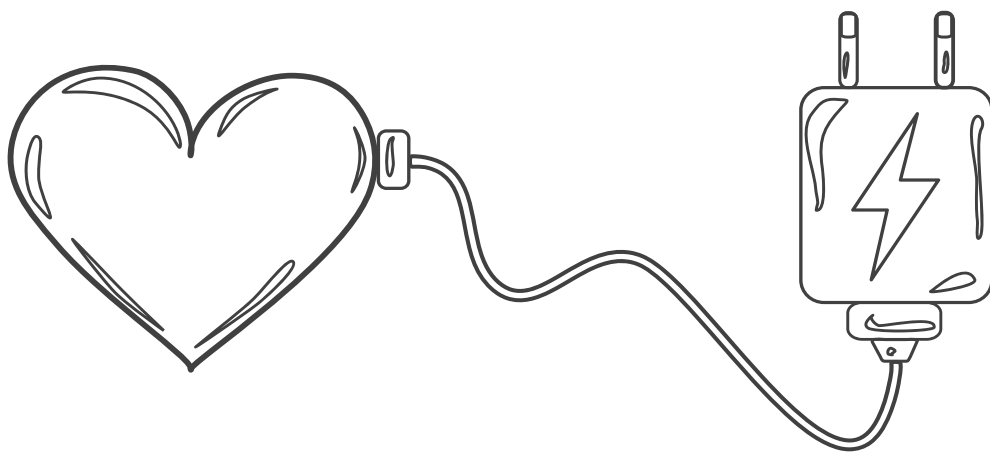
The Charging Heart

Shuang Gou





The sculpture is 29 inches in height and 13 inches in width and is made of iron wire, 3D printing, lights, electrical wires, and a control panel. Here the heart is a symbol of man's mental state. Charging is a metaphor. I feel that people just feel out of power sometimes. They need something to make them "alive" again. It's like a battery needs recharging. I want to talk about the issue of how people can balance their life in the fast-paced modern world and where they can refuel their energy. It is important to me because I have often been bothered by this issue. Working under high intensity and pressure, I often feel a lack of energy source. The fountain of life and inspiration seems to be drying up. But I can find nowhere that gives a supplement. I want the observer to see the object and think about the connection with themselves: When do they need the power in their mental world and what the power is for them?



Wayfarer

Joshua Cupps

Uncertain and unsteady,
Struggle against barrage of violent waves.
Emerge from cold water,
Is this the Straight Path?

Rest and clarity,
Praises spoken into still of night.
Beautiful are Your signs.
Is this Truth?

Stagger and fall,
Heavy is the weight of Your Word.
Surrender to a higher will,
Am I worthy?

صَبْرٌ

Home is not so far away,
So too, can I bear the journey.



Bittersweet In-Betweens

Jessica Nwankwo



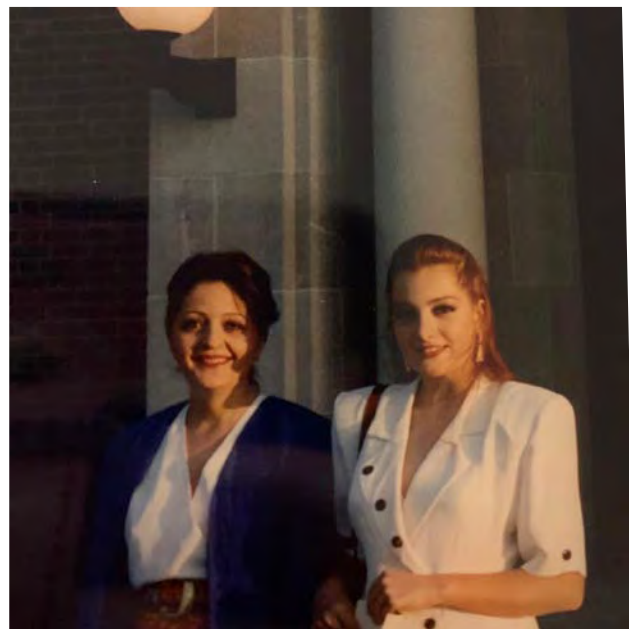
Death and loss are hardly easy processes to endure. The artwork shows a lady who is in the dying process surrounded by loved ones (husband, mother, and even her deceased child in angel form) with a physician present and draws on aspects of the stages of grief and faith and what these things look like to me. Using surrealist imagery to better tap into the metaphorical, unseen, and emotional aspects of such an experience, my piece captures what that process might look like in one specific instance in a hospital room. As scary and uncertain as the process can be, there are also elements of hope and faith in certain instances placed into the grieving process, creating an environment and experience that is laden with emotions, impactful, and intimate. Essentially, there is a depth of human emotions experienced during difficult and disheartening situations.

The Irony of Death

Nina K. Parvari, J.D.

Experts say the healthy way to grieve is to feel all feelings and not run from them ... to let the grief-tide flow through you without swimming against the current. But what of grief with the strength to suspend one within the sea? These are issues I grapple with since losing my mother, and arguably my best friend, in November of 2022.

An exceptional bond exists between mothers and daughters which is so strong, it might as well be covalent. The uniqueness of this relationship is such that the grief of its loss has its own categorical distinction which author, Hope Edelman, describes as being stronger, more emotionally detrimental, and often never-ending.¹ My mother and I shared such a substantial connection that its rhetorical description is infeasible. Since her passing, anything and everything reminds me of her. Yet, saying I am “reminded” of her is erroneous. The truth is that the moment this person who I deeply love ceased to physically exist, she simultaneously encircled my heart-space in a more profound way than I have ever experienced.



In 2001, Danish physicist, Lene Vestergaard Hau, managed to completely stop a beam of light, two years after succeeding in slowing it down.² I think about this often as I journey down the path of acute grief. It is a curious feeling to go through the motions of life, unfazed and functionally fast-paced as ever, while internally feeling like Dr. Hau’s photons – suspended, as if waiting for a phenomenon to restore normalcy.

Grief, however, is a one-way journey ... it is inevitable that one cannot revert to who they were before substantial loss. Straddling the chasm of devastation and comfort is a peculiar thing, but comfort is nevertheless present as the continued emotional connection to a loved one reverberates in the psyche with full resonance.

The sensation of feeling a person's presence in one's proverbial heart so intensely and abundantly is something I find astonishing. Suffice to say, my mother's physical death was followed by a metastasis of her essence in my consciousness to the extent that I feel her omnipresent love in all things beautiful ... rain, laughter, rustling trees, glistening snow, and every other magnificent thing in this world. I also notice her in myself like never before. I see her features in my hands and face ... each glance feels like a little gift from her.

I find that these experiences constitute the ultimate irony of death – that someone we lose in one realm becomes infinitely present in a myriad of other realms. And profound grief, as it turns out, is an awakening to human closeness and resilience ... but most of all, to all-encompassing, enduring, metastatic love. Perhaps Nobel laureate, Albert Camus, described it best – “In the midst of winter, I finally learned that there was in me an invincible summer.”³



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**komerebi: (n.)
sunlight that filters through the leaves of
trees**

Cynthia Tran





I took these photographs at a Buddhist temple in central Houston, Texas. Buddhism has a rich history of medicinal practices focusing on natural and spiritual care. Approaches to disease require care and harmonization in all aspects of a human's life, including natural, mental, physical, environmental, and societal. Buddhism can also teach these aspects to the daily physician. Health, in and of itself, is to be understood as a whole. Both physician and patient must understand that an individual connects not only with the body and mind but also with the social relationships around them and the environment in which they submerge themselves.

The idea behind these photos does not lie in what the individual sees but in the beauty and serenity of the environment and how one can be environmentally aware of the surroundings and harmony that nature has given us. While editing these photos, I noticed how calm and quiet the environment was and how each piece of nature coexisted. These film-like qualities date back to nostalgic times and showcase each photo in its glory through saturation and balance. When deciding on a title for this project, I chose something of Japanese origin since it emphasizes medicinal practices and holistic care of people. Japan also has a community with Buddhist followers, which I considered after doing extensive research. As a future physician, I want to focus on being at one with myself, whether through my beliefs or my work, as those qualities are essential. I also invite those who view this project to try and find ways to be at peace with themselves, whether to connect with nature or practice mindfulness through meditation.

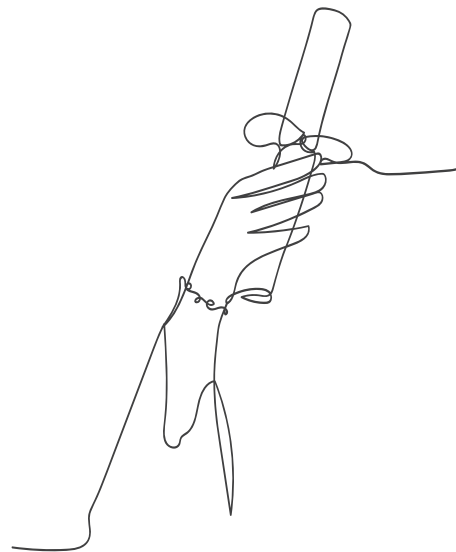
When Can It Feel Like It's About Me?

Camille Condron

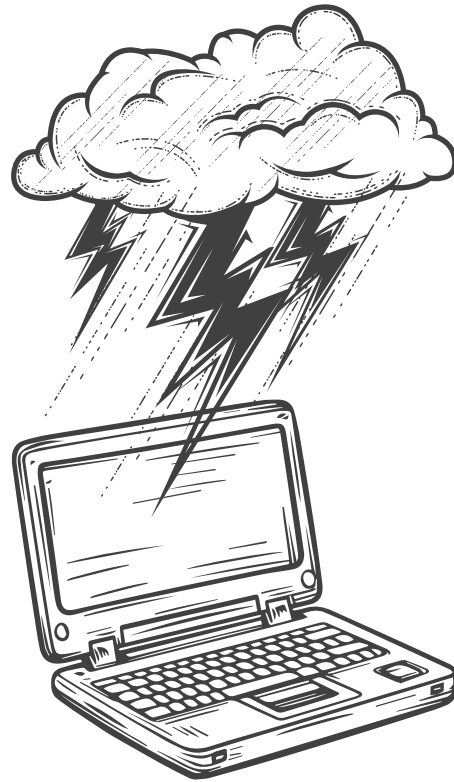
College is never going to be what one expects it to look like in the movies—a fun move-in day where your parents are nervous to let you go but excited! You seemingly have all this free time and can go on random side adventures. From the start of my college career, it never felt that I was going to be working towards a major accomplishment but something that I had to get out of the way in order to apply to the secondary education I was looking more forward to. Perhaps other premedical students feel the same way towards their undergraduate degree, but I have always felt guilty that the major reason I was trying to do well in a particular course was to be able to run out of the room instead of forgetting time was flying by in it.

The opportunity for a bachelor's degree seemed like a fair shot, given my family's circumstances, but one thing I completely omitted was the importance of the environment and culture that surrounds you. All throughout my high school years I stayed at home, never went out, as that was what I knew my parents would accept and would take less energy to combat. I was able to fall so much easier into the void that was leading a school club, taking charge and leading groups when I didn't have as much control at home.

College finally seemed like an excuse for my parents to have to let me be my own person—I could work late shifts now without a parent having to wait up for me to come home, or for once, finally get some peace and quiet without having to generate my own background noise that would not be as constant.



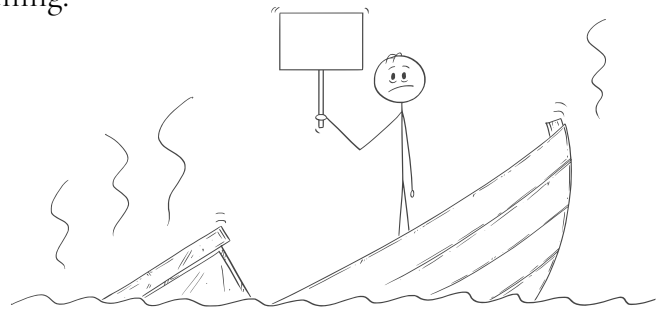
Unfortunately, like many students in the Fall of 2020, I was coming out of my shell of a room that had grown stale with me completing my senior year and the subsequent months in the same spot to coursework that was, for the most part, still online. I didn't dare tell my parents this—it had felt like so much had been taken from me already in my senior year that I selfishly wanted the start of college to be for myself, no matter what that cost. After finally prying off my parents, with the help of an unintended argument over small matters, I was gazing at my kitchen stove from my bed in my studio. I naively thought that this year was going to be like any other successful academic year that I had in the past.



Despite the distance that was placed between me and my home, the problems never seemed to stay there. Constant phone calls came in the mornings to say hello but quickly turned into one sided venting sessions—Dad complaining about money, sisters complaining about my old workload falling onto them when they have their own school work, and how anxious, sick, or ill my mother had felt. Cultural pressures of acting as a collective have no bounds, but somehow managed to condense me to feeling smaller than I was in my body. I had tried various ways to be of help—I picked up every call, or texted back, even if I knew it was just going to lead to a bombardment of problems.

The one job I managed to nail only paid nine dollars an hour at the time, and given COVID, no one was hiring or at least hiring for more that I could get close to from campus. Those 15 hours a week I could barely get were draining enough, as it was working retail, but by the end of the night I'd stare at the fridge thinking that pay day wouldn't be enough to cover my own groceries, let alone to save for the tuition I was going to be expected to pay on my own the following year.

As the eldest sister in my Mexican American household, I will never be just that. For years I have always been the school advisor, babysitter, therapist, handy man, emotional or financial support, tutor, and whatever else would come up on demand followed with a flat thank you. It has never made a difference that I had an exam that day, the next, or anything else going on because no matter what, those jobs would be waiting on me as soon as I finished. This took a toll on me more than it ever had at my time at home when it was constant, and I was so frustrated when I couldn't figure out why all of a sudden my normal way of life was not working. As I began to spiral out on my own, I began to loathe everything that tied me to that identity as it kept me up at night despite my exhaustion. The gag was that now, it was the pure silence that I found to be deafening.



Part of the toxicity that I feel comes with being a premed student is the notion that everything has to be perfect—you can't possibly fail any prereqs and god forbid you don't join every club or lead some. I will say I fell into that during my first semester, with the added difficulty of having come in with credits to the point I had mostly junior and senior classes left with a dash of sophomore courses to start the base of my GPA. Again naively thinking that somehow I had cheated the system, I came to realize that keeping my half-ride was going to present an even more steep hill for me to climb. The spiraling continued, and my grades dropped to the most deplorable state I had ever achieved in my life.

By the end of my first semester in college, I truly wondered if I was going to have what it would take to get to where I wanted to be someday if I couldn't even admit to myself when I needed to find a way to help myself. I just couldn't understand where the once confident and very sure sense of self I had had gone—I felt reduced to a shell that was watching time go by. The ultimate turn around came when the semester finished and I realized that if my parents would be out of reach in terms of emotional support, I was going to have to find ways to make my own peace and bring back who I was.



I started to get into house plants, finding joy in a new leaf that had sprouted or how happy they looked sitting in the sun. I ultimately quit the retail job as I realized that money would have to be second to my education, as impossible as it seems, and get my GPA up to a more survivable value. Don't get me wrong—things were still looking rather destitute. I had to get through one of my more difficult subjects again, which meant retaking the class; to try and combat this, I had to take fewer classes, which meant having to find a way to pay for summer classes.

I've always had the mentality that when opportunities present themselves to you, that is the best time to take them—I decided to sit back and see what fell in my lap instead of trying to do so much. I can't forcibly just be the best premed student; those skills come with time for some, and that's just the boat I'm in. It's been difficult to not forcibly put things on my plate since that was what I have always been used to, but part of my growth as a person is realizing I too have limits. With time, those limits may or may not change, but you can't exactly force them to be what you want them to be. What they don't tell you about college that I will say is that it's not a sprint and that its more like a marathon. A slow start doesn't mean that you won't wind up at the finish line at some point.

My grades made an incline over that next semester and summer after lots of work, late nights, and family hurdles. With the help of emergency grants that were offered at the time and a loan from a friend, I was able to go from a 2.3 to the 3.0 that I needed. Over the span of two years, I was able to accrue stable jobs that worked better with my schedule and worked my way back to taking the 16–17 credits I thought that I needed to take every semester, but with a better work load balance. I began to find ways to take time for myself and realized that when certain things are out of my control I can only do so much.



Today, I find myself to be a triple employed senior, and undergraduate research student, working towards MCAT prep despite my busy 30 hour work weeks. I find ways to take up space for myself so that I don't get overwhelmed, which is a job in and of itself. I've slowly gained traction and have worked back to being more immersed in my school, but again it takes time to find a sense of self after you feel it's taken a sabbatical.

To this day I still feel guilt in the sense that I know how much my parents put into raising me and are even still financially supporting me, but still wonder at what point their trauma or rough upbringing excuse the way they maintain their relationship with me. Do I even get to feel that they have done anything bad? Being parentified as a kid has led me to be a relatively responsible and decent human, depending on your morals. I just have yet to figure out if there are parts of my personality or interests that I have never fully allowed myself to indulge in. Moving back home due to living costs has made it very hard in the sense that my parents have to learn to live with their daughter, who doesn't make herself as accessible to them. I have to relearn to block out noise, arguments, and create a space that I relate more to or can be a better student in. Not everything about my family is bad—there are parts that are enjoyable and wholesome. I've just learned to stop trying to do everything.

Looking back, I wish I could have provided my freshman self some more piece of mind that things will work out and to take it a day at a time. It's not healthy to have so much pressure to be perfect, and besides, the whole point of college is to learn. Mistakes are inevitable. Who you used to be in high school academically may change when you get to college, but that's okay! What matters more is that you go on the journey to figure out all the aspects to how you learn through an unfortunate but necessary means of trial and error. You can't change your family, and everyone's going to have their own perspective on how they view you in those dynamics. All you can do is offer your best and draw your boundaries for your peace. It's okay to take up space for yourself and find whatever means to feel like a person and less like an extra walking around on campus.

Laborers, Take Heart!

Shuang Gou





In this work , I want to show the state when people are under high pressure and heavy burden. they can neither stop nor put the burdens away. Once they break from the burden, they also lose their living source. Just like when the snails discard shells, they will die soon. With fierce competition, many people have no choice but to accept it. Many laborers' rights are being severely harmed.

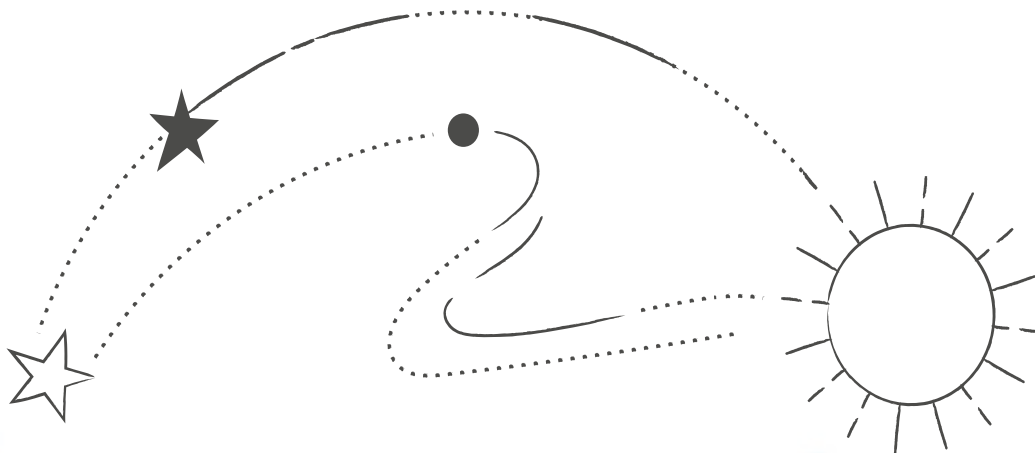


Biopsy of the Human Soul

Harley Mayfield



For a creative final in my Medical Humanities class, I wanted to depict a portrait of what I believed the human soul would look like. At first I wanted to just represent what the soul of a provider who embraces the concepts of what I learned in my Medical Humanities class. Then I realized that everyone sees and interprets art in their own way, so I wanted to give people the chance to feel or realize the soul through their own eyes. I used a lot of calming colors like deep blues and purples and some bright colors like pearly white and gold because I believe that my soul recognizes a soul who embraces medical humanities as very calm yet bold and confident with their colors. My idea was to first show a background that represented the chaos and feelings that the soul of a healthcare provider may go through, and then I thought maybe the soul would be spherelike, with light, vibrant colors to show the beauty and purity of a soul. But my idea kind of transformed into another route because I wanted to basically go “into” the soul, so to speak, so I painted my portrait of the soul in almost a microscopic view, as if you took a biopsy and viewed the soul that way. I got this idea after watching *The Immortal Life of Henrietta Lacks*, when John Hopkins gave the daughter of Mrs. Lacks a microscopic view of HeLa cells, which are her mother’s cells. Being able to see the cells bright, vibrant, and thriving, it was like it brought Henrietta Lacks back to life for her daughter. I think souls are a very complex being to understand, but I believe that everyone’s souls are different and completely unique to them. My portrait in a sense almost looks like a galaxy. I did not intend for that initially to happen, but after observing my finished product I remembered that some people believe that the stars are our souls guiding us from above or even the souls of those who have passed, and I thought that went perfect for an end result.



A Thirty-Five Year Journey Back to UTA

UTA Loyal

The evening walks around my old UTA campus have been more than just reminiscing. Without the freedom to roam about due to the world's infectious hysteria, I retreated to the serene UTA campus for solace. I was amused and overcome with excitement at how this pandemic created an opportunity to reflect and unpack a treasury of memories that was buried deep within me for more than thirty years.

Taking this walk with my wife has become a routine we looked forward to after dinner. I had no idea it would offer so much comfort. Initially, I was impressed by the new buildings that emerged over the years with its grand structure and modern architecture. The overall landscape and walkways were the same, just a little more crowded. The same oak trees have grown tall and majestic offering a new romantic beauty to this quaint scenery. Scanning the lovely campus, I noticed that it was the older buildings that offered a warm, welcoming effect. Even the old pine trees leading up to the library seemed to be waving their leaves to greet me. This brought back such wonderful scenes of my youth.



The warm summer breeze was conducive to reminiscing as we strolled along and each turn evoked a strong sense of intimacy. A recollection of forgotten memories began to slowly resurface as each step helped clear the dust that settled from the long, latent period of life beyond the undergraduate years.

It was a good feeling. Every step on this beloved campus contained a page of my story. Each course of study and activity at this nurturing university over the years added content. This was a place that embraced each Vietnamese immigrant without judgment or prejudice. In accepting them, the University of Texas at Arlington offered hope to those like me—individuals with a goal of a brighter future.

What started out as an intentional evening debrief has now evolved into an expedition to uncover the small adventures that pieced together the forgotten will that shaped me to the person I am today. The effect is impactful creating a strong desire to pay tribute to a university that imparted so much to each of its students.

Each corner was filled with tales of the friendships that grew stronger through the passing of yet another semester. Faces of old professors came to life again as I looked past the windows while strolling from one building to the next. We walked at a leisurely pace and I could just hear their lectures echoing in the distance. I could feel the goosebumps emerge when those impossible classes and all the dreaded formulas hauntingly came to mind. I fondly recalled the “weed-out” pre-med classes, and a smile spanned my lips as the stories came pouring out uncontrollably, one after another.

The meticulous hours spent learning in a foreign language paid off in the end; our professors knew how hard we studied just to pass their courses. Their grading was more than fair. Eventually, we formed a deep sense of respect and love for their knowledge and the professors in turn, developed a unique admiration and compassion for our dedication to learning.

I continued sharing my thoughts on the myriad of possibilities that this generous university provided, completely unaware of my wife’s silence. When I finally looked over, I found her enthralled by my excitement. The more I shared, the more my wife and I recognized that our success was a grace bestowed upon us through this university, and it heightened the level of commitment we had to each other and to education.

As we passed by a familiar landscape, I registered that it was actually the place where my best friend and I had shared the last pack of ramen noodles while studying for final exams. A sad emotion emerged as I realized that the apartment where I used to reside had been replaced by campus resident halls. I quickly became emotional and reactive: Did they not know the significance of that apartment? Was my generation fading away? They cannot take away my generation’s mark on this UTA campus. How can I instill in my children that which was instilled in me?

We continued walking in silence and after a long pause, my wife finally reminded me that all the treasured memories I had shared with her mattered. She wondered if I recognized that the spirit and energy in my stories were a reflection of our entire generation and is completely irreplaceable... I listened but was doubtful of her confidence.

”

Was my generation fading away?

We chose a place to sit down to get a panoramic view in front of the library and watched a group of students come out of the library. They were conversing purposefully and as we captured the spirit and energy of the moment, one of the students caught sight of us and waved.

Taking a closer look, we were pleasantly surprised to witness our son parting from his friends after their group study session. We enjoyed watching him bike the same path which we just traversed. I was beginning to see my wife's point and wondered if he was soaking in these experiences. Was he too preoccupied with tomorrow's exam and totally oblivious? Maybe someday, he too, will be able to recall the beauty of his university life? I wonder if these will form a precious treasury for him? I continued to reflect....

How refreshing it is to witness the vitality of this next generation. Much like me, they are creating their own stories through goals, relationships, and experiences. The university life continues to be woven into a timeless treasury collection for each student. Time will weave these stories into a tradition. Preserving the spirit of these memories will cultivate and foster the UTA feeling. A feeling that comes alive whenever we set foot on this university campus.

My friends are now scattered in many different regions of the country and my professors are long gone; however, these buildings remain and the trees still stand tall and always inviting us back to bring this campus back to life!



Eyes Closed (heart open)

Hannah Nguyen



There is a feeling of awe that comes from being with nature after hours of studying indoors. Whether it be looking at the bright sky shining on a cloudy day, the melody of colors painted by the sunset, or gentle yet fierce waves swooshing at the lake. Music and the dazzling lull of nature keeps me going.

This piece was inspired by a short story written by Brian Hernandez.

The Importance of Patient Health Literacy in Medicine

Navvin Sadarangani

H *ealth literacy* is the degree to which an individual can understand and use information about their health to make informed decisions and has an active role in their medical care. Some skills contributing to a patient's literacy level include recognizing how to obtain and utilize their health information, communicating effectively with healthcare providers, and understanding medical instructions, treatment plans, and outcomes. The influence of health literacy on patient outcomes will be investigated in nutrition habits, pharmaceutical education, and patient adherence. Knowledge of one's health is a vital component of living a *full*, healthy life and is overlooked by healthcare professionals. Setting a strong foundation of knowledge can improve adherence to treatment, health outcomes, patient satisfaction, and communication between patients and their providers.



Nutrition

Nutrition is a core component of our well-being, yet more than 40% of people in the United States suffer from Obesity (C.D.C., 2022). Among the 40%, many suffer from a reduction in bodily function, an increase in mental problems, a reduction in life expectancy, and the development of life-altering conditions such as diabetes, hypertension, heart disease, and cancers, to name a few. Conditions have gotten so dire that the World Health Organization has classed obesity as an epidemic (W.H.O., n.d.). Most cases of obesity result from factors such as unhealthy eating habits, low physical activity levels, and social and cultural factors (C.D.C., 2022). This is where health literacy can be a powerful tool in combatting the obesity epidemic.

Most people have a general understanding of “bad” nutritional habits, but they lack an in-depth understanding of the direct outcomes of these habits. It is easy for patients to dismiss health advice when providers give a generic blanket

statement such as “eating a lot of sugar is not good for you.” Alternatively, it would have more of an impact on a patient’s mindset if the same advice had a quantified outcome such as, “Frequently eating sugar can lead to diabetes since it creates insulin resistance, and cancer since it promotes cancer cell growth.” Since nutrition isn’t taught at a high level in our education system, knowledge of the adverse effects of poor diets catches people by surprise. Proactively educating patients on the importance of nutrition instead of taking a reactionary approach will allow patients to make informed decisions on their own and may prevent the need for frequently prescribed pharmaceutical interventions.

Pharmaceuticals

Sometimes, despite all efforts to promote patients’ health literacy, pharmaceutical intervention may still be necessary. In these cases, it is just as essential to keep patients informed and educated about their treatment since information on medicine is less readily available and comprehensible to the average person compared to nutrition and fitness information. Medications come in all shapes, sizes, and side effects; and commonly have enigmatic names. These factors may cause fear, confusion, lapses in therapy, or accidental overdoses. As medical professionals, it is our duty to educate patients on their medical treatment instead of prescribing with no patient input.

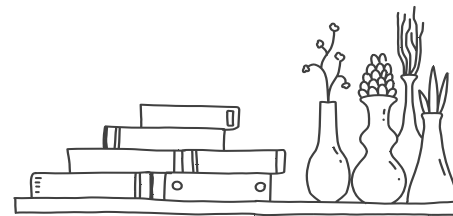
An important thing to note is that there is no one-size-fits-all regarding medications. Previous pharmacogenetic research uncovered differences in drug metabolism, clinical effectiveness, and side-effect profiles of many drugs depending on the individual (Burroughs et al., 2002). Therefore, optimal clinical care will involve assessing risks with patients, discussing potential side effects, and weighing the pros and cons of different drug therapies.

Patients need to have an informed role in their care since they may have more than one healthcare provider. Having adequate knowledge of their medications can prevent accidental drug interactions or overdoses between different prescribers; knowledge of their health and treatment goals can improve the continuity between different specialties working towards a common goal; and setting realistic expectations can improve patient satisfaction, adherence to treatment, and overall outlook on their life.

Patient Adherence

Ultimately, despite these approaches, optimal healthcare outcomes will come down to patients’ adherence to treatment regimens. Too frequently, patient nonadherence significantly threatens their health and wellness. Over 40% of patients with some disease conditions sustain significant risks by misunderstanding, forgetting, or ignoring medical advice (Martin et al., 2005).

Although a multifactorial issue, a vast majority of cases can potentially be solved with adequate amounts of patient education and by nurturing a supportive learning environment. After all, patients learning about their health is similar to adults learning a new language; in this case, that language is medicine and not native to the everyday person. Learning the *why*, as opposed to only learning the *what* will allow patients to make informed decisions.



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Sensitive
Content

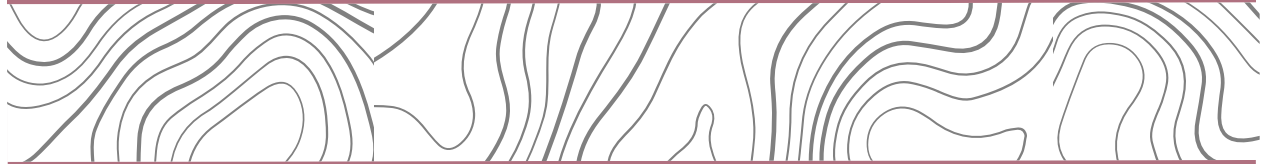
Feel It in My Bones

Reagan Huskin



I have had multiple invisible illnesses since I was 12, acquiring more as I approached 20. This made growing up very hard because the validity of my condition was constantly doubted by everyone around me. The inspiration for this piece is the hurtful words that are said to so many individuals with invisible illnesses, which constantly swarm around inside their heads. The exposed bones represent the pain that is present in my body all of the time, visible to others only for a moment in the form of this artwork. Some of the more personal touches include the ring splints on the fingers, used to keep my joints from hyper-extending or dislocating, and the zebra print along the outer corners, which is the symbol for one of my conditions.





It's Not the End

Ami Patel

It's not the end when your mind wanders

It's not the end when you fall forward

It's not the end when your days are numbered

It's not the end

It's the beginning

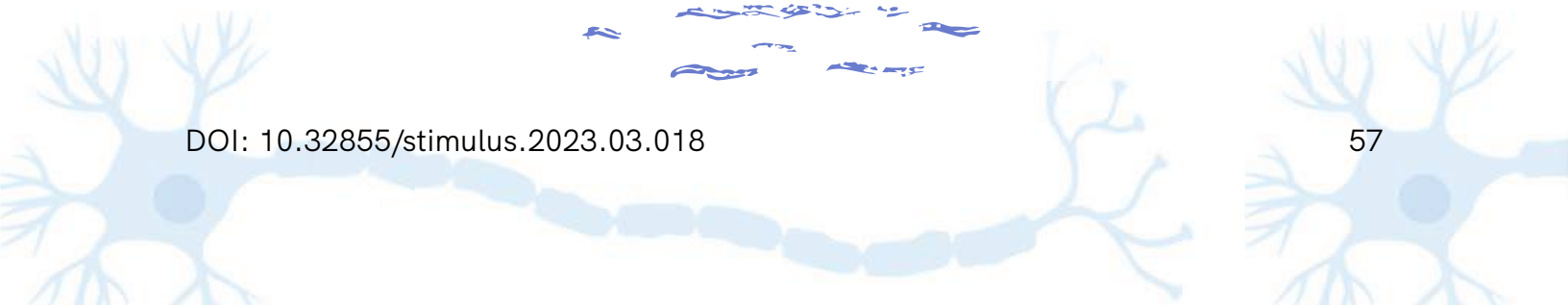
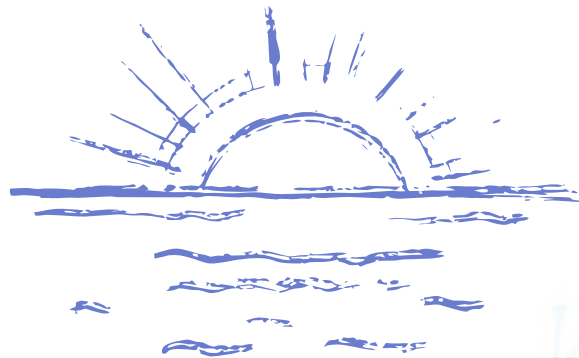
It's the beginning of your dreams pushing through

It's the beginning of getting back up from defeat

It's the beginning of living life till your limits

It's the beginning of the end

The end is yet to come



Gone

Shakyra Silva



“Gone” is a painting that comments on depression and shows it in a more uncommon way than how depression is usually described. Normally when you think of depression, you imagine someone isolated in a darkened room. They spend their days in bed with no energy to bathe, eat, or go to school/work. While this is one way depression can manifest, it is not the only way. In some cases, a depressed person may still go out with friends, be very productive at work or school, and just generally look like a completely normal person with no mental illness. This is the side of depression that I illustrate in “Gone.” The struggling woman is on a walk at a park on a beautiful day with a scene of cherry blossoms floating down from the trees. Others on the trail are filled with bright colors or happiness from the view. To the others, she seems like a normal woman enjoying the park just like them, but the viewer can see that she is still sad. Another important detail in “Gone” is the color of the trail and the color of the struggling woman. The two colors are very similar to give the effect of the struggling woman disappearing into the trail in certain lighting. This is to comment on the dissociation someone with depression may experience, such that they are physically in the room but experiences feeling like the mind and body is elsewhere.



From MS2 to You: Advice I Wish I Knew

Caroline Nguyen and Madelina Nguyen

During the Vietnam war, my parents embarked on a dangerous journey across the Pacific Ocean with the hope of a better life. They arrived in America with nothing and faced hardship, including poverty and lack of access to healthcare. As a first-generation American, I grew up listening to tough stories of their struggles. It developed in me deep gratitude for their sacrifices and empathy for the underserved population. Although most people in our generation cannot relate to their experience as refugees, we can all relate to the pursuit of wellness in our lives, especially physical health. My motivation to practice medicine is rooted in the belief that the healthcare field is one of the most meaningful professions in existence, with the ability to connect with and care for others at their most vulnerable. With such allure, the increase in selectivity and competitiveness of the application process is not surprising.

As a current second-year medical student, I recall my pre-medical student years as a UT Arlington biology major as a time of growing pain. I felt the pressure to prove myself as a worthy applicant and as a mature young adult exploring the field. Retrospectively, I could have avoided significant undue stress had I been more authentic, courageous, and graceful with myself.

Pave your path. One of the most common pitfalls of students pursuing medicine is comparing oneself to peers unfairly. The process of applying to medical school is inherently competitive, but admissions committees are most interested in getting to know you as an individual. Although the application for medical school may seem like a checklist of having all the right qualities of an applicant, the point is to accumulate experiences that further convince yourself that medicine is right for you. You might be thinking that it is impossible to stand out amongst other applicants, but your specific choices in activities contribute to your story and reflect your interests. An application that includes homeless outreach volunteering, free clinic volunteering, and mission trips demonstrates empathy for the underserved. An application with extensive student organization leadership experience, biology TA experience, and peer tutoring would demonstrate a love for mentorship. An application with extensive basic science and/or clinical research would demonstrate a desire to advance the future of medicine. Instead of allowing your expectation as to what a good pre-medical student should look like dictate your application, use it as an opportunity.

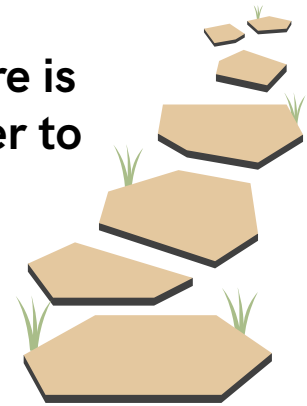


“Don’t let the fear of striking out keep you from playing the game.” This is quite a cliché statement that we hear often, but it proves to be a very powerful statement when taken to heart. The answer to any question you do not ask will always be no. Think back to a time you went out on a limb, applied for something you thought you would never get, or did something out of your comfort zone. How amazing did it feel to accomplish that? For me, this came in the form of an internship that changed the trajectory of my pre-medical career. I applied and waited and waited. With no email or phone call, I sent four follow-up emails until I received an answer, and with my persistence, I became the only undergraduate intern in the Neurosurgery department of a prestigious medical school, yielding more than 10 journal publications. Asking for what we want and need is essential to success in our careers. We must have the courage to put ourselves out there, ask for what we want, and not be afraid of rejection, especially when it comes to our careers, because if there is one feeling worse than rejection, it is regret. So ask that professor for research, apply to that scholarship, and let your ambition run free.

Every failure is a step closer to success. As this process is competitive by nature, it is easy to become consumed by the stress that accompanies it. Throughout my pre-medical journey, I often caught myself measuring my self-worth as an inverse function of my failures. Every lackluster exam grade and program rejection sent me down a spiral of thoughts about never becoming a medical student and thereby never achieving my dream of becoming a doctor. Retrospectively, I wish that I gave myself more grace

because ultimately, failures only serve as stepping stones that bring us closer to success. As long as one learns from past mistakes and carries on purposefully, nothing can be considered a failure. It is also important to understand the context of your life and your limitations. For example, if you are a full-time student with a full-time job taking 21 hours in a semester, don’t beat yourself down if you end up getting a B that term. Yes, it is important to give your best towards any task you undertake, but failure is inevitable. Instead of looking at it as a defeat, look at it as a redirection.

**Every Failure is
a Step Closer to
Success.**

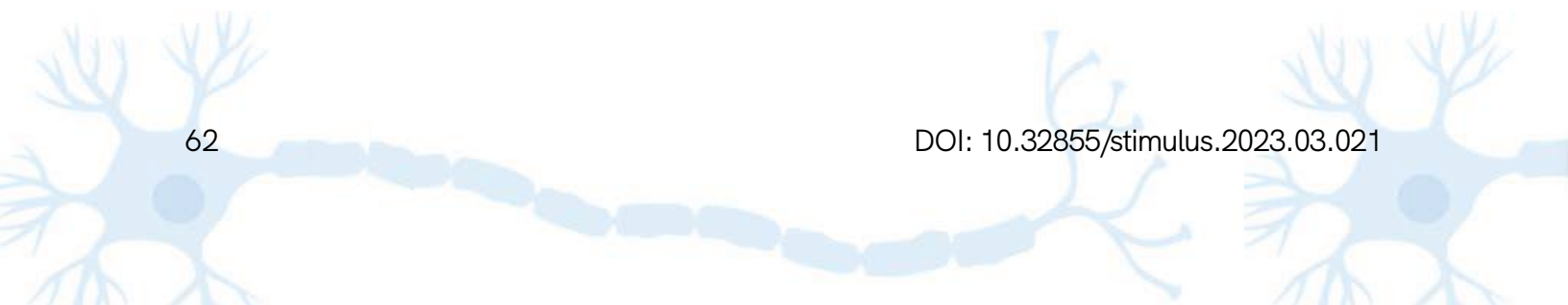


Ultimately, be bold, be persistent, be true to yourself, and never forget the experiences and people that got you to where you are today—your “why.” No matter what happens in your journey, don’t tie your self-worth to your outcome. Tie your self-worth to how you love others, your passions, your abilities, etc. The pre-medical years are tough, stressful, and long, but there is a bright light at the end of the tunnel. Your journey is shaped by every experience you encounter along the way, so remember to be intentional with your activities, chase opportunities without fear, and be graceful with yourself along the way.

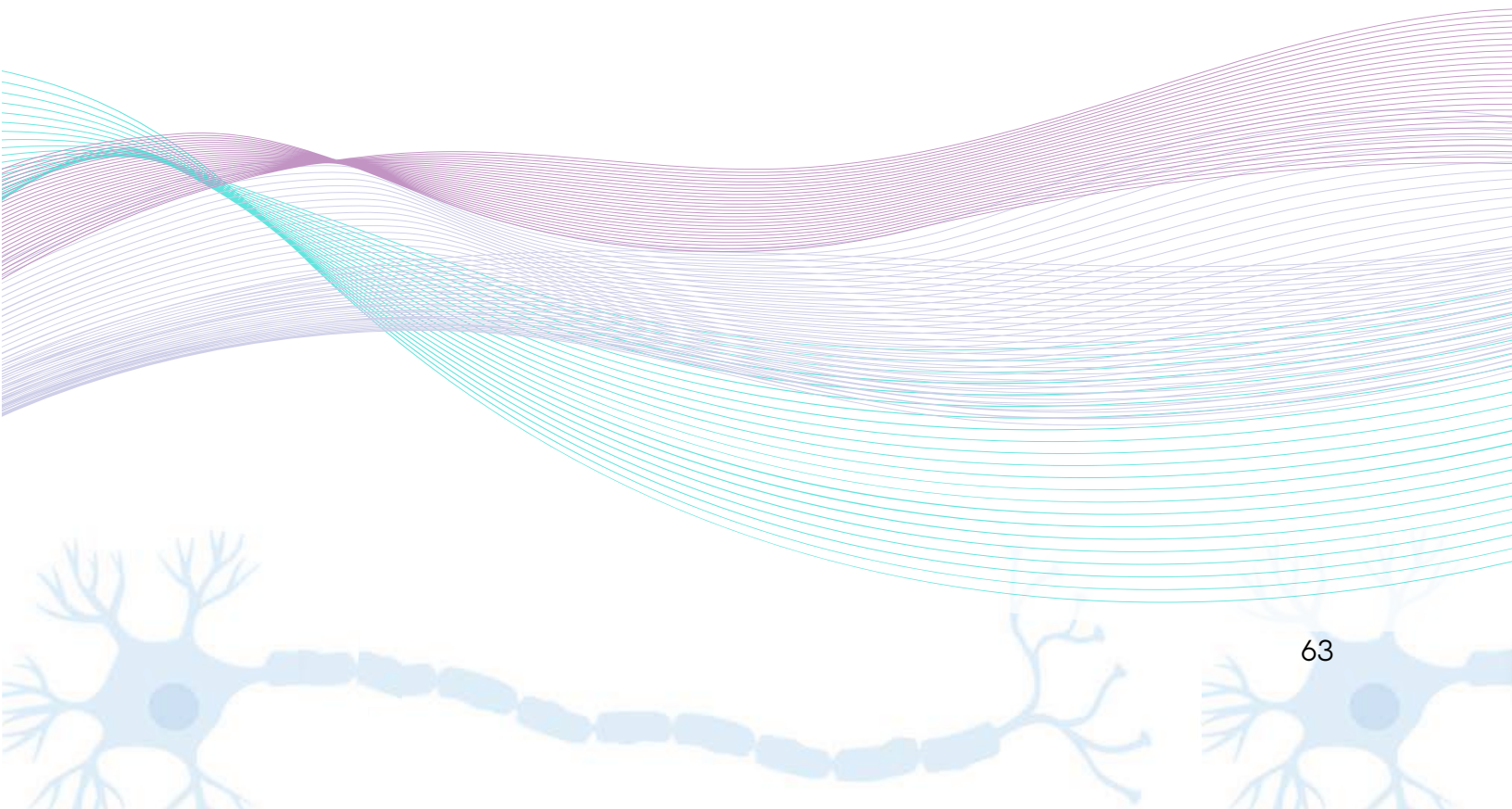


The Healing Hands

Jasmine Riddle



It is well known that we use our hands for the majority of tasks we complete on a daily basis. In fact, there are not many tasks that we can complete without the use of our hands. Some of the ways doctors and health professionals use their hands in the medical field include surgeries, palpating a patient, and to document any information gathered about the patient. What if there was a way to heal someone just by using their hands? It turns out this is possible due to a naturopathic treatment called Reiki. Reiki is an ancient Japanese technique in which the healer will either hover their hands or lightly place their hands on the patient and transfer healing energy to the person receiving the treatment. In my illustration, the colors of the background resemble the seven chakras in the body and the hands are hovering around the center as if they are receiving healing energy.



up there

Christina Nguyen

it is a wonder
to be up there
where the ceiling meets 4 corners
and the echoes roam bare

it radiates and shrieks
the most horrid of sounds
a screen with 4 measures
left by those making rounds

a tempo too irregular
beats quick and unsure
imagine a grand jury
timing the length of this purgatory

under the 4 corner sky
i await at my place
an unfamiliar bed threadbare
sinking to sleep down here



Healing

Yanina Blanco



Sometimes we not only need to heal the body, but the soul.
A veces no solo necesitamos sanar el cuerpo sino el alma.



Psychosis

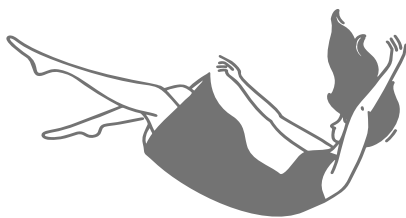
Alexandra Nieto

What's there to believe
Anger, frustration
All this angst that's killing me
I couldn't hear
I couldn't speak

The only thought was being free
Happiness in momentum
I was falling by the string

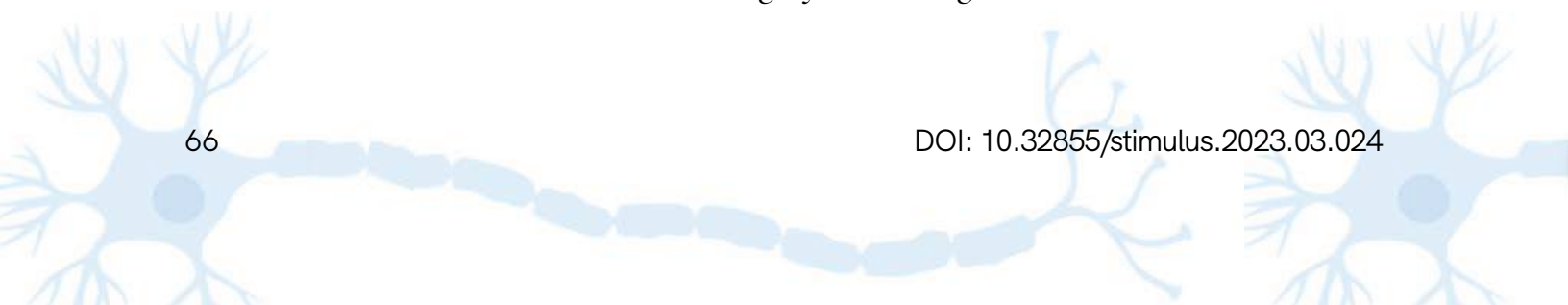
Voices in my head

Or in reality
I couldn't tell the difference
I couldn't breathe
So, what can I believe?



Self-love is self-poetic
Sometimes I felt so free
Young and alone
It's hard when there's no given
Delusions of every me

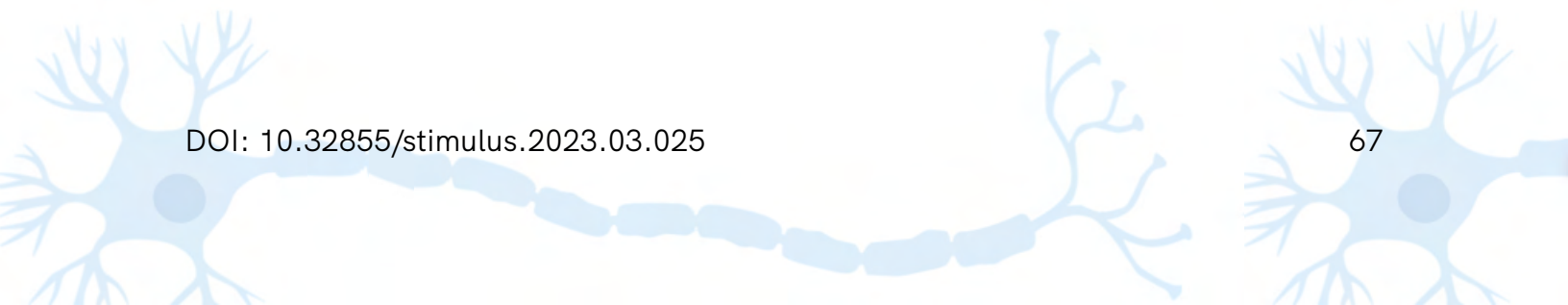
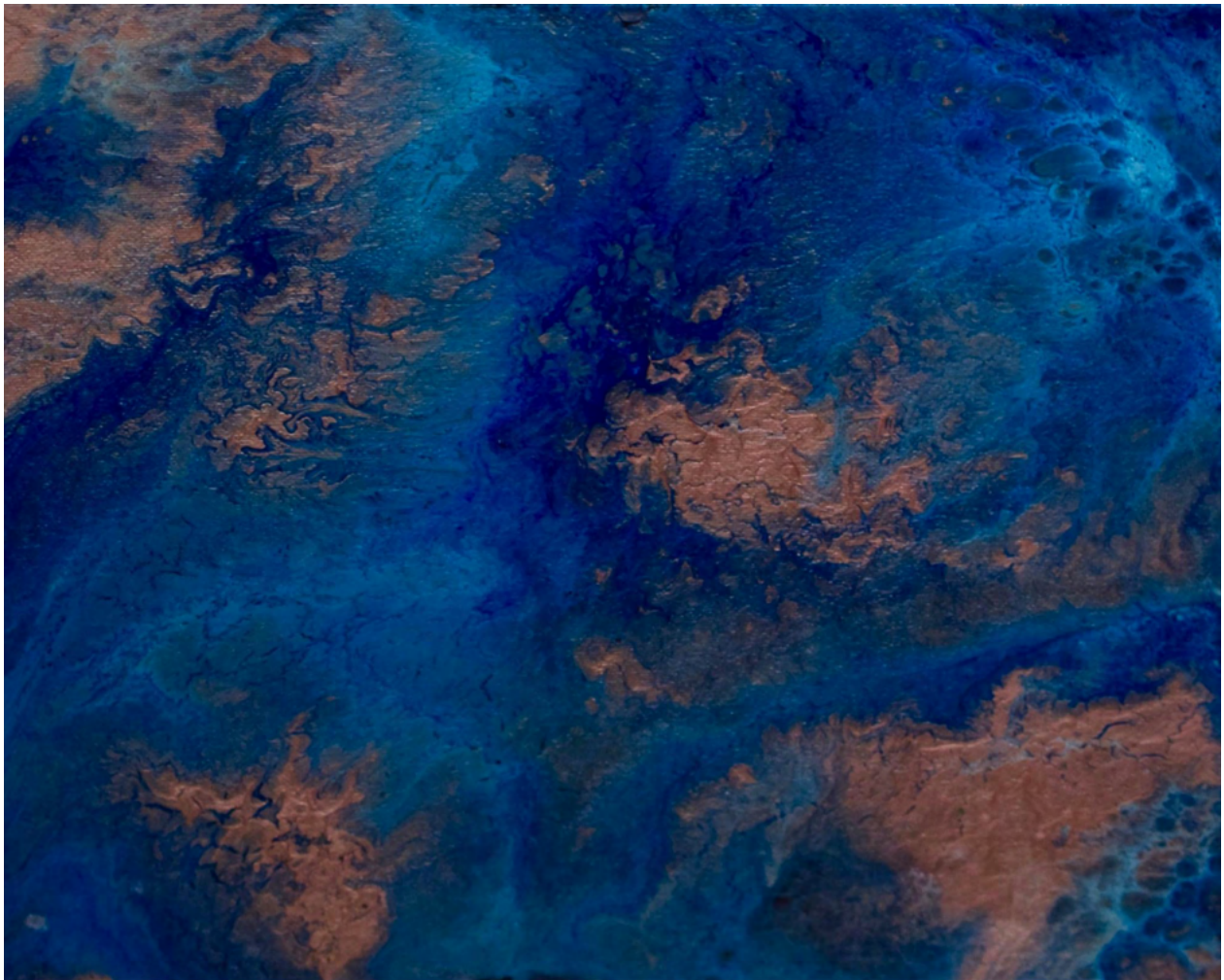
The only thought was being free
Happiness in momentum
I was falling by the string





Where No One Goes?

Zainab Emaan Muhammad



For me, this painting represents a powerful reminder of the value of different perspectives and the ability of art to challenge our perceptions of reality. It encourages me to embrace creativity as an essential aspect of the human experience and to explore new forms of expression.

I recognize that everyone's experience of this painting will be different. That is the beauty of art—it has the power to evoke a wide range of emotions and memories, depending on the viewer's personal perspective and experiences. Therefore, my question for you is: What emotions or memories does this piece evoke for you? What do you see or experience when you look at this painting?



The Flooding Bridge

Leila Abdelhadi



The Flooding Bridge

Leila Adelhadi

The bridges that connect two sides of the story always merge into one commonality.

In this case, it's the bridge between the doctor and the patient with their family.

One side may believe that pursuing an invasive line of procedures will drown the patient in more sorrow and agony, while the other may believe that it's the only way to save the patient.

And the ultimate reality is that they both might be right.

A patient could be in a stage where more medical intervention could only do more harm than good, but family intervention might believe it's their duty to keep them alive.

A patient could practically be on their death bed, and their family could be raising the bar to proceed with more medication.

A doctor might see no signs of life ahead for a patient and that leaving them in hospice would be their only sign of peace at the end of their story.

A doctor has watched the patient go through numerous failed trials and seeing them in pain that won't heal, tears them apart.

A patient may be tired

A patient may be exhausted

A patient may be drowning

Drowning from the two sides of the bridge flooding to come to an agreement

Over the patient and their wants

But what does the patient want?

What is their wish?

What is their need?

What is their stance?

Sometimes they can't give an opinion, sometimes it's up to the doctors and patient's family.

But who's right?

It's a complicated journey, a complicated question, a complicated answer.

Who's right?

That's a question that may never have a definite answer.



Poetry as Space in Medicine

Esther Kentish

Experiences are shaped by life's canonical lens. The lens captures what is transformed, refracted, and emulated by the reality of humanistic experience and the epistemological state of being. The inability to communicate ideas is what destitutes personhood. Thus, communicating science and medicine as well as poetry and prose permits the foundational premise of human duplicity. This duplicity consists of a double-sidedness; a complexity that can be captured by a lens one that is canonical and multifaceted. This lens is writing techniques such as reflective writing and poetry. The canonical lens takes precedent in the mechanical and nuanced practice of pin-pointing issues within the human experience and providing qualitative reasoning and more so, an explanation. Writing methods that liberate intrinsic attitudes, ideologies, and behavioral patterns help prosthetically place damaged or undiscovered patient experiences and histories.

The reasons that support this claim are:

1. The role of cognitive bibliotherapy in medicine has critical implications on how medical practitioners encourage writing poetry as therapeutic invention and expression.
2. There are positive functions of poetry and medicine within a clinical setting.
3. Medicine captures the canonical values of intrinsic knowledge possessed by patient-experience.

When aiming to define what a poem is, one can define it as a form of outward expression or response to internal or intrinsic stimuli. When considering the formation of what a poem is, it is important to differentiate a poem from another form of writing that is made of words. A poem has a particular tone, shape, and verbal dexterity to it that other forms of writing may not have. Literary scholar Terry Eagleton (2008), in *How to Read a Poem* expresses how a poem is a “fictional, verbally invented statement . . . having the shape of which on the page in the screen or on the air.” Likewise, MacLeish defines poetry's function as able to “call our numbed emotions to life” (p. Shiryon, 1977, p. 77). Further, MacLeish expresses how poems create images in our minds and allow us to “feel a knowledge which

we cannot think about (MacLeish, p. 75)” (Shiryon, 1977, p. 77). The understanding of poetry develops the foundation of how it can be used in relation to medicine.

Poetry in Medicine

During the early 1900s, poetry was introduced into healthcare. Scholars saw a need to mitigate the fragmented state of medicine. The center of medicine is engulfed in the doctor–patient relationship and includes listening, looking, watching, and feeling. Being perceptive is important to both classic medicine and poetry. An argument can be formulated to express how medicine and the arts can be expanded past the realm of merely clinician insight and begin to include the patients’ perception of their experiences. Abse argues how that “poetry should not be an escape from reality but rather an immersion into reality” (Goldbeck-Wood Bodø, 2014). Further, Bolton expresses how critical inquiry is at the heart of Medical Humanities and “creative artistic processes can enable expressive exploration of areas to which logical or analytic thinking has limited access” (Bolton, 2008, p. 135). This is important because the canonical lens encompasses patient voices and experiences that may not be communicated orally and can benefit from written exposition. Scholarship in medicine and poetry includes several scholars, general practitioners, clinicians, medical poets, and medical professionals. Medical poets are professionals who work with psychotherapists; the psychotherapist and experts are expected to read the poems to gain insight into patient experiences. For example, Glenn Colquhoun (2002) in *Playing God*, expressed his experiences of doctoring all in poetry. Goldbeck-Wood Bodø expressed that poetry in Abse’s medical efforts included “attentive listening on empathy and reflection—effects well explored within the medical humanities literature” (Goldbeck-Wood Bodø, 2014).



Goldbeck-Wood Bodø in *Dannie Abse: Last Act in the Theatre of Disease* explored how medical poets like Dannie Abse’s “effect of medicine, or rather of the sheer uncontrollable corporeality of experience ... stretch the seams of language everywhere” (Goldbeck-Wood Bodø, 2014). There is a need for medically trained professionals who can help to bridge the gap between medicine and communicating the patient experience through written means. Moreover, Poet and surgeon Jack Coulehan expressed that “empathy, metaphor and imagination are really at the root of the art of medicine (Coulehan, 1997)” (Bolton, 2008, p. 134). The therapeutic implications demonstrated through the patient-facing contextual lens such as bibliotherapy and poetry can affect medical writing practices. Shiryon in

Poetry Therapy and the Theoretical and Practical Framework of Literatherapy expresses how “the metaphor, for instance, is found even in ordinary conversation” because it is “a major agent in poetry” (Shiryon, 1977, p. 96). There are several benefits of bibliotherapy in medicine. Specifically, areas in cognitive bibliotherapy may serve as therapeutic for patients in a clinical setting. Karen Horney expresses how “life itself remains a very effective therapy” and further, literature, including poetry, is the mirror of life and as such a major means for therapy. (Shiryon, 1977, p. 78), thus, bridging the gap between medical practitioners and clinical assessors who will be facilitating the translation of medical documentation.

“...medical practitioners encourage writing poetry as therapeutic invention and expression.”

The role and implications of cognitive bibliotherapy in medicine are important when examining how medical practitioners encourage writing poetry as therapeutic invention and expression. Bibliotherapy is used as a cognitive treatment situating poetry or storytelling as a healing facilitator. In the academic journal article “The Healing Power Of Writing: Applying The Expressive/Creative Component Of Poetry Therapy,” Baker and Mazza (2004) express that writing has been used to help with stressful situations as well as typically draw upon traumatic experiences to create. In the article, the authors explore evidence of poetry therapy and its uses on patients specifically; however, the authors express the absence of medicine grasping the need for creative intervention. Baker and Mazza express how “although the

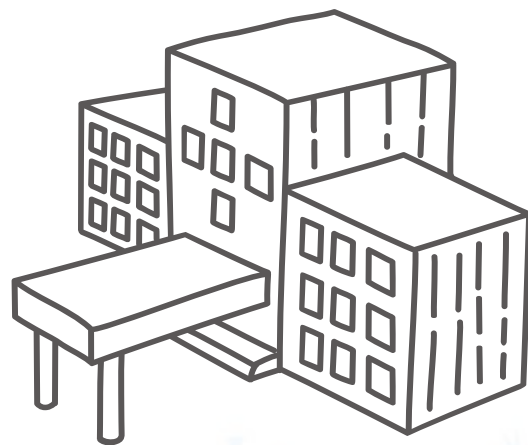
medicinal effects of expressive writing have been mentioned for centuries, it is only in recent decades that the applied sciences of medicine and psychology have begun to take notice” (Baker & Mazza, 2004, p. 141). This is critical because writing serves as an important aspect of human expression and experience. Moreover, the need for medical practitioners to engage in patient-centered communication with the patient themselves helps to co-create an open-dialogue between GP and patient. Thus, the relationship that the patient forms with medical professionals can didactically allow medical professionals access to patient-insight without infringing upon unstated issues.

Professionals in medicine have a role in helping patients situate their inpatient and outpatient experiences and engagement with medical professionals. Bibliotherapy, poetry specifically, can help patients foster a communicative channel through literary exhibition. The expression of internal emotional states or reactions can be exemplified by written utterance. The overarching purpose of Baker and Mazza’s argument was to highlight the importance of different types of writing and their therapeutic uses. Exploring bibliotherapy, allows patients to gain autonomy over specific challenges and engage in strategic self-awareness

techniques as well as communicate newly developed information to professionals who can provide medical guidance. Their argument situates medical writers and general practitioners, and “helping professionals acceptance of the expressive arts, including writing, continues to grow with the recognition of the benefits of utilizing these techniques as adjuncts to traditional psychotherapeutic methods” (Baker & Mazza, 2004, p. 142). Thus, medical professionals can engage with patients by helping them to communicate their ideas about their condition through bibliotherapy, expressive art, or poetry.

Encouraging professionals to examine the written expression of patients helps to emancipate self-reported patient histories and uses writing poetry to deliver these experiences. Medically, doctors are the authorities on communicating patient narratives after their consultation as case histories. However, an argument for communicating self-reported patient histories or physician-reported history as poetry is not recorded. Professionals in medicine can use the various forms of therapeutic writing such as “journal writing, autobiography, bibliotherapy, song lyrics, drama, poetry therapy and the use of narrative” as an “expressive art that has become integrated within the therapeutic process” (Baker & Mazza, 2004, p. 142). Further, Ornstein poses an argument that “a poem with its formal aspects—title and form—delivers a more powerful message than could the same content expressed in a simple, descriptive language” (Ornstein, 2006, p. 387). Poetry has a place in expressing the patient-narrative, and its formal aspects, if not doggerel poetry, captures vital and unarticulated aspects of the patient’s experiences. From this analysis, an argument can be made regarding how emerging trends in the field of medicine include both integrative medicine as well as “the combination of conventional medicine with alternative medicine” (Baker & Mazza, 2004, p. 142). Exploring the role of medical professionals within the scope of poetry and medicine promotes further scholarship of the functionality of the topic in clinical medicine.

There are positive functions of poetry and medicine within a clinical setting that can help showcase the reflective attitudes, ideologies, and behavioral patterns that patients have. Poetry, as a form of creative writing, has medical implications because it helps others to “examine their relationship and communication patterns,” and, specifically, “the collaborative poem has been used in clinical, artistic, academic and community-building capacities” (Mazza, 2004, p. 151).



This helps to highlight the importance of capturing a patient's communication patterns and ideological state of mind. By capturing the patient's state of mind, the patient will feel liberated to share their experiences with their doctor. Creating an environment where patients are comfortable aids a positive communication channel between doctors and patients. Further, Ogden (2000) expounded on how "the dynamic psychological effects of artistic experience seem to always to lie in a shared experiential space between the subjective psychological reality of the viewer at a given time and the artistic personality of the work's creator, as enacted in that particular painting (p. 195)" (Ornstein, 2006, p. 388). The shared experiences between doctor and patient promote positive functionality of an insightful co-created environment. Rose (1987) situates how writing poetry allots the practitioner to have re-integrative engagement with the "various domains of the psyche," and they then have "the capacity to facilitate the re-integration of thought, emotions, and perceptions" that were once ridden by trauma from diagnosis or residual side-effects of the condition (Ornstein, 2006, p. 388). Thus, creating a space for doctors to engage with patients helps not only the affinity between communicating patient-histories, but also maximizing poetry's influence on medical practice.

Instead of pragmatic nihilism, medical practitioners can use positive communication techniques to foster social cohesion and patient--physician trust. Patients misinterpret medical terminology and practice due to linguistic codification. Thus, the clinical patient community's behavior subverts the patient's connatural experience. Thus, it is important to find ways to capture the way that patients express themselves. In the academic journal article, "Art Therapy and the Brain: An Attempt to Understand the Underlying Processes of Art Expression in Therapy," Lusebrink expresses how art therapy can be an attempt to examine the brain in order to understand the neural processes of the expression of art in a clinical setting. The text addresses how brain imaging has been utilized to explore "structures of the brain involved in information processing" and how "functions activated in emotional states, the formation of memories, and the processing of motor, visual, and somatosensory information" relate to therapeutic inventions (Lusebrink, 2004, p. 125). Lusebrink uses the expressive therapies continuum (ETC) model to explore how creative functionality can be applied to art therapy. The reflectivity of exploring functions of the brain can help to provide valuable information for practitioners and medical professionals to utilize.



Brain-imaging helps to provide medical professionals with visual documentation that showcases the patient's internal functionality. Lusebrink expressed how "art therapists have pointed out the need for art therapists to become familiar with the basic brain structures and functions that support art therapy expressions and interventions" (Lusebrink, 2004, p. 125). Understanding how the brain works in regards to patient-communication and expression is critical in the role of medicine. Further, Lusebrink expressed the importance of fMRI and brain imaging technologies in the role of medicine because neuroimaging methods help to express the different structures and internal functioning of the brain that is involved in information processing" (Lusebrink, 2004, p. 125). For art therapists, the main areas of the brain are both the right and left hemispheres. The left hemisphere is "involved in analytical and sequential processes whereas the right hemisphere deals predominantly with intuitive and syncretistic processes in a parallel manner" (Lusebrink, 2004, p. 125). Identifying the parts of the brain that are responsible for art therapy is critical to determining how writing can help with patient communication and storytelling.

Lusebrink studies how brain regions process information and emotions. When writing, patients may express many emotions, thoughts, and reservations. Lusebrink believes affective neuroscience places emotions in the brain. According to Lusebrink, "emotions involve patterns of autonomic activity and hormonal and cortical responses" (Lusebrink, 2004, p. 128). This is important because the brain helps to conceptualize both positive and negative emotions that arise and thus, activate different parts of the brain. Lusebrink expresses how "the affective component of the ETC deals with the expression and channeling of emotions through art media and the effect of emotions on information processing" (Lusebrink, 2008, p. 130). Thus, brain imaging technologies are important in regards to medicine and writing because emotions can have influence over the cognitive aspects of the brain, thus affecting the extrinsic processes of the writing. By using observations of the brain, art media and writing will help to express the mood states that reflect the differences in brain areas that are activated when experiencing intense emotions or lack thereof. Thus, when writing poetry, the patients are able to recall emotions which are "important in forming memories" and a "possible resolution of traumatic memories could be directed through a paced approach with art media without emotionally overwhelming the individual" (Lusebrink, 2008, p. 130). Moreover, there are implications that the brain showcases areas of opportunity where patients can express themselves. By understanding brain functionality, medical professionals gain awareness of how to aid patients and facilitate helpful processes.

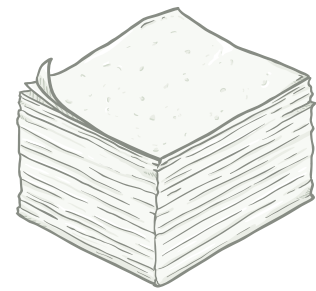
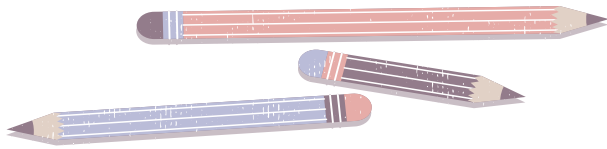
Understanding brain functions can be helpful for therapists and medical professionals. Possessing technical knowledge of a discourse community helps them "to become aware of different aspects of these processes and their implications" (Lusebrink, 2008, p. 130). Likewise, scholars like Dr. James Pennebaker conducted studies that "showed significant changes in the physiological and psychological health of subjects as measured by brain wave activity, visits to health care providers and the reports of volunteer subjects" (Baker and & Mazza,

2004, p. 141). This implies that the role of poetry in medicine affects multidisciplinary facets of medicine. These observations showcase how “art therapy is uniquely equipped to take advantage of these alternate paths and activate them through the use of various art media in therapy” (Lusebrink, 2008) Thus, the relationship between the brain’s functions and art can help further exploration of emotions and writing. Medicine captures the canonical values of intrinsic knowledge possessed by patient- experience. The role of medicine in novel writing practices is critical to the development of the patients’ narrative lens. By taking into context the patients’ personal histories and narrative, the general practitioners are able to co-create the patient narrative by providing a developmental foundation of alternative medicine. This is important because “alternative therapies encourage less emphasis on general categories of diseases and a broader consideration of the individual patient who carries the diagnosis” (Mazza, 2004, p. 142). Moreover, narrative theory and storytelling help to support the patient’s personal ideologies and language. The practical implications of therapeutic writing can be further investigated through the canonical lens. Because poetry can be used as a means of therapy for particular demographic groups, “the therapeutic benefits of expressive writing offers another method for empowering individuals in overcoming life challenges by reframing the meaning of events and integrating the past with the present” (Mazza, 2004, p. 152). Integrating the past with the present provides contextual evidence that the canonical lens is made -up of time, space, and the experiences that the writer has experienced.

The canonical lens situates the paradoxical duplicity of patient -knowledge and lived experiences with subject-matter expertise and techne. Writing, “when experiences are put into words,” makes experiences “more manageable” for the person experiencing the pain (Mazza, 2004, p. 142). Thus, writing implies the person engaging in writing will have a “greater self-understanding, clarification, resolution and closure” (Mazza, 2004, p. 145). This is important because it gives the patients an augmented voice as opposed to one-sided cases presented by general practitioners. By focusing on patient -input and experiences, it prioritizes individualized voices that make-up the systemic range of health care. The voices of the patients are transformative entities that bring the concerns of the individual person into a close, translucent view to both the doctor and the patient. In the the academic journal article, “Boundaries of Humanities: Writing Medical Humanities” Bolton expresses how “medical and healthcare practice, education and research primarily concern individual people, each of whom, made up of inextricably linked psychological, emotional, spiritual and physical elements, is also inevitably impinged upon by cultural and social forces” (Bolton, 2008, p. 132). That is, the role of health



care professionals is to foster the relationship that the patient has not only with them, but also with themselves and their experiences. Bolton further expands on how “writing and discussing literature are elements of Medical Humanities that challenge medicine to become interdisciplinary, with aesthetic and humanities-based enquiry alongside the scientific: “to reassess the value and values of its higher education, and the various pedagogic modes that deliver it” (Chambers et al., 2006)” (Bolton, 2008, p. 132). Thus, actualizing the role of textual artifacts and novel writings can benefit both the patient community and medical doctors.



Medical practice can benefit from poetry and narrative writing because the canonical lens allows space for exploration. Bolton provides evidence showcasing how “narrative and poetic writing can also be a straightforward, enjoyable enquiry into practice and its underpinning values (Bolton, 2008, p. 132). This helps to situate how medicine works with narrative and further how “medicine is wrapped in written words (Hutt, 2006)” (Bolton, 2008, p. 132). The rhetorical situation for this claim is the placement of medicine as a literary art and how it “requires of the practitioner the ability to listen in a particular way, to empathize and also to imagine – to try to feel what it must be like to be that other person lying in the sick-bed, or sitting across the desk from you; to understand the storyteller, as well as the story (Helman, 2006)” (Bolton, 2008, p. 132). From this analysis, the scholars Bolton, Helman, and Chambers have expressed the role of writing that helps to initiate canonical transformation within the author and also encourages engagement of medical and healthcare practitioners to “bring them face to face with themselves, patients and colleagues” (Bolton, 2008, p. 133). Including poetry writing into practice reinstates patient narratives and allows for a pragmatic review of engagement methods.

When examining the canonical use of poetry applied to areas of medicine, research explored what is sought for when poetry is being written. Professionals have expressed how pragmatic poetry has been in medicine because they could not make it do what they wanted it to do and further how “things come out because the story lets them out” and thus writing helped them to find what was never “lost” (Bolton, 2008, p. 133). The writing of doctors was explored to gain insight on the doctors’ experiences with reflective writing. Bolton further expresses how “clinician-writers use artistic methods to question from outside their everyday walls” whereas, “reflective writers experiment with different voices and genres, for different audiences, paying attention to the identities of both narrator and reader” (Bolton, 2008, p. 133).

Thus, Bolton situates writing as an exploratory art where practitioners can expand past their habitual boundaries and challenge their own perceptions and understanding. Prioritizing patient experiences is critical when seeking information. Writing allows practitioners access into the experiences of the patient. Bolton explores how “writers have unparalleled privileges of entry into the lives of others...and entering (virtually) another’s feelings, thinking, perceptions and memories can offer insight” to patient-experiences. (Bolton, 2008, p. 133). Writing poetry challenges the ability for the patient’s experience to be distorted because “the writing’s purpose is critically to explore and express clinicians’ understanding and perception” (Bolton, 2008, p. 133), thus leaving the clinician or doctor to be investigative of the work as opposed to inventive. Bolton ponders on the importance of reflection as a “process of enquiry into what we think, feel, believe, dream, remember” and describes it as:

—an occasion, how we saw it and how we thought others perceived it, and can open us up to critical scrutiny by others through our actively seeking wider social and cultural perspectives. Reflexivity, a response to critical reflective engagement with situations, events or relationships, is a dialogue with the self: an enquiry into our own thought processes, values, prejudices and habitual activity, and how they influence our actions. (p. 136).

Thus, reflection is needed in medicine and practice because it refracts the patient-histories and experiences so that they are able to attribute to what is causing the pain. Next, the patient is able to communicate their experiences via writing as a conventional tool and their experiences as narrative.

Narrative is a part of the canonical lens because meaning and translation is interpolated by the patient voice. The author expounds on how “human narrative-making can be self-affirming and uncritical; it can be an attempt to create order and security out of a chaotic world” (Bolton, 2008, p. 136). This is critical when the patient is arranging their thoughts and engaging in intrinsic determinism to dictate the importance of particular experiences and deciding which internal experience takes precedence to be expressed. The developmental process of writing is critical for knowledge creation. Thus, patients may not write or discuss particular issues, however, when engaging in the developmental process, they are able to add altruistic value to their own perceptions of co-created experiences. Engagement and story-telling are ways to capture the patient’s view as a part of the whole literary canon formulated by both patient and medical professionals. Bolton expresses that the “story-making processes are examined critically: creating and recreating fresh accounts from different perspectives, and in different modes, and eliciting and listening to the responses of peers” (Bolton, 2008, p. 136). This provides context to the story-making process and how writing poetry is facilitated. Further, writing poetry is a part of the canonical lens that the patient engages with. The patient’s “stories and poems are slices, metonymically revealing the whole of life . . . a narrative or a poem can be seen as a fractal” (Bolton, 2008, p. 136). Bolton expresses how “medical students write patients’ illness stories in the voice and vernacular of

the patient, imaginatively and vicariously entering patients' contexts. They "become the other" (Engel et al., 2002, p. 32) through creative writing, just as the student who wrote about the child's destructive anger in order to learn how to communicate with him" (Bolton, 2008, p. 144). This is important because the GP or medical practitioner is able to engage with the patient's experience indirectly and find ways to enter into their perspective experiences.

In conclusion, writing practices can be effectively emancipated to reveal details about patient experiences and intrinsic histories. McCloskey expressed that "for effective thinking and grasp across the spectrum of experience we need to use 'the full tetrad of fact, logic, metaphor and story' (McCloskey, 1992)" (Bolton, 2008, p. 135). Thus, metaphor and expression is needed to medically capture the patient's reflective reasoning and provides opportunities to express agonistic vicissitudes. Utilizing writing to capture patient experiences has implications on future research, which includes exploring narratology and testing the therapeutic function of poetry and medicine within a clinical setting.

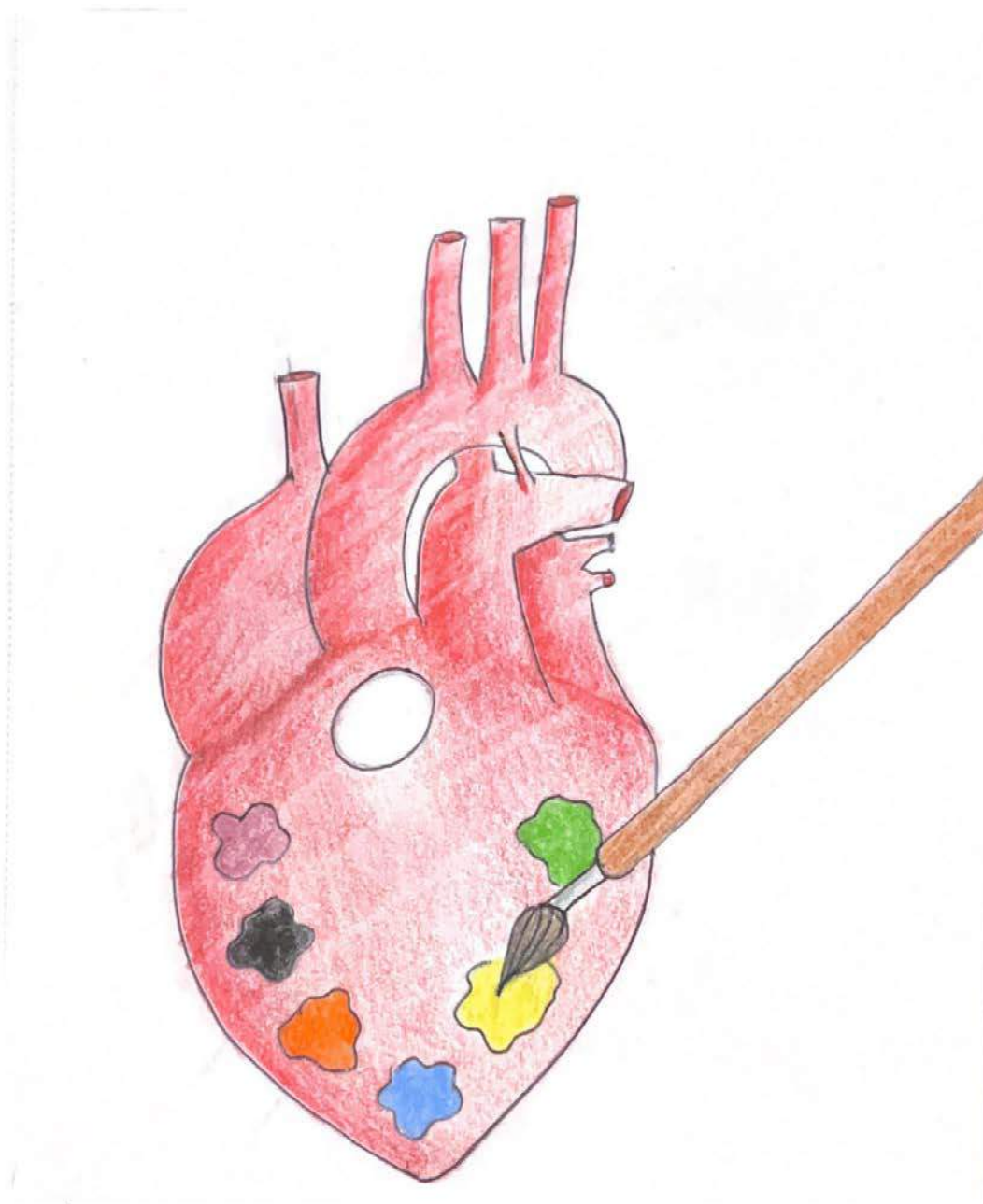


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Core of Medicine

Misrah Memon



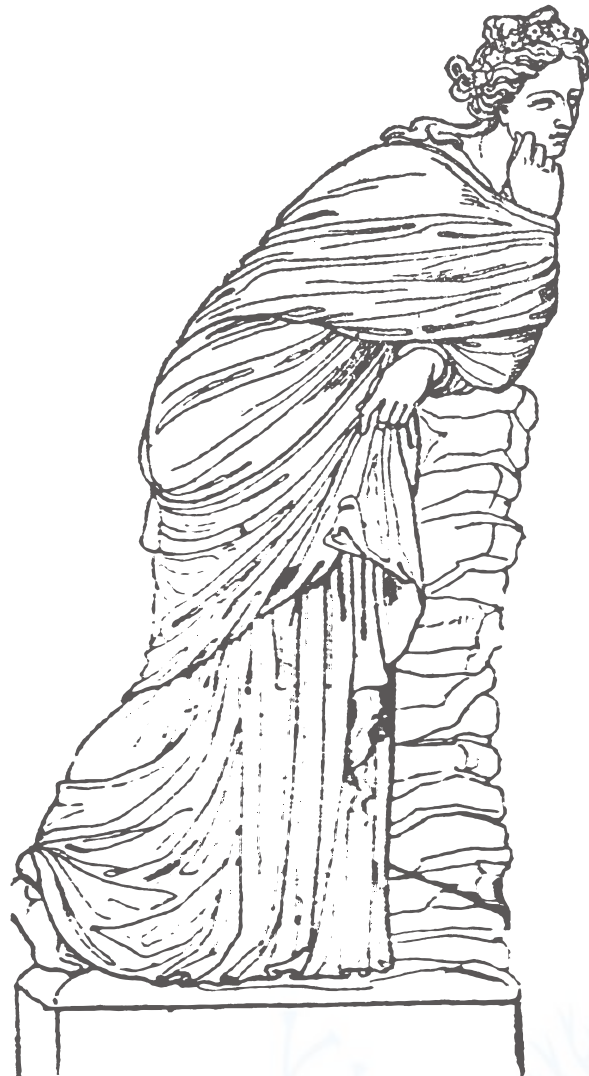
Art plays a significant role in the way that certain meanings can be portrayed. Medical Humanities is the bridge between medicine and the forms of art that tie into it. Whether it be art, music, photography, poetry, or other forms of literature that can convey meaning, the heart in this piece is symbolic as it is the center of a human being's existence. The paint palette within this piece represents that without all the necessary tools being involved, a work of art cannot be made. This representation coincides with Medical Humanities, as proper diagnosis and healing can only be made with the tools of genuine empathy, understanding, and care of a physician for their patient.



Death of the Muse

Lea Arista

A thick veil swirls,
rising and reaching further,
vanishing the higher it climbs;
Heat's faint memory remains inches from the
rim.
Below, silken steam streams,
effortlessly twirling into similar oblivion.
Its memory moistens forgotten sheets,
curled and off-white paper upon a desk.
Trash, one would think.
What honor would it bring
to toss text aside
in lonely death's aftermath?
A victim of time was not insulting enough?
Death was never the enemy,
New beginnings heed cycle's end.
Time: an elusive fiend!



Carrying careless wishes:

One for growth,

A second for freedom,

Another for stability...

Peace: a final desperate wish.

And Death answers.

The veil thins,

Vapors sputter,

struggling to rise.

The perfect time to drink—

A sign to refill humid air—

Their existence defrosts a freezing
bone-chamber,

reviving the frail.

When will the time be right for the life upon
the desk?

When the frequency is right—

That veil thins—

Their words rush forth,

flowing in a flourish of ink.

No adventure need be taken to find them.

Their unseen existence lives near Death—

abounds in oblivion with faded vapors—

leaving evidence of their presence on paper.

When is it the perfect time?

Later never comes,

Soon never occurs—

Time cannot break.

Careless wishes manifest dangerous results:

The sheets age,

warp in steam,

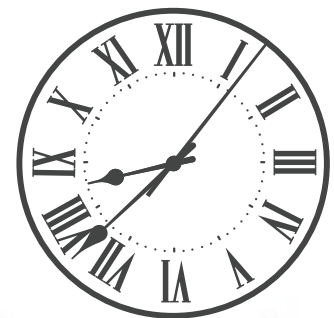
becoming a forgotten memory.

Their hurt or anger is unknown.

Regretful results remain

when you sit alone

and silence stays.



Demise Life

Marcy Davis

Demise Life is a glass-blown sculpture with hand carved designs. This sculpture is a foot in diameter and is an investigation of the loss of the beginning of life. *Demise Life* reflects the loss of life and the grief that encompasses it. This can be seen with the gray lines of glass vigorously wrapped around the sphere, symbolizing how death is always a part of life. As light passes through this sculpture, the shadows offer remembrance of what they could have been- an abundance of cell proliferation and the continuation of life. This glass blown sculpture reflects the process of death taking over the beginning of life.





Only Moments

Joshua Cupps

And there you lie,
Peacefully you sleep.

Moments in silence,
I relive memories shared.
Moments tender and sweet,
Painful and regretful.

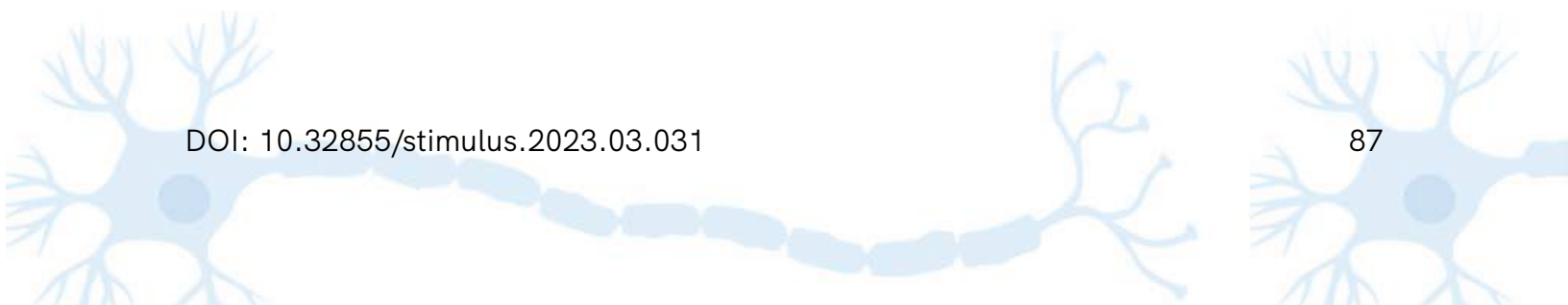


What do you dream of?
Can you feel my hand in yours?
Can you hear my voice?
Will you forgive me?
Will we meet again?

And there you lie.

If only yesterday could warn,
Tomorrow was a moment away.

Will you stay with me for a moment longer?

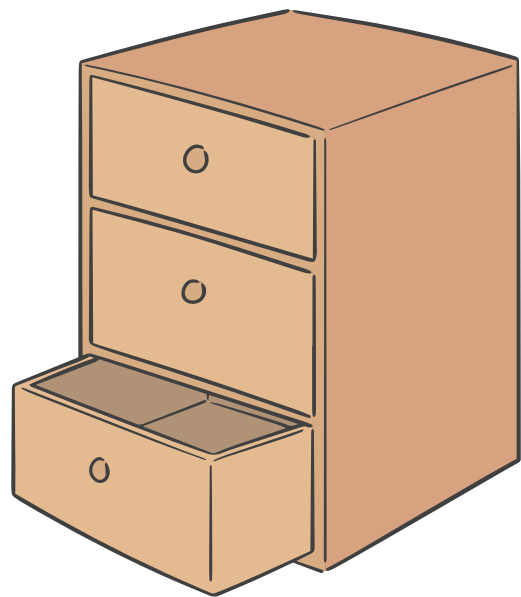


Junk Drawer

Lisa Phan



Junk Drawer is about the ethics of children who have interpreted for their family in the healthcare setting, especially for those who find themselves acting as a bridge between English and their native tongue. To expect a child to accurately interpret a checkup or test result is a burden on them and leaves so much space for miscommunication. It's like pulling from a junk drawer; not relevant enough to help given the limited knowledge and vocabulary. Words get tangled and signals get lost or sent out without even knowing if they mean what they're supposed to mean. And understandably so. However, bilingual children often open this junk drawer and desperately hope a hiccup in their understanding doesn't result in something detrimental for their sick family members.



In the Palace of Loneliness...

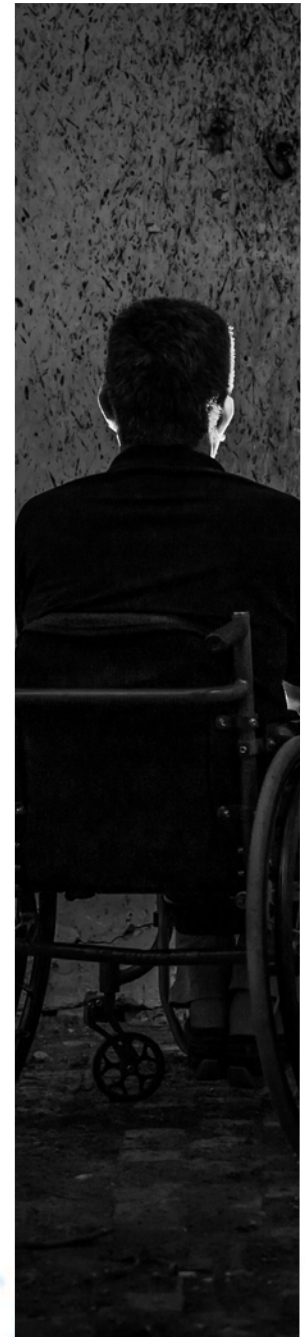
Puja Ankitha Ivaturi

Once I was pulled into a dark world of nothingness,
The more I tried to run away, the more I got absorbed into the mess.
Turned around to walk alone, down an endless destination,
In a stormy path, with the hope of reaching the sunshine.

Waiting for the one, several sleepless nights got fade,
Realized that, "To be human is to be alone," no mate, no comrade!
Sat on a rock, accompanying the music made by my heart.
Finally! Getting an opportunity to feel this new life and interact.

Became an invisible, motionless seed in a flower to the busy world,
Wandering there, looking for the birds run by, concerned.
Digesting the fact that, the world laughs with me but not weeps,
Giggling at my fate, had covered my broken heart's silent shrieks.

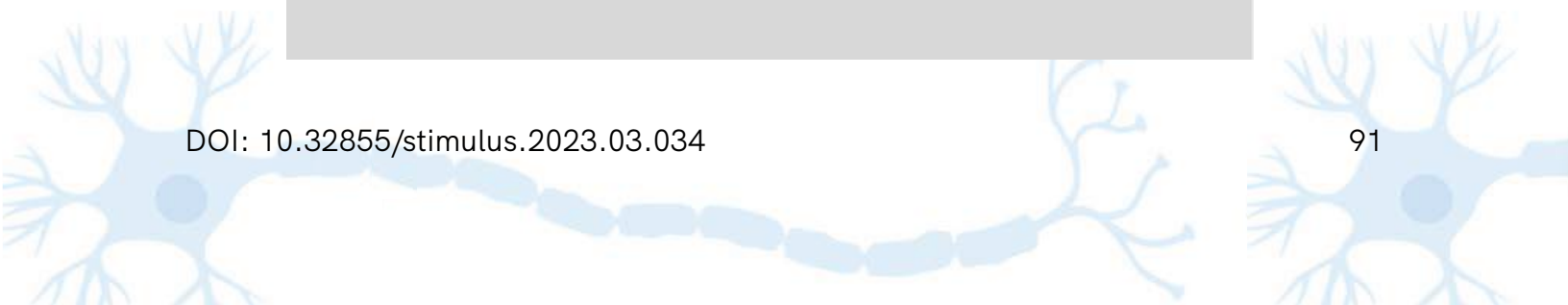
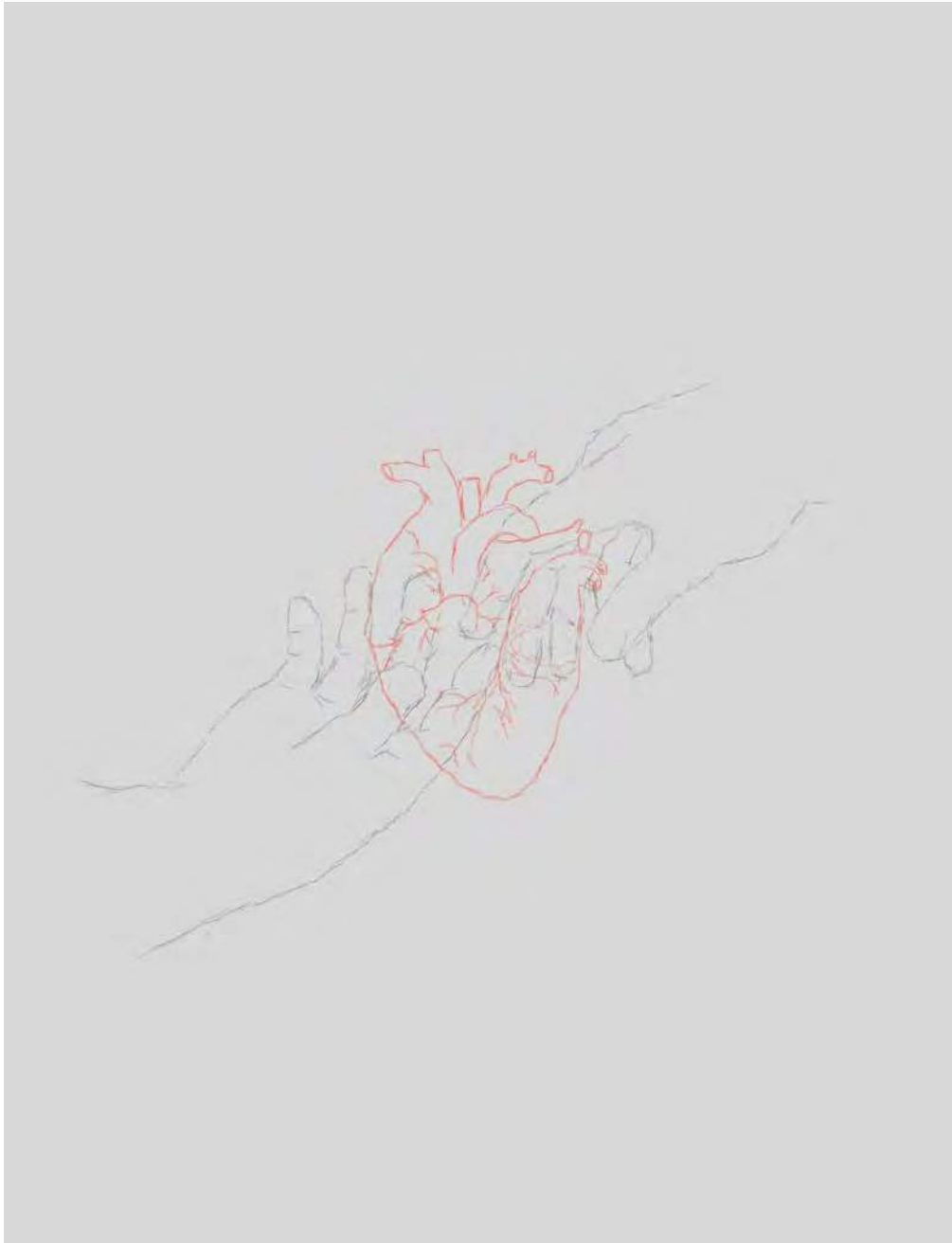
*There I stood with a determined heart and poor soul,
Pondering towards the best yet to come, a true goal.
Running, by shooing away the negative thoughts and things,
To find the light of loveliness in the palace of loneliness.*





Heartfelt: A Heart that Is Understood

Ramiro Reyna III

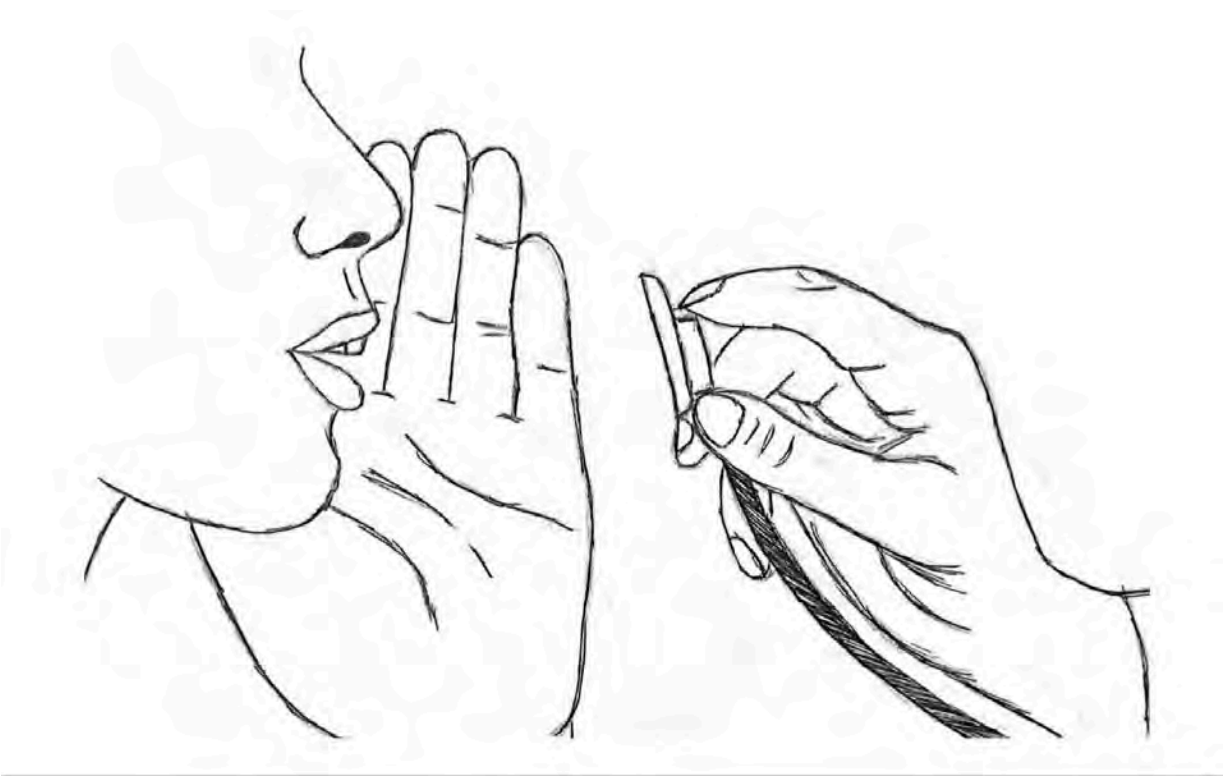


The need for a balance between scientific knowledge and humanities is illustrated in the two overlapping symbols that represent the hands of a health-care provider reaching out to connect with patients and the heart representing the application of science to heal the human body. By visualizing the importance of understanding both the human and the human body, we can better appreciate the significance of incorporating both scientific and humanities-based approaches in delivering quality healthcare.



Listen to Your Patient

Amani Salem



“Listen to your patient, he is telling you the diagnosis.” - William Osler

This piece shows the importance of listening to your patient and shows a symbolic way of communication between patient and healthcare provider.

English Proficiency and Its Effects on Healthcare Perception and Quality

Alfredo Palacios

Introduction

Communication is one of the most important factors that affects the quality of the treatment a patient receives. Whether that person is suffering from a small injury or is having to decide on a hospice plan, clear and honest communication is what allows patients to feel heard and is what lets physicians do their job to the fullest extent. Clearly, communication plays a vital role in the patient–physician experience, but what if I told you that many patients cannot communicate with their physician at all? What if I told you that this lack of communication has manifested itself in disproportionate rates of disease in certain groups? What if I told you that this lack of communication has caused entire groups of people to fear and/or mistrust the healthcare system that was designed to help them? These are the indirect consequences of communication breakdown within the medical setting and, without change, they are likely to only get worse.

One of the largest contributors to patient–physician communication breakdown is the presence of language barriers. With over 300 languages spoken within its borders, the United States is a country that is incredibly linguistically diverse. That being said, one unintended consequence of this linguistic diversity is having groups of people that can have problems communicating with each other. While this would likely only cause a small inconvenience in everyday life, this inability to communicate can have much larger implications when applied to the medical field. For example, according to the *Journal of General Internal Medicine*, non-English speaking patients are less likely to receive documentation to provide informed consent for invasive medical procedures. Furthermore, according to the AMA's *Journal of Ethics*, not sharing a common language with your patient can greatly reduce patient understanding, complicate medical diagnoses, and even increase morbidity rate in a patient.² In other words, language barriers not only prevent patients from receiving satisfactory treatment, but also make it a lot harder for the physician to do their job correctly, and, with over 97% of physicians reporting that they work with non-English speaking patients, it is an issue that cannot be ignored and must be addressed.³



Other than English, Spanish is, by far, the most spoken language within the United States. Having over 37 million native Spanish speakers within the United States, making up just below 19% of the entire US population, it makes sense that this group also makes up 60% of all non-English speaking people within the United States.⁴ With such a high proportion of non-English speakers being within a single ethnic group, it also is not surprising that this same group also faces much higher rates of such conditions as type II diabetes, cirrhosis, obesity, and high blood pressure.⁵ While these disproportionate rates of disease cannot be completely attributed to a lack of English proficiency, the correlation between the two is suspicious at best and alarming at worst. That being said, to what degree has the American healthcare system worked to adapt and address this issue? Do patients feel like they are receiving adequate care from their physicians? Do patients prefer electronic translators or human interpreters? Do patients see a difference in quality when an interpreter is used versus when one is not? These are some of the questions that multiple Spanish speaking subjects were asked over the course of three weeks in order to better understand how the patients themselves perceived the healthcare they were receiving and to, hopefully, promote further future action to improve the quality of said healthcare.

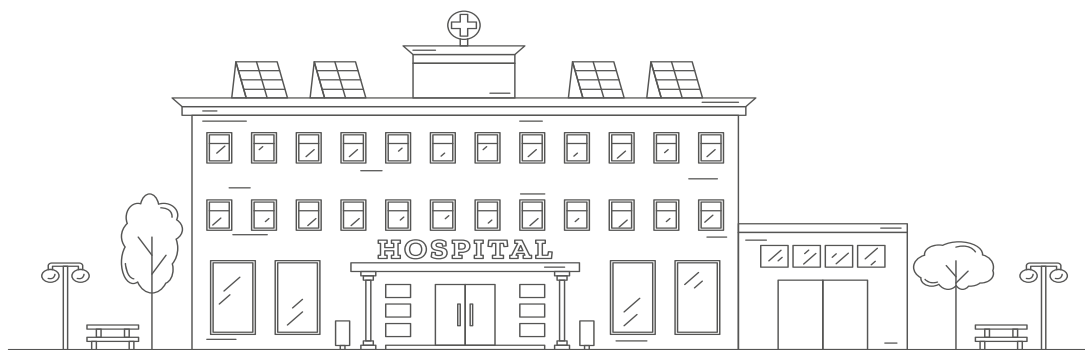
Methodology

In this study, the principal investigator (PI) was given the task of seeking out subjects at a local clinic to participate in the study and asking them to give their responses to an array of survey questions. The only qualifications for this study were that the subjects had little to no English speaking abilities, that the subject was an adult, and that the subject spoke Spanish as their first language. Additionally, all subjects within the clinic were assumed to be patients of the healthcare providers of said clinic.

All survey questions have been reviewed and approved by the Institutional Review Board at the University of Texas of Arlington for usage on human subjects.

Over the course of about 3 weeks, the PI would wait in the “triage room” of the medical facility and, as a patient had their vital signs taken, the investigator would randomly

decide whether or not to ask them if they spoke English. If the patient said no or had issues answering the question, the investigator would then ask if they spoke Spanish. If the patient said yes and was an adult, the investigator would introduce themselves and explain the survey and its goal in greater detail. Afterward, the PI would ask if they would like to participate in this study based on what they heard and, if the subject agreed, the subject would be asked to read over and sign a Minimal Risk Consent Form. If the subject agreed and signed the consent form, the PI would then hand them a copy of the survey form used for the study. This survey form consisted of twenty multiple-choice questions that asked various things, such as the subject's self-reported proficiency in English, the number of years they have spent within the United States, etc. After providing the subject with the survey form, they would then be sent to the waiting room where they would complete the study by circling the answers they felt most comfortable with. The PI would then remain in the triage room and, if needed, the PI would aid the subject in answering any questions on the survey form. Upon completing the survey, the subject would be instructed to come back to the PI to turn in their completed form. These completed forms would then be placed in a bag that would remain on the PI at all times to ensure confidentiality and security. Once the clinic closed for the day, the PI would input all data into an Excel sheet on a password-locked computer while the physical forms would be placed in the overseeing faculty's locked office. Once the data-gathering phase of this study was complete, all inputted data would be analyzed while the physical data would be kept in the faculty member's office until further notice.



Results

As mentioned earlier, participants in this study were given the task of filling out a short survey consisting of 20 questions discussing various topics about their personal experiences within the medical field. Overall, a total of 30 people participated in this study, but not all were able to complete all 20 questions on the survey, which was taken into account when calculating and interpreting the data.

English Proficiency and Its Effects on Healthcare Perception and Quality

Alfredo Palacios

The gathered data was as follows:

Q1: “How many years have you been within the United States?”

Majority answer: 1–5 years

Q2: “What ethnic group do you consider yourself to be a part of?”

Majority answer: Hispanic/Latino

Q3: “What was the highest level of education that you have received?”

Majority answer: Middle school

Q4: “If you had to rank your English speaking abilities on a scale from 1–10, 1 is poor and 10 is excellent, what number would you give yourself?”

Average Answer: 2.97

Q5: “If you had to rank your English reading abilities on a scale from 1–10, 1 is poor and 10 is excellent, what number would you give yourself?”

Average Answer: 2.55

Q6: “Do you receive some form of federal or private health insurance that helps cover medical expenses?”

Majority Answer: No

Q7: “Before today, when was the last time you had seen a healthcare provider?”

Majority Answer: Within the last 2–3 months

Q8: “Annually, on average, how many visits do you see a healthcare provider (e.g., clinic, hospital, health department)?”

Majority Answer: 1–3 times

Q9: “When visiting a healthcare provider, how often do you request an interpreter to help you communicate with the physician?”

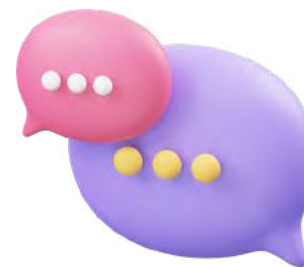
Majority Answer: Almost always

Q10: “Upon asking for an interpreter, how often is there an interpreter available to help you?”

Majority Answer: Almost always

Q11: “Which of the following would be your preferred form of interpretation during a medical visit?”

Majority Answer: Electronic translator



Q12: “Which form of interpretation have you used the most during medical visits?”

Majority Answer: Electronic translator

Q13: “If the doctor/healthcare professional was able to speak to you directly in your language, without the use of an interpreter, do you believe it would improve the quality of your appointment?”

Majority Answer: Yes

Q14: “When a licensed interpreter is present, how often do you leave your appointment feeling informed and knowing what steps need to be taken for your health?”

Majority Answer: Almost always

Q15: “When a licensed interpreter is not present, how often do you leave your appointment feeling informed and knowing what steps need to be taken for your health?”

Majority Answer: split between Almost always and Occasionally

Q16: “When using someone other than a licensed interpreter, how accurate of a translation do you believe they provide during medical visits?”

Average Answer: 67%

Q17: “Who do you believe should be responsible for learning the other person’s language to ease interaction between the patient and healthcare professional?”

Majority Answer: Both

Q18: “To what degree do you tend to trust your medical provider?”

Majority Answer: Completely

Q19: “When reading medical pamphlets, prescription labels, etc., how often is some sort of Spanish translation provided?”

Majority Answer: Almost always

Q20: “Based on your experiences, how well do you believe the US healthcare system as a whole provides services to those that only speak Spanish? (1 = very bad; 10 = very good)”

Average Answer: 7.38

Note: All questions were translated into Spanish before subjects were asked to answer them

Based on the data provided, a majority of our subjects have lived within the United States for anywhere between one and five years. 97% of our subjects were of Hispanic/Latino origin and also had, on average, an education level of that of a middle schooler. When asked to self-report their own proficiency in speaking English, all participants had an overall proficiency level of 2.97 (on a scale of one to ten with one being very bad and ten being excellent English speaking proficiency). When asked to self-report their proficiency in reading English, on the same scale, the subjects reported an average proficiency of 2.55. Of the 30 people that participated in this study, 90% were definitively uninsured, while the remaining 10% were unsure of their health insurance status. Additionally, a majority of the participants in this study also self-reported that they had only seen a healthcare professional within the past 2–3 months and that, on average, they visit a healthcare professional about 1–3 times a year. Most subjects claimed that they almost always request an interpreter, of some kind, when speaking with a healthcare provider and that one is almost always available when needed. The subjects of the study also claimed that they preferred an electronic translator over other types of interpreters (such as a licensed interpreter, family/friend, etc). Electronic translators were also the form of interpretation that the patients had used the most during medical appointments. Unsurprisingly, when the subjects were asked if a physician speaking their native language would improve the quality of their appointments, 89.7% said yes, while the other 10.3% said that they were unsure. When asked how often they leave appointments informed and knowing what to do next to take control of their health when an interpreter is not present, the subjects were split in that equal numbers of them said that they either almost always leave feeling informed or that they occasionally leave feeling informed. Compared to the same question being asked, but with an interpreter present, a majority of the patients said they almost always leave feeling informed. On average, our participants reported only understanding about 67% of what the physicians said when a licensed interpreter was not present. Interestingly, a majority of the participants also believed that both the patient and the healthcare provider had a responsibility to learn the other group's language to communicate. Finally, most subjects stated that they completely trust their physicians and that the pamphlets, prescription labels, etc. they received were almost always in Spanish. Overall, these patients also believe that, out of 10 with 1 being poor and 10 being excellent, the American Healthcare system does, on average, a 7.38 job of accommodating for patients that only speak Spanish.

Discussion

Proper communication is one of the most important aspects of good and effective healthcare. Only through effective communication can patients receive the high quality healthcare they deserve. Without it, physicians are also put at a disadvantage and, often-times, cannot fulfill their duties to the best of their abilities and, in a healthcare system as fragile as that of the United States, the consequences are usually deadly. In fact, it has been

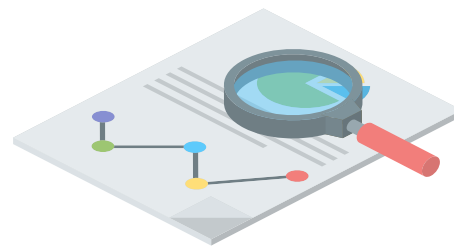
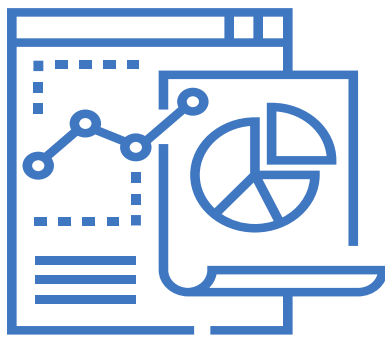
shown that individuals that identify as having low English proficiency are at a higher risk for having poor health. In other words, English proficiency seems to be inversely proportional to health quality⁶ and, considering the rather low average self-reported proficiency in both reading and speaking in English in our sample population, it can be assumed that this statistic applies to them as well. That being said, many of the results from our survey contradicted what other research has proposed about the effectiveness of certain forms of interpretation. For example, one study found that Google Translate was only accurate in translation about 58% of the time which, based on this statistic, would cause one to assume that it was not a favored form of interpretation among patients with low English proficiency.⁷ However, in our study, electronic translator was, by far, the most preferred form of interpretation, with over 40% of all participants choosing this option.

Something else that was interesting to see was that, overall, the participants seemed to have a relatively positive view of the American healthcare system and its ability to accommodate patients that only spoke Spanish. This is evident in the fact that, on average, the participants gave the US healthcare system a 7.38 on a 10 point scale, with 1 meaning that they do a poor job in accommodating patients that only speak Spanish and a 10 meaning that they do an excellent job in accommodating patients that only speak Spanish. On top of this, of all the subjects that completed the survey, nearly a third gave it a rating of 10 out of 10. Of course, this is not necessarily a bad finding; however, considering the data available regarding the perception of healthcare in Latinos, it is surprising that our sample gave such high ratings. For example, a study performed in 2019 found that Latinos reported experiencing discrimination in healthcare at a significantly higher rate than their Caucasian counterparts, something that would further promote a more negative view of the American healthcare system.⁸ In 2009, another study found that perceived quality of healthcare was positively correlated with health insurance availability in Latinos. In other words, Latino patients without health insurance were significantly more likely to give lower ratings of healthcare quality than those that had insurance.⁹ Considering that 90% of our sample group reported themselves as having no insurance, it further proves how the data collected by the investigation team goes against correlations proposed in other studies. This phenomenon also occurred in the data regarding the question of what degree our subjects trusted their physicians. When calculated, an overwhelming 76% of them said that they completely trusted their physicians, which, similar to the data regarding the subject's opinion on the US healthcare system, was much higher than anticipated. Based on previous literature on the topic, Latinos are more likely to report having medical mistrust and, as recently as 2021, a study found that Latino patients were 73% more likely to report having medical mistrust than their white counterparts, something that seems to go against the results gathered in our study.¹⁰ In all, these two pieces of data truly emphasize the vast variance in data regarding this topic and show the importance of performing more research like it in the future.

One result that did not surprise the investigating team was the fact that, on average, patients reported only understanding about 67% of what physicians said when something/ someone other than a licensed interpreter was used to aid in translation. As stated before, electronic translators such as Google Translate are not the most accurate when it comes to medical terminology, and, in some cases, organizations have even advised physicians to give disclosures to patients that what the translator may produce may have errors in it before proceeding.¹¹ Still, electronic translators are not the only ones prone to providing incorrect translations, particularly when it comes to medical language. In many settings throughout the work field, when interpretation is needed for two individuals to communicate, a makeshift or “ad hoc,” as some call it, interpreter is often asked to provide assistance. These makeshift interpreters are usually not actual certified interpreters and, while they can do a good job at translating between parties in most situations, the quality of translation tends to drop when applied to medical settings. In one study, ad hoc interpreters were found to make translation errors with potential clinical consequences about 10% more than their licensed counterparts.¹² On top of this, makeshift interpreters are known for causing many issues that can inhibit the quality of communication, such as having personal agendas, giving unsolicited advice, lacking confidentiality, being associated with a higher risk of patient readmission and longer hospital stays, being limited when discussing more intimate topics, and more.¹³ Clearly, these two sources of potential error in translation have played a role in this less than desirable statistic of understanding between patient and provider and, considering that over 70% of our subjects report they almost always request an interpreter, it is vital that licensed interpreters are used whenever possible. Not only are they associated with fewer of these issues overall but they also have been found to improve the quality of healthcare to nearly that of an English speaking patient when used.¹⁴ In other words, for facilities that can afford them, it is vital that licensed interpreters are used over makeshift or electronic ones for the good of the patient and the physician.

Of all the questions asked in our study, by far, one of the most revealing was the one that asked, “If the doctor/healthcare professional was able to speak to you directly in your language, without the use of an interpreter, do you believe it would improve the quality of your appointment?” From the 29 subjects that answered the question, a shocking 89.7% of them said that, yes, having a physician speak the same language as them would increase the quality of their appointment. This is something that has been repeatedly tested over and over again and is supported by multiple other studies. For example, in 2010, one study found that language concordance (the phenomenon of the listener and speaker speaking the same language) was significantly associated with lower odds of the patient experiencing confusion or frustration and reporting poor quality of healthcare due to language discrimination. In other words, by speaking the same language as the provider, the quality of healthcare given was significantly increased.¹⁵ In another study done in 2023, Hispanic patients were seen by either an English speaking physician, with the aid of an interpreter, or by a Spanish speaking physician. Upon comparing levels of comfort and satisfaction between both groups,

the group that was seen by the Spanish speaking physician scored significantly higher in both areas. Simply put, this means that even when an interpreter is used, patients were still more satisfied with their care and were more comfortable speaking directly to a physician in their language.¹⁶ That being said, who do patients believe holds the main responsibility of learning the other group's language? Based on our data, about 59% believe that both parties share some responsibility, about 34% believe that the patient holds all the responsibility, while only 7% believe that the healthcare professional holds responsibility. Considering that all our participants were patients themselves, one can assume that most patients, to some extent, believe they should be learning English in order to better communicate with their healthcare provider. Still, regardless of whose responsibility it is to learn the other group's language, this study has proven the importance of language concordance in the medical field. In using licensed interpreters, over ad hoc interpreters and electronic translators, and in speaking directly to a patient in their language, rather than using an interpreter at all, one can drastically improve the quality of the healthcare they provide. However, when it comes to other topics, such as opinions on the American healthcare system and the level of mistrust in the Hispanic population, data seems to still be inconclusive and contradictory—all the more reason why more research on this matter needs to be done in the future.



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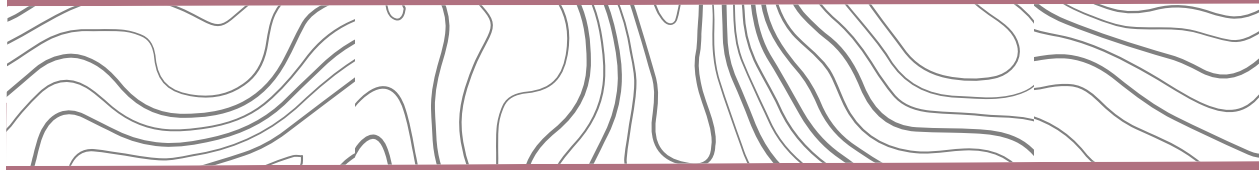
Eye of the Beholder

Zainab Emaan Muhammad



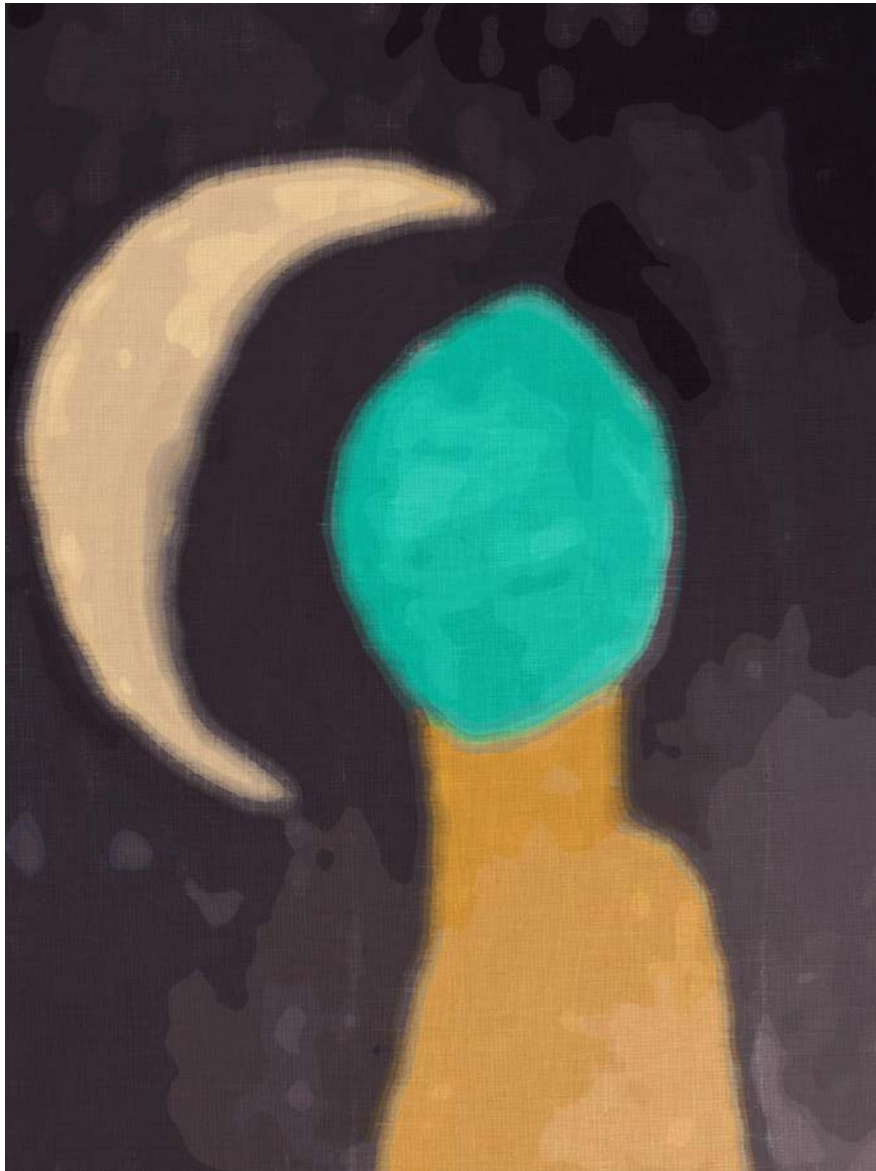
As a Pakistani-American, I was born and raised in the United States, but my cultural roots are deeply embedded in Pakistani traditions. I wear my honey-colored skin proudly and adore the vibrancy of my cultural identity. However, reconciling the differences between modern American culture and traditional Pakistani heritage has been challenging. Despite this, I find the beauty of my cultural identity equally captivating.

My experiences have taught me that the differences and similarities between cultures should be celebrated and embraced, not feared or ignored. As a future healthcare professional, I hope to create a bridge between the cultural differences and similarities found across cultures. I believe that cultural competence is a key aspect of providing effective healthcare, and I am committed to becoming a more culturally competent individual in every aspect of my life.



Part of Me

Ami Patel



A glimpse of light through the darkness one might need during times of discouragement. A crescent moon depicts light that people hope to find through the darkness of emotions they feel in difficulty.

UTA 3

UTA Loyal

UTA 3

Slow Surf Hoàng Đ. Tuyên

Tiếng lá thu rơi rì rào, gọi lòng sao luyến nhớ?
 Gió chồm thu bay nhịp nhàng, nhẹ nâng làn tóc mượt.
Whis - pers of au - tumn leaves gent - ly calls my name.
Fac - es of stu - dents col - leagues when we be - gan.

Những dấu chân in hình hài tuổi thời sinh viên U T
 Dáng nữ sinh viên tựu trường, đôi chân thẹn bước rất dễ
Treas - sures of hid - den mem - ries come a - live..at U - T -
With each se - mes - ter passi - ing we be - come more than

A Như hương ngọt lộng lộng bay Lan vào hồn
 thương. Phía sau là chàng sinh viên... vội vàng nhịp
A Wan - dring each step I take, re - calls the
friends. Group shar - ing of i - deals, suc - cess - ful

say trong giấc mộng. Hứng tay đón
 chân như đã muợn. Để em bước
dreams of my youth where op - por -
grades, fu - ture goals. how each takes

1. U T A vào lòng.
tun - i - ty a - bounds.

2. đội vào lớp chung. Bao nhiêu nhưng nhớ in sâu trong



2

tim khuôn viên đại học trường xưa yêu dấu._____ Như bức tranh lừng lơ trời
life pro - fes - sors help shape how we think._____ Here great life - long friend ship

xanh._____ Như sắc lá pha tình bạn thân trong lớp
forms._____ Here, re - la - tions - ship trans - form to first

xưa._____ Mùa thu sân trường U T A...
 love. Ai có ghé trường U T A...
 Cựu sinh viên Việt U T A...
*Au - tumn leaves at U T A...
 When you vi - sit U T A...
 Come on back to U T A...*

Thật mộng mơ._____ Thật lưu luyến._____ Màu sắc lá linh
 Cho tôi kẻ_____ nhìn chiếc lá,_____ nhìn hàng thông xanh,
 Về thăm sân_____ trường thương mến..._____ gọi lại bao xúc
*full of co - lors of life... brings back mem - ries
 if you find my first love, let her know that
 here you'll find spi - rits lost. Youth - ful en - er -*

động: xanh đỏ tím vàng tung bay khắp lối_____
 cảnh hoa trước sách viện như đứng ngóng trông_____
 động lối cuốn ghép _____
*ro - mance fills the cam - pus life oh yeah!
 I can still re - mem - ber her sweet smile!*

gy am - bi - tion

đi._____ mộng tuổi thời sinh

ai?_____ **Đàn Solos...** _____ viên.

Una Mexicana

Alexandra Nieto



The inspiration behind this piece is Mexican culture and the daily perspective of living in Mexico.

STIMULUS

COMMUNITY
CREATORS



How do you treat a UNIQUE MASTERPIECE?

Mahdi Dezhnam

I am honored and privileged to have been asked to write about my experiences and views for the *Stimulus* journal. My first encounter with Medical Humanity and Bioethics was about three years ago. I was enjoying a cup of coffee with my neighbor and good friend Dr. Dan Cavanagh (Interim Dean of College Liberal Arts, University of Texas Arlington). We were enjoying a deep conversation about Rumi, a world-renowned Sufi poet of Iran, and Dr. Cavanagh proposed that I share my views in a group discussion with the Medical Humanity group at UTA. Truly believing in the value of this program and what it could bring to healthcare providers, I gladly accepted. During the COVID-19 pandemic, a zoom conference with over 150 students and other professionals reaffirmed the importance and the need for this program once more. I have been asked to speak and return to UTA as a guest speaker on numerous occasions and I must say I am glad to see the program growing and finding its way back to healthcare. In the past, healthcare schools used to consider and accept students based on only their GPA and entrance exam, and I am glad to see that they are considering other important qualifications as the criteria before acceptance now.

I was asked about my career journey, and I will attend to that! My educational journey in the United States started when my parents migrated to the United States in 1983. I was in 6th grade and was placed in 9th grade due to my math and science skills. However, the language barrier and English being my second language was a big challenge. I have always been passionate about helping others and loved to work and create, so I decided to pursue a career in healthcare and chose the field of dentistry. I attended the University of Texas Health Science Center in San Antonio and graduated from dental school in 1998. I opened my practice immediately after graduation. It was a successful business and rapidly grew into multiple dental offices. With a healthy income and everything a successful person would desire, I was not happy. I officially retired from dentistry in April 2010. One might wonder why I quit dentistry. After all, I had just turned 40 years old and was operating a successful chain of dental practices. Professor Sadegh Angha said that “The Wise are those who attract benefits and repel losses.”

I felt that...

... I was not practicing the Art of Dentistry as I originally imagined it.

... my humanistic values were not being addressed through my practice.

... my skills and treatment plans for patients were dictated by insurance and the cost of treatment, rather than the needs of the patients.

... my personal relationship with patients was at a minimum.

... completing an abundant number of forms and documents that had nothing to do with patient care was extremely exhausting.

... my initial intention, a mission to help others, was not being addressed by the ways I had to navigate the healthcare system as a provider.

Witnessing human suffering, trying to provide quality patient-centered care, long hours, uncertainty, and diminishing true values is enough to make any healthcare provider morally injured.

When Dr. Cavanagh ask me to present how poetry impacted my life, I must admit what really impact my life is Irfan (Sufism). The word “Irfan” literally means discernment and cognition. I have been attending the school of Islamic Sufism since I was a teenager.¹ Sufism is a discipline, a system of education that facilitates the journey of self-knowledge, a journey that enables the individual to discover his or her stable reality. The essence of poetry is Irfan (Sufism), often very condensed but with a wealth of knowledge equipped with an innate art of expression and wisdom. The words of the Wise and Gnostics that come in poetry, are about you, me, and all of us discovering the secrets of our true capabilities and healing potentials. These principles have withstood the test of time and truly provide a firm foundation upon which to build one’s life. It is about transforming our fears, hopes, and desires into wellness and wholeness. It is dealing with love and oneness and living in harmony with everything around us (Existence).

Sufism says that before we humans can truly communicate, find peace, understand nature, promote human rights, or have accurate psychology, we must come to discover a hidden dimension within ourselves. This faculty, this receptor enables us to cognize accurately our true situation. On any level of human interaction, harmony is necessary if communication is to be established. It takes harmony between the listener and speaker so that communication may take place. The fewer mental distractions the listener has, the more focused he is, and the more he is capable of understanding what the speaker is saying.² Sufism com-

pletes humanity's education. It answers ultimate questions about who you are, where you come from, and where you are going. It unchains you from your cave and allows you to recognize the reality underlying all of existence and to learn how to use wisely the riches already bestowed on you by existence. A Sufi analogy says the banquet is already before humanity, but we simply do not experience it because we are looking the wrong way. Whatever existence has, you also have. All that exists is imbued with existence, nothing is apart from existence.³

This is usually not something professional schools teach. Healthcare and practicing medicine require that extra attention (concentration) to capture all that the patient is telling you; that is, to say both verbal and nonverbal and realize that you too are communicating with the patient both verbally and nonverbally. When diagnosing and formulating a treatment plan, every bit of information matters. The success of the treatment plan is very much directly related to the doctor-patient relationship.

As a lead senior dentist, I had the opportunity to train numerous associates and auxiliary staff. One of the most important attributes I relayed to the clinical and non-clinical staff was to treat each patient with respect, dignity, and empathy as if they were working with a family member. I truly believed that each member of the medical team plays a significant role in the success and outcome of the patient's treatment. A positive and uplifting encounter with positive energy increases the patient's hope. Since each patient is unique, their treatment is unique as well even if they suffer from the same illness. Today, I would like to relay to my colleagues to treat their patients as a UNIQUE MASTERPIECE.



“The smallest profit which an understanding between Irfan and science can give humanity is the discovery of the truth of life.”

The Mystery of Humanity
Professor Sadegh Angha



**Saadi Of Shiraz
Major Persian Poet and
Pose Writer of the
Medieval Times.**

**All human beings
are members of one frame,
Since all, at first, from
the same essence came.**

**When time afflicts
a limb with pain
the other limbs at rest cannot remain.
If thou feel not for the other's misery
the human being is no name for thee."**

Interpretation by Secretary General of the United Nations
Ban Ki Moon, Tehran (Iran) 30 August 2012



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DO THE BIRDS STILL SING?

Dana Johnson

I remember I used to hear the birds sing.
I would wake up and hear them right outside on my patio.
Then one day it stopped.
I can't be sure if they stopped singing or if I could no longer hear them.
It was a thing.
THE thing.
The thing that gets in the way of all of the other things.
The thing I won't let myself acknowledge or talk about with anyone.
After that day, the birds stopped singing.
The birds stopped singing, the air felt old, the light seemed to dim,
my friends felt like acquaintances, love felt distant, and the list goes on and on and on.
The pain is the thing I won't let myself feel.
I put the memory in a secret little box buried deep in my memory.
I try so hard to forget.
To not jump when someone stands too close to me in public.
To not be afraid in my home at night.
To not be untrusting of people who say they care for me.
But I can't seem to win.
Even though I hide it, my dreams make me remember.
I can see it, feel it, hear it, smell it, fear it ... as if it is happening in that moment.
And then I scream. And I wake. And I cry.
I thought it was supposed to get better.
It doesn't.



But today, everything seems particularly dark and dull.
And I am not sure I want to go outside and exhaust myself by trying to forget.
Forgetting is hard and tiresome.
The memories seem to haunt me like my own shadow.
There is no way to get rid of a shadow. It's always there.
Even if it is just watching and waiting for the sun to poke through.
I wonder what it would be like to be a black hole.
Alone and dark and suffocating.
That is starting to seem even more exhausting.
It is now when I realize the sun is rising.
I only realize because there is the faintest sound of something familiar.
When I really empty my mind and search for the sound, I start to hear it.
The song. The birds. On my patio.
I don't know why I hear it today when I haven't heard that song in so long.
I remember liking the sound. Finding it soothing and calming.
It almost feels that way now.
A black hole sounds lonely.
I don't want to be a black hole.
I don't want to be empty and dark and a void.
I want to live.
I want to exist.
I don't know how.
But I know...
I need to know if the birds still sing.



Sensitive
Content

Lifeline

Eman Saad



This artwork was made to signify mental illness, particularly depression. Against a dark background a figure is displayed, with beautiful bright colors contrasting against the darkness. My artwork was made to convey the message that although a person may be depressed or going through a difficult time, there is always beauty and hope surrounding them. I drew a pair of hands reaching out to the figure, indicating that a lending hand can bring color and life back to someone. I hope that my art can speak to people, especially those suffering from mental illness. It is a reminder that amongst the sadness and darkness they may feel, their heart is still beating strong. With the support of others, they can remain hopeful for the future.



Death and Life

Zoie Bright



It didn't end the way it did in fairy tales.

But how it started like one.

It began as many stories do: with a man and a woman.

When I first saw her . . . oh, stars, it felt like my heart had started in my chest. She was so beautiful. I had stumbled upon her in the meadow of the Greenwood, watching as she laughed and bounded and twirled under the midday sun, newborn fawns following clumsily after her, the very picture of goodness and grace. She reached down to stroke their fur with her

slender green hand, basking in the adoring gazes of their innocent black eyes, gazes that mirrored my very own. It had been impossible not to fall under her spell; she'd played her role remarkably well.

New flowers bloomed in the dark green tresses of her hair, reaching for the sun, languishing in its warmth. At the time, I had been too enamored to notice them, to question where they had come from, too expertly spellbound to see the transparent spirit of the doe trying desperately to escape the hold of the woods, mouth open, silently screaming for her children, her hindquarters a bloody, ravaged mess.

By design, I didn't see. I simply watched her from beneath the darkness of my hood, falling more in love with Life with every breath she took.

Took.

She turned, her eyes impossibly finding mine through the shadows of the great oak I stood within, as if sensing I was there. As if she'd *known* I was there. It mattered not to me the way her lips pulled into a smirk that was pure self-satisfaction. All I knew was that she had given me a smile.

In that moment, I believed in everything that only the stories spoke of: fate, destiny, true love. I was a fool not to realize that in the real world, those translated to manipulation, power, and greed.

You see, I hadn't always been the villain. I had been a friend, a shepherd, appearing only to come guide you home. She twisted that image, made it her own. With me following devotedly, lovingly in her footsteps after that meadow, she had someone to blame for the lives she stole. Over time, you all came to associate me with what she left behind.

Death.

In truth, death does not exist. Death is simply the absence of life.

It was quite genius of her, wasn't it?

Your lives do not end because I come for you. Your lives end because *she* abandons you. Because *she* gets bored, because *she* decides she'd rather have other toys to play with instead. She takes your life, uses it to sustain another, and calls *me* the Grim Reaper, calls *me* Death.

And you all believe her.

I understand though; I do. I believed her once, too.

But here is the truth, and you'd do well to remember it when comes your time:

Life leaves before Death ever arrives



BATTLE OF WILL

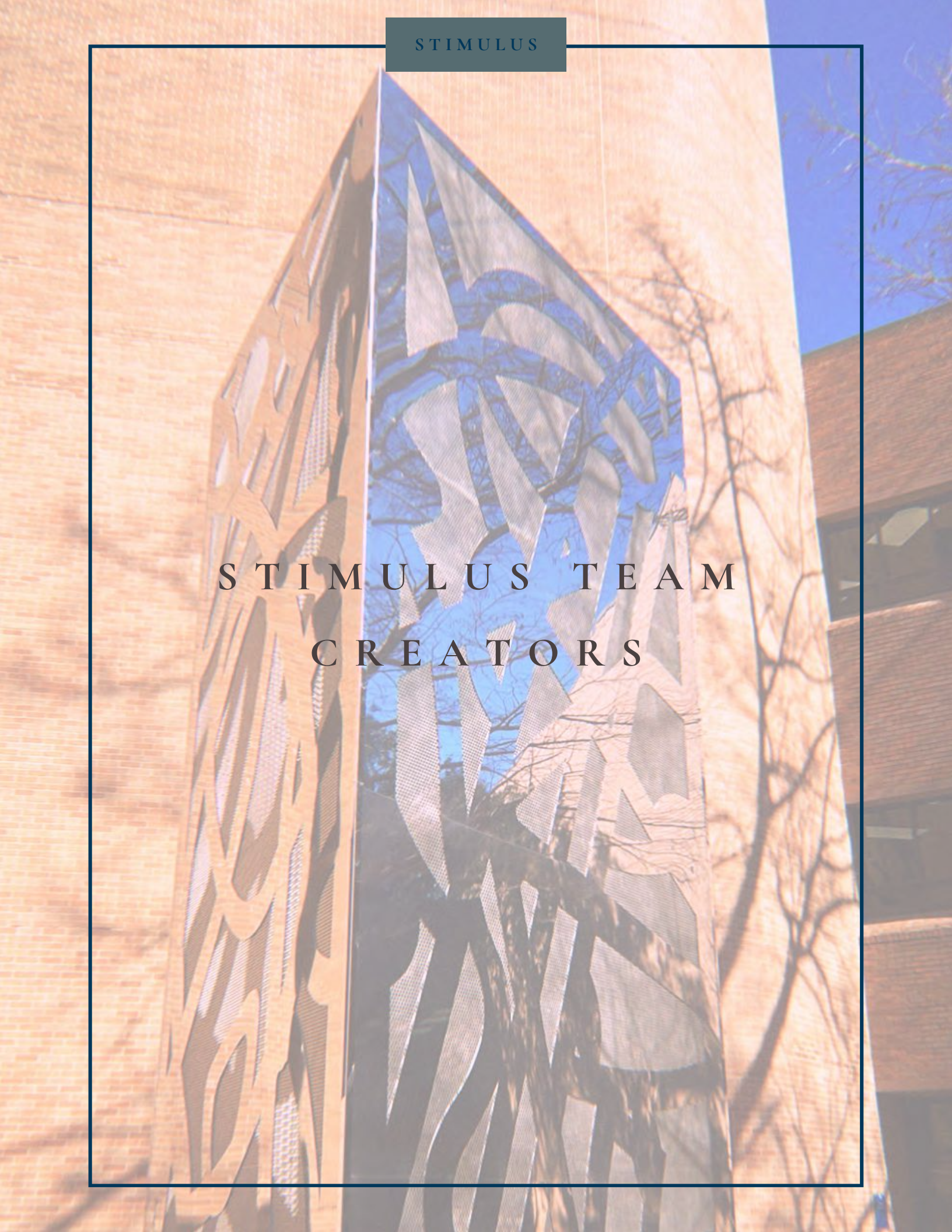
Dana Johnson

The rules are clear.
Wake up, make bed, stretch, brush teeth.
Wash, rinse, repeat.
The rules are clear.
Start laundry, first break.
Work, work, work.
Finish laundry.
Wash, rinse, repeat.
The rules are clear.
Count the bites, count the steps, count the chews.
Wash, rinse, repeat.
The rules are clear.
Everything has a place, put everything in its place.
Clean the kitchen, wipe the counters, nothing out of place.
Wash, rinse, repeat.
The rules are clear.
Anxiety, anxiety, anxiety.
Steps, steps, steps.
I don't understand why.
Wash, rinse, repeat.
The rules are clear.
I'm trapped in my own existence.
Everyday is the same.
Wash, rinse, repeat.
The rules are clear.
Break the cycle, find a way to break the cycle.
The cycle is stuck.
I must, I must, I must.
Wash, rinse, repeat.
The rules are clear.
I want to break the rules, I don't know how.
I need help.
Wash, rinse, repeat.
The rules are clear.



STIMULUS

STIMULUS TEAM
CREATORS





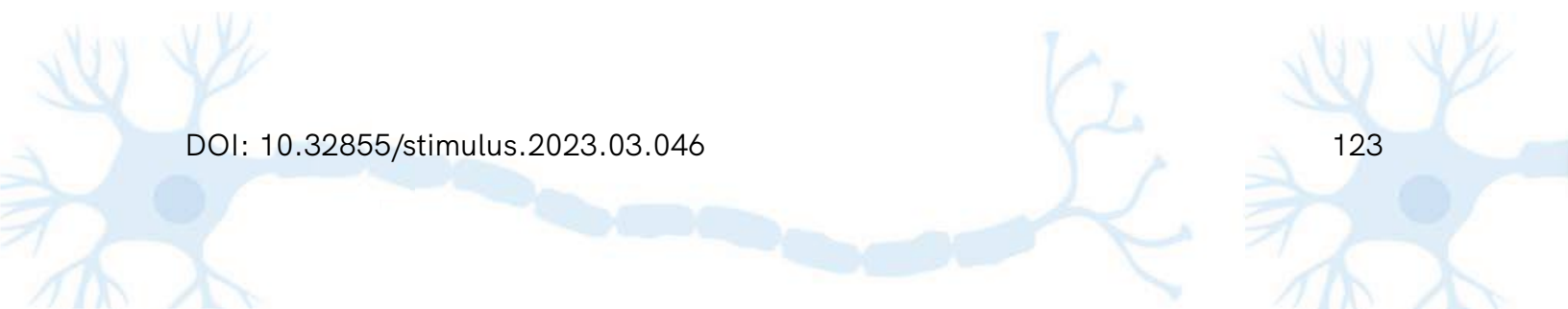
Shoreline Rhythms

Steven Gellman, M.D.



It is at the shoreline that my internal biorhythms and the timeless repetitions in the sea merge. Here is where I found spiritual renewal and personal solace.

Padre Island National Seashore - 2022



A Warm Embrace

Chris Casarez

Mom always made sure I had new clothes for school, as she would tell me, “When I was growing up, the kids at school would make fun of me for wearing clothes that I got from the thrift store or that were handed down to me.” Each morning, she and I would walk to school together since my school is close to home. Before I walked inside, she always gave me a warm hug and told me, “I love you, stay safe and be smart.” Mom works very hard for us, and usually by the time I get off from school, she is very tired but still makes time to help me with my homework and play or read me my favorite stories each night before bed.

As the air cooled and leaves changed colors, Mom began Halloween preparations. Mom was sewing a costume for me to wear. Sonic the Hedgehog, my favorite character! Each year mom makes me a new costume to celebrate, and this year I am looking forward to Halloween since it’s the first time I will be going with my friends. I can show off my costume and run up and down the sidewalks as I race to get my favorite candy, a Snicker’s bar!

Two weeks before Halloween, I was called by my teacher during recess to gather my backpack and sweater. At first, I was enthusiastic to leave school early, but when I spoke to my teacher, Ms. Heather, her face wasn’t as bright and smiley as it typically was. She told me, “Your father is coming to pick you up soon, make sure to grab everything before leaving home.” I was lost. I didn’t know what was happening. I just wanted to know if everything was alright.

When Dad came to pick me up, he had tears in his eyes. I had never seen Dad cry before.

On the car ride, Dad told me, “We are going to the hospital, Mom had an accident.” My heart raced. I did not like hospitals. I kept asking, “Why?” but Dad wouldn’t respond. The sadness in his eyes said everything. I began to weep as I stared out the car window. All the neighborhood homes were decorated with pumpkins and lights, as the sun slowly went down. I imagined a world in which Mom was okay, one where she was hugging me. I then drifted off to sleep.

We arrived at the hospital, and Dad held my hand as we walked along the corridor. He didn’t seem like himself. Dad always knew how to make tough situations less scary like the time the electricity went out after a bad weather storm, and he told us stories with the flashlight puppets he made. His spark was gone. Not once did he make a joke or smile since he picked me up from school.



I. C. U. I had never heard of such a thing. I think it means that the doctor is visiting Mom. I hope the doctor can make Mom feel better so we can all go home and be normal again. We were in the waiting room for several hours. My cousins were coming, which meant I would finally have someone to talk to. All around me are adults, white coats, and blue gowns. It's all very scary. I just want to go home.

When everyone arrived, it was nighttime. Before we visited Mom's room, Dad told me "Mom can't talk right now, she is asleep, but she loves you very much." I wondered why he needed to tell me that she loved me. I already knew that. She tells me that every day. As Dad and I slowly walk to her room, I hear loud beeping sounds and see a lot of nurses sitting in the center on their computers. We opened the door. Something was incredibly wrong. The person in the bed couldn't be Mom. Her eyes were swollen shut, her face was bruised and cut, and she couldn't move. I ran over to her bed and begged, "Mom, please wake up, I'm here." She had tubes spilling out of her mouth and stomach. Panic seized me. *Why would this happen to Mom? What did she do? Why was God punishing her?*

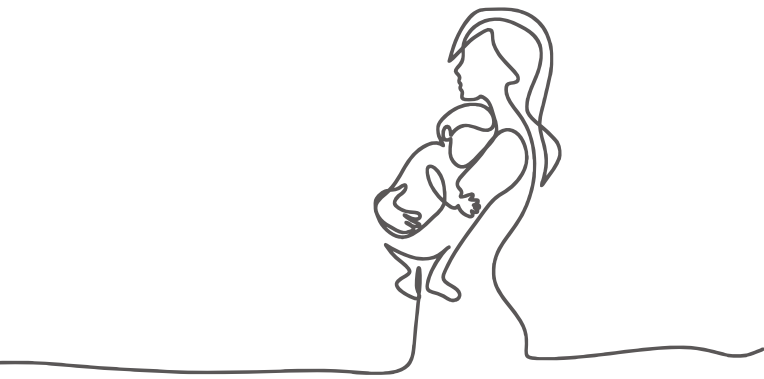
Dad immediately recognized that it was too much for me, and he lifted me up to tell me everything would be okay. Other members of our family began to pour into the room, and lots of emotions began to flood in. Tears fell on almost every person's face in the room. My grandma led a family prayer for Mom, praying for strength and healing. I grew restless. I didn't want to be there anymore. Everything was wrong. I didn't understand why she wouldn't talk to me. *Did she not love me anymore?*

That night I nearly cried myself to sleep. Grandma tried to calm me down. She mentioned that Mom would be in the hospital for some time, and for now, she would help Dad take care of me.

The next day, we went back to the hospital. In Mom's room, a large group of people were standing outside her room talking about her. I didn't know what they were saying, but I remember hearing the word "coma." A lady from the group stepped aside and walked into our room. She mentioned she was a chaplain. She wanted to talk to me to comfort me and give me something that reminded me of Mom. She sat down on the chair and opened her bag to give me a box of crayons so I could draw pictures of me and Mom. She also gave me molding clay and paint to let my creative side run free.

Before leaving, she told me that she knew that Mom was in the process of making me a Sonic the Hedgehog costume and wanted to give me something special to remember Mom's warm embrace. She pulled out a fluffy Sonic the Hedgehog blanket and told me to wrap myself in it anytime I felt sad or overwhelmed, and it would be like Mom hugging me all over again. Mom can't hug me right now, but I know that if I have this blanket, I will always have her with me.



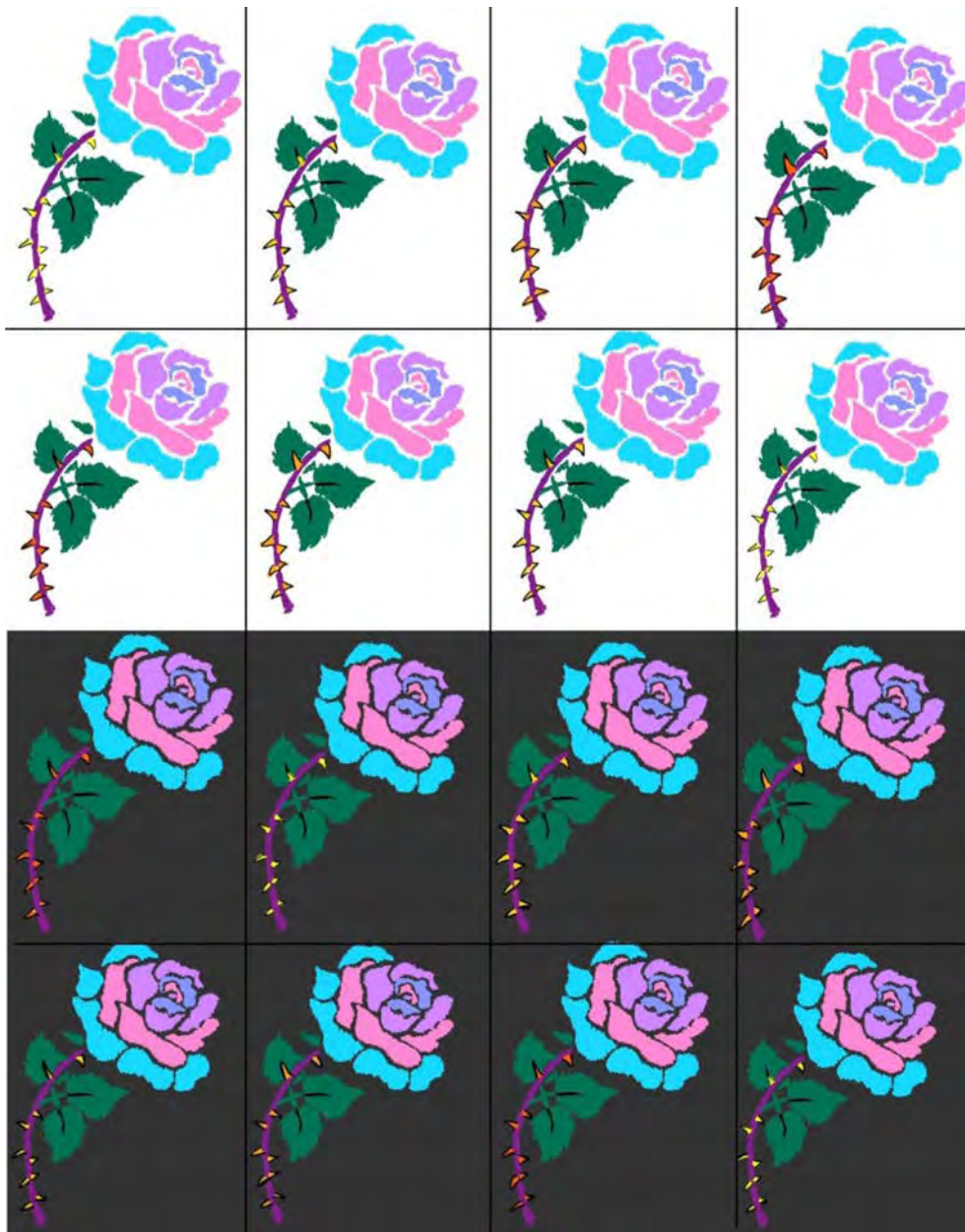


“A Warm Embrace” is a narrative medicine piece that is written from the perspective of a child experiencing the medical field after a tragedy. The story emphasizes the depth of human connection and love in the face of medical adversity and personal grief. It is inspired by the teachings of Dr. Gellman’s Introduction to Medical Humanities course (HUMA 3300), the clinical ICU staff at Arlington Memorial Hospital, and the experiences that the author had through the Internship for Medical Humanities and Bioethics (HUMA 4395) course in the Fall of 2022, intended as the final course for MH&B minors.



Growth Through Suffering: Beautiful Blossoming

Sarah Le



Within this piece, I decided to hand draw 16 different roses to display the diversity of the 16 different personalities that a person may be categorized into. I chose roses to symbolize my message as the contrast between the beauty of the petals and the pain of the thorns was a great representation of how something beautiful could blossom despite adversities and challenges. The rose petals also have different layers of colors to provide a complexity analogous to the complexity of a patient's story beyond the physical pain they might initially describe. I chose only four colors to color each layer as these four colors correspond to the four dimensions of wellness: mental, emotional, spiritual, and physical. These dimensions are all involved in one's degree of pain and suffering.

In addition, the four different colors of the thorns signify the four different types of pain a patient might experience, including acute pain, chronic pain, neuropathic pain, and nociceptive pain. In this piece, some thorns are thicker and sharper than others, and some include a blend of colors to signify the diversity of pain a patient might experience.

I chose to provide two different backgrounds within this piece, as the background is what surrounds the rose. The contrast of light versus dark signifies how much support a patient may have or where they might be at a point in their life. In addition, some types of pain may feel darker for others even though one's pain might be categorized as the same as another. This is what leads to different levels of suffering.

In this piece, I wanted to include the idea of unity as well. Each of these roses is different, but at the end of the day, they are still roses. We may all have different personalities, different types of pain we are enduring and different levels of suffering, but physicians and patients can come together to relieve this pain. This, therefore, ties this piece into medical humanities as it is essential for a patient and doctor to communicate and navigate through the layers of a patient's story. This unity helps fill the gap between a mundane medical diagnosis and the relief of a patient's suffering. It allows a provider not only to cure but to better care for, empathize with, and heal their patient, and it allows their patient to grow through their suffering and blossom beautifully.



Haldhi Dhoodh (Turmeric Milk)

Eman Khan

9:45 AM

Amma pours the milk with a flourish
bangles clinking against each other.

Pungent, earthy aftertaste lingers
on my tongue.

I sink to the floor

Hold out swollen fingers for inspection
a warning before pain's thunderous boom reverberates throughout
my body.

For the rest of the day

My body calcifies

A hulking statue
impossible to defeat

Pain medication swims

In the river of turmeric milk.

Kurtha's heavy beads and sandpaper interior

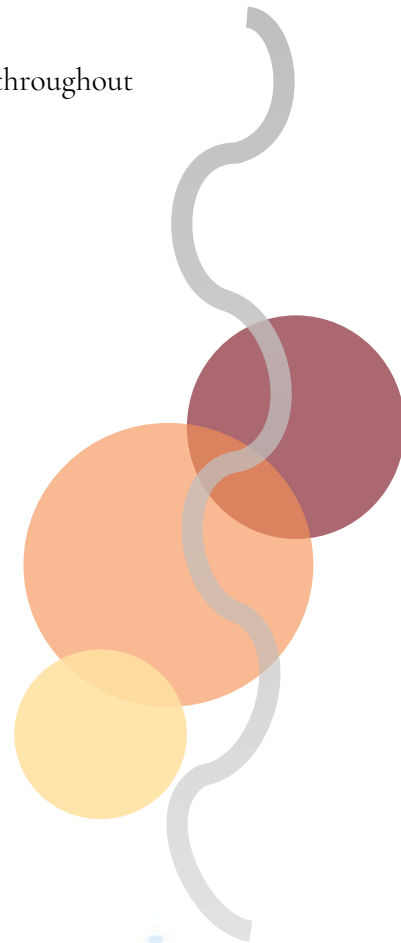
Scratches my face as I pull it off

Fabric latches to hair

But my limbs are cement blocks

And all my energy expires

I deflate.



1:29 PM

A peppery aroma
Lifts me from unconsciousness
Pots and pans clang downstairs
Pakistani classical music echoes around the house
The singer's *ragas* and percussions
fuel Amma's personal concert with dishes
The *ragas* seduce my eyelids shut

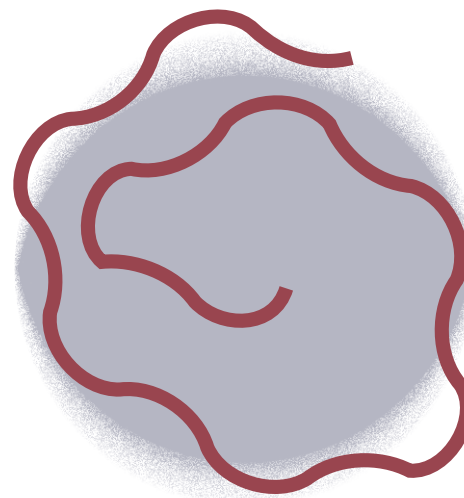


4:05 PM

I jolt awake
Torpid and lost in a thick haze
clawing through the milky web that shrouds my mind
Downstairs,
loud cheers and hoots erupt from Amma and Abba
Cricket broadcaster's commentary
faint and overpowered by Amma and Abba
chanting and clapping.

6:10 PM

A spice-laden fragrance overpowers the room
Saran-wrapped plate and mug wait
expectantly on the bedside table
My tremors rock the plate
stiff fingers struggle to grasp the samosa
Teeth sink into the crumbling crust
Potato filling falls in a hurried escape.
I limp to the bathroom
One thorny step in front of another
with the mug
Dump its contents into the sink
Stare at the swirl of the golden galaxy
Disappearing into the drain.



Haldhi dhoodh is not a cure

Cognitive Disease and Age-Related Cognitive Decline

Darashagam Nahal

Many aspects of the aging process, such as cognitive decline, are oftentimes overlooked by the general public; thus, it is important to understand aging as it relates to cognitive health and to view cognitive decline as a prevalent health concern. The aging process and the inevitable effects of aging are universal experiences, thereby allowing aging to be observed from the perspective of the medical humanities. Having a better understanding of cognitive decline and looking at aging from the medical humanities perspective can increase awareness about the differences between healthy aging and abnormal aging.

Cognition can be defined as the “mental action or process of acquiring knowledge and understanding through thought, experience, and the senses” (Dhakal et al., 2022). The CDC further describes cognition as a “combination of processes in the brain that includes the ability to learn, remember, and make judgments” (2019). Cognition is a multidimensional mental experience that involves the use of existing knowledge and the generation of new knowledge. The dimensions of cognitive functioning and processing include processing speed, attention, memory, meta-memory, language, perception comprehension, executive functions, visuospatial function, and language (Mendoza-Ruvalcaba et al., 2017). The natural aging process involves changes to human cognition. Changes associated with aging include delayed processing, decreased working memory, decline in performance on cognitive tasks, and slowed executive cognitive function (Murman, 2015). The field of cognitive gerontology brings attention to this direct association between aging and health.



Cognitive gerontology plays a consequential role in aging, particularly in successful aging. In gerontology, cognitive decline is an especially important health concern due to its high prevalence amongst the older population. The study of cognitive ability amongst the aging population is pertinent because it acts as a risk factor for other issues associated with old age, including depression, frailty, and physical disability (Mendoza-Ruvalcaba et al., 2017). Early pathological changes in cognitive function – otherwise known as cognitive decline – are considered “a preclinical state that may progress to dementia” in older individuals (Mendoza-Ruvalcaba et al., 2017). Murman states that structural and functional changes in the brain correlate with age-related cognitive changes (2015). These changes encompass “alterations in neuronal structure without neuronal death, loss of synapses, and dysfunction of neuronal networks” (Murman, 2015). Additionally, other age-related diseases also contribute to poor cognitive changes. These diseases “accelerate the rate of neuronal dysfunction, neuronal loss, and cognitive decline, with many persons developing cognitive impairments severe enough to impair their everyday functional abilities” (Murman, 2015). Impaired cognition has an extensive impact on the health and mental wellbeing of humans.

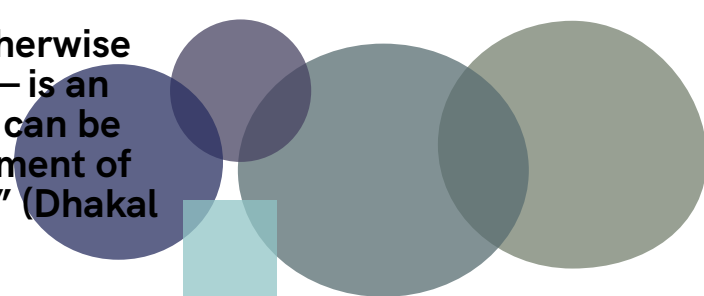
The Centers for Disease Control and Prevention (CDC) describes Subjective Cognitive Decline (SCD) – as the “self-reported experience of worsening or more frequent confusion or memory loss” (2019). The CDC further states that cognitive decline is “a form of cognitive impairment”; it serves as “one of the earliest [and most] noticeable symptoms of Alzheimer’s disease and related dementias” (2019). Cognitive decline varies in severity. The spectrum of cognitive decline ranges from low severity to high severity in which mild cognitive impairment (MCI) is of low severity whereas dementia and other cognitive disorders are of high severity (CDC, 2019).

Cognitive impairment — otherwise known as cognitive deficit — is an all-encompassing term that can be used to “describe the impairment of different domains of cognition” (Dhakal et al., 2022). It should be noted that cognitive impairment is not limited to a certain disease; rather, cognitive impairment is a manifestation of an individual’s underlying condition (Dhakal et al., 2022). Cognitive impairment is highly variable in how it presents itself; thus, the presentation of cognitive impairment varies from person to person (Dhakal et al., 2022). The term “cognitive impairment” can refer to a condition that is short-term and impermanent, or it can refer to a condition that is progressive and permanent (Dhakal et al., 2022). The National Cancer Institute (NCI) defines cognitive impairment as “problems with a person’s ability to think, learn, remember, use judgment, and make decisions” (2022). Signs of cognitive impairment include “memory loss and trouble concentrating, completing tasks, understanding, remembering, following instructions, and solving problems” (NCI, 2022). Other indicative signs of cognitive impairment are “changes in mood or behavior, loss of motivation, and being unaware of surroundings” (NCI, 2022).



Cognitive disorders — in comparison to cognitive impairment — are a “bigger entity” due to the association with neurocognitive disorders (Dhakal et al., 2022). Dhakal et al. describes cognitive disorders as “any disorder that significantly impairs the cognitive functions of an individual to the point where normal functioning in society is impossible without treatment” (Dhakal et al., 2022). The nature of neurocognitive disorders is dependent on their cause. For instance, the reversibility or irreversibility of a neurocognitive disorder is conditional on the origin of the disorder. MedlinePlus is a trusted health information resource that was developed by the United States National Library of Medicine. MedlinePlus explains that a neurocognitive disorder is a general term that is used to describe “decreased mental function due to a medical disease other than a psychiatric illness” (2022b). MedlinePlus further explains that neurocognitive disorders can be divided into three distinct categories: delirium, mild neurocognitive disorder, and major neurocognitive disorder (2022b). Delirium can be defined as the “sudden severe confusion due to rapid changes in brain function that occur with physical or mental illness” (MedlinePlus, 2022a). Mild neurocognitive disorder is characterized by partially decreased mental function; however, the individual is still able to practice independence and perform day-to-day tasks (MedlinePlus, 2022b). Mild neurocognitive disorder is more commonly referred to as *mild cognitive impairment* (MCI). Alternatively, major neurocognitive disorder is characterized by a drastic decrease in mental function (MedlinePlus, 2022b). In *major neurocognitive disorder*, one loses the ability to perform daily tasks and is unable to remain independent. The term *major neurocognitive disorder* is relatively new; this cognitive condition was previously referred to as *dementia*.

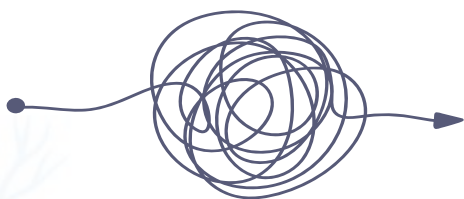
“Cognitive impairment — otherwise known as cognitive deficit — is an all-encompassing term that can be used to “describe the impairment of different domains of cognition” (Dhakal et al., 2022).”



The Diagnostic and Statistical Manual of Mental Disorders (DSM) has stopped using the term dementia to collectively refer to the different levels of cognitive decline (Baptist Health, 2022). The DSM now utilizes the terms *major neurocognitive disorder* and *minor neurocognitive disorder* to reference the two most distinct stages in the progression of cognitive decline (Baptist Health, 2022). It should be noted that the distinction between common forgetfulness and cognitive decline lies in the repetitiveness or severity of one’s cognitive behavior. If an individual has difficulty communicating, experiences noticeable memory loss, struggles to perform daily tasks, and has symptoms relating to mood, personality, and confusion – the said individual has a neurocognitive disorder as opposed to the occasional bout of forgetfulness.

Contrary to popular belief, MCI is not the equivalent of dementia. Instead, it is more accurate to say that MCI is the one of the earlier stages of cognitive decline that can eventually progress to dementia. Knopman et al. explains that “the prognosis for mild cognitive impairment and mild dementia is an important motivation for diagnosis” due to the fact that “there is a heightened risk for further cognitive decline” (2014). Knopman et al. goes on to explain that while “both mild cognitive impairment and mild dementia are characterized by objective evidence of cognitive impairment”, the main difference is that dementia has “more than one cognitive domain” involved as well as “substantial interference with daily life” (2014). Mayo Clinic declares that MCI “is the stage between the expected decline in memory and thinking that happens with the and the more serious decline of dementia” (2022). Additionally, Mayo Clinic asserts that “MCI may increase the risk of dementia caused by Alzheimer’s disease or other brain disorders” (2022). It is important to understand that the progression to dementia is not inevitable if an individual has MCI regardless of the fact that the likelihood of a dementia diagnosis is increased. A number of individuals with MCI may see that their cognitive condition remains unchanged while others can recover completely (Mayo Clinic, 2022). Mayo Clinic states that research on the relation between MCI and dementia finds that “around 10% to 15% of people with MCI go on to develop dementia each year” (2022). Thus, despite the risk that MCI poses in relation to the development of dementia, the likelihood of progression to dementia is lesser than that of recovery.

Cafasso notes that cognitive impairment in normal aging would consist of the occasional forgetfulness and some subtle issues with activities that involve multitasking and concentration (2022). The two aforementioned characteristics are associated with MCI as well. In addition to these characteristics, cognitive decline in MCI would also involve forgetting important information (names, dates, and events), having difficulty producing and utilizing the correct terminology in a conversation, and struggling with comparatively complex tasks that involve planning and organizing (Cafasso, 2022). Cognitive impairment in dementia involves all of the previously described features in addition to more enervative characteristics. The additional characteristics of cognitive decline in dementia include the inability to perform fundamental tasks (using the restroom, getting dressed, eating), issues with the use of accurate language and the incapacity to adequately engage in conversation, the display of inappropriate behavior, changes in personality, wandering and getting lost, problems with balance and coordination, frequent falls and excessive tripping, and finally — repeating a statement, story, or question multiple times (Cafasso, 2022). Cognitive decline is undoubtedly an inevitable part of aging. The McKnight Brain Institute at the University of Florida (MBI-UF) describes cognitive aging as “a natural process in which older adults typically experience decline in many functions, such as memory, that can negatively impact their quality of life” (2022). Cognitive aging is natural and unavoidable; however, cognitive aging in individuals with MCI and dementia is atypical and life-altering.



The National Institute on Aging (NIA), a division of the National Institutes of Health (NIH), asserts that dementia is not a normal part of aging. Dementia is a general term used to refer to a group of conditions that can be characterized by impairment of cognitive functions. The CDC states that the term dementia references the “impaired ability to remember, think, or make decisions that interferes with doing everyday activities” (2019). Dementia includes “the loss of cognitive functioning — thinking, remembering, learning, and reasoning — and behavioral abilities to the extent that it interferes with a person’s quality of life and activities” (NIA, 2020). There are multiple different forms of dementia with Alzheimer’s disease being the most common form amongst individuals over the age of 65 (NIA, 2020).

Alzheimer’s disease is the most frequently occurring type of dementia; it is ranked as the seventh leading cause of death amongst the American population (NIA, 2021). Although the most heavily impacted population is that of older adults, Alzheimer’s disease is not typical of late adults. The NIA describes Alzheimer’s disease as a “brain disorder that slowly destroys memory and thinking skills, and, eventually, the ability to carry out the simplest tasks” (2021). Evidence demonstrates that, in most cases, symptoms of Alzheimer’s appear later in life with subtle changes in the brain appearing nearly a decade or more before symptoms appear (NIA, 2021). The NIA states that the early stages of Alzheimer’s disease involve highly toxic shifts in brain function (2021). The progression of Alzheimer’s disease involves increased neuron death (NIA, 2021). As an increasingly high rate of neurons die, additional segments of the brain are negatively impacted and begin to shrink (NIA, 2021). Towards the final stages of Alzheimer’s disease, damage to brain tissue becomes extensive and unmanageable (NIA, 2021). The brain atrophy and shrunken brain tissue that are associated with Alzheimer’s disease are the two primary reasons why Alzheimer’s disease is particularly detrimental and differs so greatly from healthy aging (NIA, 2021). Alzheimer’s disease is highly misunderstood; research relevant to the brain function of individuals with Alzheimer’s disease is still ongoing.

Poor cognitive health is caused by a number of different genetic, environmental, and lifestyle factors. The NIA states that these factors “may contribute to a decline in thinking skills and the ability to perform everyday tasks such as driving, paying bills, taking medicine, and cooking” (2020). Genetic factors cannot be managed as they are inherited. Environmental and lifestyle, however, *can* be managed. The NIA lists the following as environmental and lifestyle factors that can contribute to cognitive decline: physical health problems, mental health problems, brain injuries due to falls, certain medications, the improper use of medication, lack of physical activity, a poor and unbalanced diet, smoking cigarettes, drinking alcohol, sleep problems, and social isolation and loneliness (2020).

“Poor cognitive health is caused by a number of different genetic, environmental, and lifestyle factors.”

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Motor Skills

Eman Khan



This painting shows the simple joy of holding a coffee mug. I struggle with my motor skills, so it was a big celebration for me when I improved enough to hold a mug and go coffee shop hopping again.

Sky: Look Up

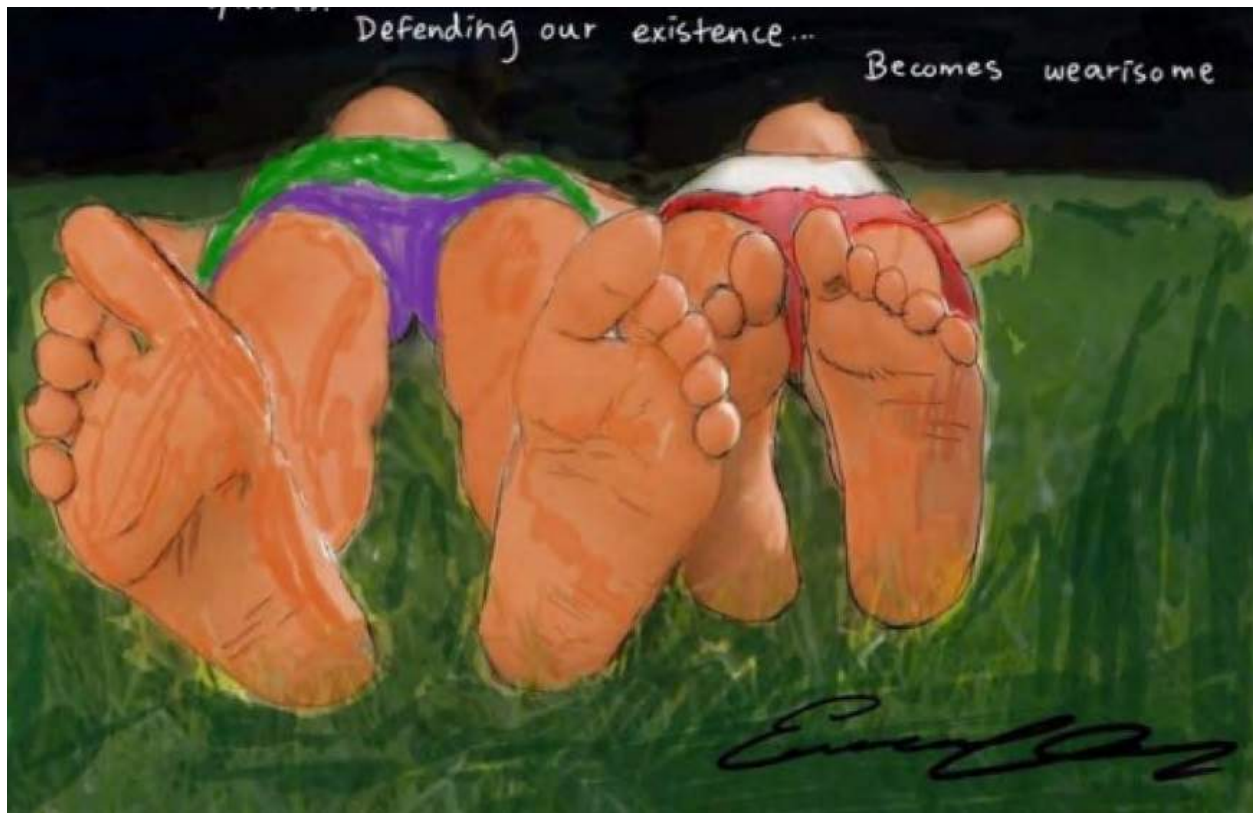
Mayte Campos-Tovar



My artwork was made digitally, with it being inspired by a photograph shown in Gellman's medical humanities class. It has a strong theme of sadness, and the symbols within the piece are easy to attribute a dichotomy in meaning. As a happy coincidence, it resembles the mavs for medical humanities logo. A subtle nod to religion and angels is included in the sun character, while the symbol of the moon reminds me of the tragedy mask from the theatre symbol.

Exhausted spirit

Eman Khan



This painting and poem depict the fatigue of being a marginalized person. The stress of being marginalized contributes to health problems. Healthcare professionals need to understand systemic issues, such as racism, sexism, cisheterosexism, and ableism, and how they affect the patient's health.

By understanding these layers to a patient, healthcare professionals can do the work in becoming conscious of their biases so they may provide the best care to patients.

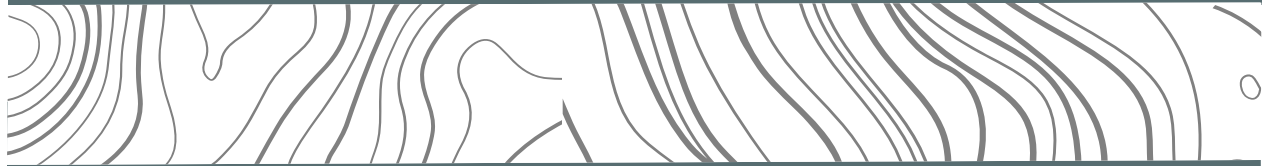
Dismantle Ableism

Eman Khan



This is a painting of a Disabled person pointing their cane at the sky while lightning shoots out of it. It is representative of the resilience of the Disability community in our fight to dismantle ableism. Disability justice involves many layers, as shown by the text surrounding “Dismantle ableism,” such as accessibility, self-advocacy, better media representation, and acknowledgement of ableism’s intersections with racism, sexism, cissexism, heterosexism.





Postcard From Punjab

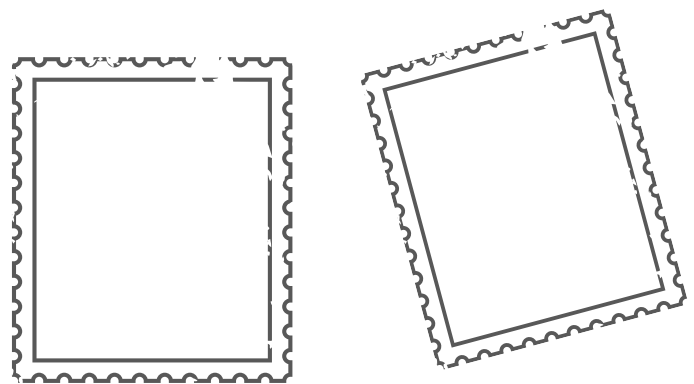
Darashagam Nahal



These images were captured in my ancestral village in Punjab, India. Golden mustard fields, extensive farm lands, and vibrant sunsets: Punjab's beauty lies in its rural simplicity.

By means of these images, I hope to communicate not only the external beauty of Punjab but also the beauty of Punjab's culture and traditions. Culture has played a significant role in my perception of health.

My idea of health, wellness, and the medical humanities is closely tied to the folk remedies that have been practiced by the people of Punjab for many ages. Folk medicine is deeply embedded within my culture and the health practices of my family. The traditional health practices of my culture have laid the foundation for my understanding of medicine and the humanities. Culture plays a significant role in medical humanities, and I hope to convey this through my photography.



My Castle

Amal Eltahir Ali

My bed is a soft white cloud in which I lie and daydream in
 My friends wearing shiny armor and tiny hats with feathers sit next to me.
 The night sky above me is abundant in thousands of stars shimmering and shining.
 Tall slender trees grow on the walls of the castle.
 A radiating potion sits on a table next to me.
 In front of me, my mermaid companions I have just met are swimming slowly around.
 Around me is quiet, the only sounds that can be heard are the *ringing* from small fairies.



But all that I am in is a hospital.



My bed is filled with soft white blankets gifted by my nurses which pile up around me.
 The teddy bears left next to me after story time are dressed in their fairytale costumes.
 The ceiling contains numerous star-shaped stickers, more than I can count, glowing in the dark.
 Tall trees are painted ever so delicately along the walls.
 The medication is sitting next to me, waiting for me to make the first move.
 The fish with their dazzling tails swimming in the tank in front of me watch my every move.
 Around me is quiet, the only sounds that can be heard are the beeping from the machines.

I am just a patient.
 Patiently waiting
 In my castle



Healthcare

Eman Khan



This photograph depicts how expensive life-saving medication can be and points out the profit motive in healthcare. This photograph prompts the question: when healthcare is driven by profit and not people, how does this affect patients' lives? The medical-industrial complex is a barrier to providing truly beneficial care to patients. It drives income disparities where healthcare is inaccessible to the lower-income population. In addition, lower-income populations statistically experience more health issues due to various factors, such as poverty stress, low nutrition due to food deserts, lack of clean water, and more (AAFP, 2019). There is a never-ending cycle where poverty can lead to illness and worsening health outcomes due to being unable to access medical care. As future healthcare professionals, what steps are we taking to dismantle barriers in healthcare?

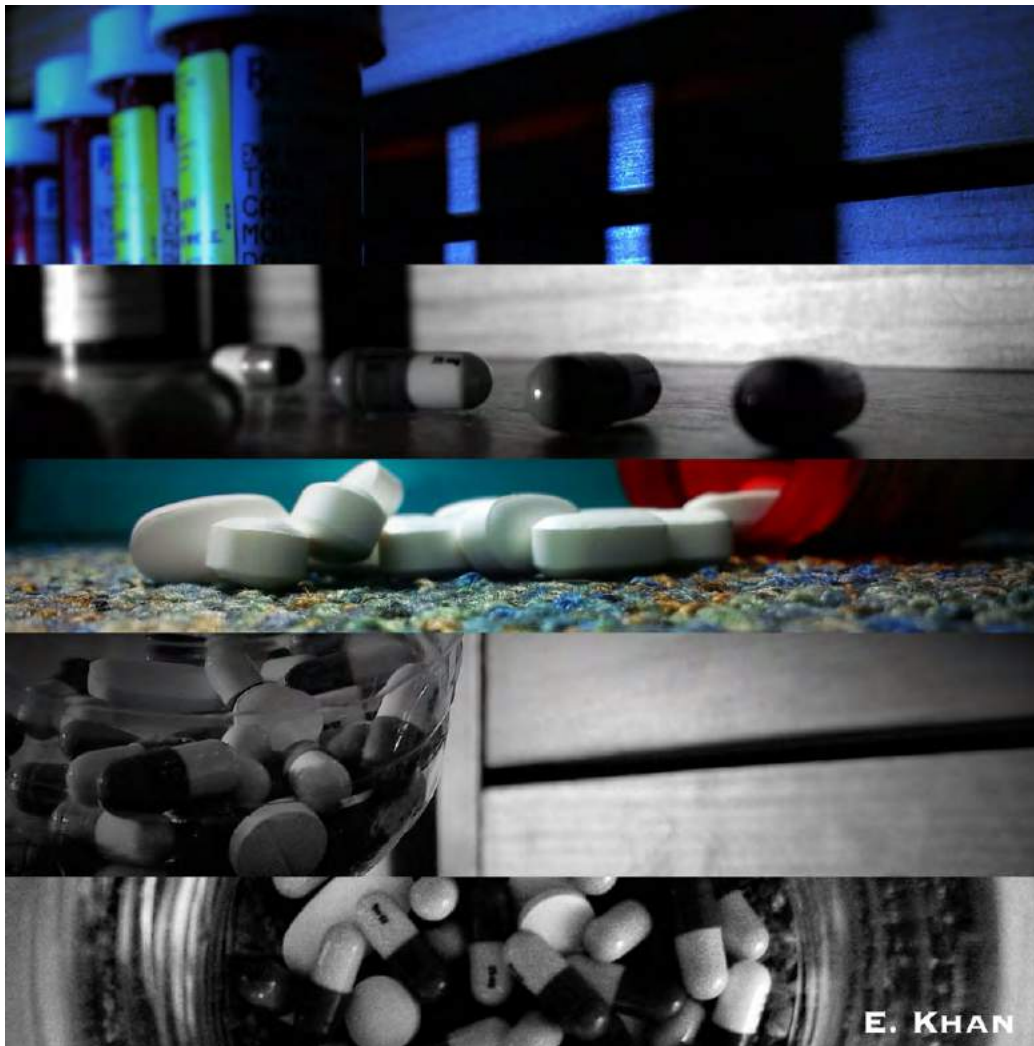
Source:

Poverty and health - the family medicine perspective (position paper). AAFP. (2019, December 12).

Retrieved March 01, 2023, from <https://www.aafp.org/about/policies/all/poverty-health.html>

Medication

Eman Khan

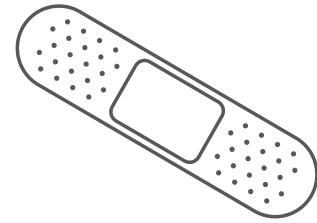


This collage of photographs of my medication serves as a glimpse into one of the most challenging parts of being chronically ill: taking medication. There's a struggle and trial and error in finding the right medication that will provide even a small dent of relief. Dealing with side effects is an added burden. Trying to get insurance to approve life-saving medication is draining. By being chronically ill, I can relate to and empathize with patients.

Get Well Soon

Kelsey Wells

When legs stop standing steadily
And the foods too tough to chew
When the bathroom breaks need
helping
And the good days come in few



What will life be like for me
When those days come my way?
When the body's shutting down
And all that's left to do is pray?

The next room overs coughing
They need a tube to breathe
How long have they been here?
How long until it's me?



Luna

Cami Henyan

When I adopted my dog Luna in 2021, my family and I immediately benefited from her sweet and caring spirit, but we didn't know that with time and training she would learn to comfort many members of our community. I adopted Luna when she was nine months old, and since she is a pyredoodle, half pyrenees and half poodle, she was already quite large. She could take up almost the entire length of my couch when she laid down, but that didn't stop her from constantly cuddling up with anyone who sat down! Since she was so big, about 70 pounds and two and a half feet tall, I was worried that if she got excited and jumped on someone that she would knock them down. Fortunately, we quickly learned that no matter how excited she is, Luna never jumps on anyone.. She also never barked or growled. She loved everyone we met on walks and at the dog park. Luna had never met a stranger because she became fast friends with everyone she met. With this in mind, I began to look for an opportunity to use her talents when I found a non profit organization called Pet Partners where I began to learn of the many benefits of pet therapy.

“Pet Partners is the national leader in demonstrating and promoting animal-assisted therapy, activities, and education. With thousands of dedicated volunteers and their pets, our Therapy Animal Program touches a variety of clients in the U.S. and abroad, including veterans with PTSD, seniors living with Alzheimer's, students with literacy challenges, patients in recovery, people with intellectual disabilities, and those approaching end of life. Pet Partners therapy animals provide affection, comfort, and relief to community members who need it most.”

“Research shows that positive interactions with animals increase the hormones associated with blood pressure regulation, pain relief, stress relief, and joy. Visits from therapy animal teams can normalize stays away from home for hospital patients, improve motivation to participate in treatment protocols, and lessen worry, anxiety, unhappiness, and pain.”

I had found the perfect place to use Luna's caring spirit to bring joy to others, so we began training for our therapy animal place in 2022. We began training for basic obedience such as sit, stay, leave it, lay down, etc. The test to be a therapy animal team was two fold: personality and obedience. I had no worries about her passing the personality test, so once we finished our obedience class we were ready for our test.

For the personality portion, the animal evaluators go through a series of exercises to see if she would react negatively to any situations. The personality test included: the evaluator touching her paws, tail, and mouth, receiving a full body hug, walking past another dog without reacting, walking through a crowd without reacting, letting someone yell then pet her, multiple people surrounding and petting her at once, and having someone talk to me while ignoring her. Throughout these tests, her objective was to not react in any way, which she did with flying colors. She is unfazed by distractions and happy when anyone is petting her, even if it is four strangers all at once! Any aggressive barking or growling as well as nervous behavior such as whining or tucking her tail would have suggested to the evaluators that she was unfit to be a therapy animal. Then we had the obedience test which included: sit, stay, lay down, wait while I walk away, and leave a toy untouched on the ground next to her. She was one point away from a perfect score on obedience because during sit and wait she got up one second too early to come back to walk back to me. We passed our test on the first try and I was so excited to start volunteering and bringing comfort and joy to those who need it.

During our first visit to Children's Medical Center Dallas, Luna was a star and the kids were overjoyed to see her. I would knock on the patient's doors to ask if they wanted a therapy dog to visit them and their faces immediately lit up as they saw Luna's head poke around the door. Luna would jump on the bed and cuddle with them as I talked to them and their family. I could see the relief that the parents had to see that their hospitalized child was smiling and conversing. On that first day, a teary eyed mother told me that her young child had recently been diagnosed with cancer and this was the first time she had seen him smile in a week. I began to realize how impactful and meaningful it is to the patient's and their family's to be visited by a therapy dog. I also began to understand how fulfilling and rewarding this experience would be for me.



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After that first visit, Luna and I went to a variety of locations to bring joy to people including nursing homes, elementary schools, rehabilitation centers, and libraries. The more we volunteered the clearer it became to me that this is important work and that we were truly improving other people's days with our visits. I had volunteered at many places by myself in the past, but by bringing my dog with me I saw an entirely different kind of impact that was deeper and more profound than I expected. One of my favorite places to visit is a rehabilitation center for traumatic brain injuries. We visit this location every other week and everytime we walk in we get a warm welcome from all of the patients and caregivers as they are counting down the days until they see Luna again. During one visit at this facility, we went to a speech therapy session with a patient who was unable to form many words. She was petting Luna as her speech therapist pronounced Luna repeatedly. The patient began to make the "L" sound and with a few tries was able to say Luna's name! The speech therapist and I became so excited as we all celebrated the patient learning a new word together. Another visit we had was with a patient with decreased extremity strength and difficulty speaking. We joined her for her occupational therapy session where she was practicing laying on her stomach and using her arms to push up. Luna jumped on the bed to cuddle with her during her exercises. The therapist began to prompt her to say, "Hi Luna!" The patient was watching Luna and trying to speak when suddenly she said, "Hi Luna," and Luna turned her head to look at her. The patient began to laugh and said her name again! This repeated multiple times to where the patient was almost crying with laughter.

"I felt so fulfilled because I knew I was making a difference in these patient's lives, which is priceless to me."

The therapist and I were witnessing this joyful interaction when she said to me, "She has a very hard time during rehab and often cries during these sessions, so seeing her laugh and smile is priceless." I felt so fulfilled because I knew I was making a difference in these patient's lives, which is priceless to me.

These experiences have taught me how to be more compassionate and caring to all I meet. After seeing people going through intense pain and stressful treatments, I have become more in tune to the emotions of others. I feel that I have grown in my social skills, understanding, and empathy. I believe the kind of personal development that I have gone through can only be achieved by serving others. So much of our lives are fueled by our own wants and needs, but by making a dedicated effort to put others first, I have found fulfillment and a new perspective on life.



Sources:

“Pet Partners Therapy Dogs & Other Therapy Animals.” Pet Partners | Pet Partners Is the Nation’s Largest and Most Prestigious Nonprofit Registering Handlers of Multiple Species as Volunteer Teams Providing Animal-Assisted Interactions. Retrieved on 6 February 2023, from <https://petpartners.org/>.

“Touching Lives and Improving Health Through the Power of Therapy Animals.” Pet Partners, <https://petpartners.org/wp-content/uploads/2022/04/PP-Trifold-Brochure-Nov2021.pdf>.

STIMULUS

CREATOR
BIOGRAPHIES





Catherine Gomez, the creator of *“Reaching out”* is a graduating senior at UTA she feels very fortunate to have experienced art through the lens of Medical Humanities at UTA.

In her free time, she likes to draw and roller-skate. She also loves to spend time with Benito, her pet bunny. One of her greatest motivations to pursue a career in medicine is to serve her community. Coming from an immigrant family, she has seen the disparities in healthcare that have affected them. These disparities continue to be widespread issues, which is why she believes that it is imperative for future physicians and healthcare providers to have a strong foundation in the humanities and ethics.

Laisha Verduco, the author of *“Who Could Be?”*, is an undergraduate student at UTA.

Laisha Daniela Verduco is a current undergraduate student at UTA. This particular poem means a lot to her because it is the first poem that she has submitted to be published. Also, with this poem, she expresses how anyone has difficulties in life, so people should not wish to be someone else. Her work was created in prose because she believed that a short poem would be better suited to create a reflection in the reader without requiring an extended explanation. Her inspiration for this work was the bad temper of her grandmother, as she constantly states that she wishes to be another person. However, Laisha wanted to remind individuals that everyone has difficulties in their lives, so it is best to appreciate their own lives.





Susan Phan, the creator of *“Eleven: FiftyNine”*, is a high school student.

Susan Phan is a current high school senior with interest in photography. She is taking photography classes offered at her school and takes most of her pictures on her phone since she doesn't have a camera. Susan has always had a passion for art as a way to convey her thoughts and feelings. Photography is easier to utilize than traditional drawing, so she turned to it as her preferred medium. As a student, she has always felt the pressure to keep up with grades and deadlines and tends to neglect other aspects of her life, her piece *“Eleven: FiftyNine PM”* reflects that.

Serena Karim, the author of *“Kidneys for Jesus: Religious Motivations for Organ Donation”* is a sophomore Pre-Nursing student at UTA pursuing a History minor and a Medical Humanities certificate.

Her passion for the arts has deeply informed her interest in bioethics, where her scope of research interests stretches from behavior at the bedside to national health policies. Through her studies, she wishes to spotlight marginalized groups in healthcare and share their stories with clinicians and policymakers alike. Her piece, *Kidneys for Jesus: Religious Motivations for Organ Donation*, was showcased at the Capitol of Texas Undergraduate Research Conference in March 2023.





Shuang Gou, the creator of “*The Charging Heart*” and “*Laborer, take heart!*” is an art graduate student of intermedia at UTA.

She likes Studio art because it integrates a broad range of technical, conceptual, and aesthetic practices. Crossing borders is appealing to her. She often likes experimenting with different media like paintings, sculptures, and digital art. She often uses symbols and metaphors in her works, hoping subtle emotions and feelings words can't describe can be conveyed by means of symbols, trying to create a state between illusion and reality. She thinks verbal and written language gives us ways to communicate and meanwhile gives us limitations, too. But art can break those boundaries. It's universal and can build understanding beyond language, culture, and race. She hopes her work can communicate well with the beholders and give them a different angle of viewing this world. Even though the audience may have different feelings and understandings from me, it becomes a process of re-creation.

Joshua Cupps, the creator of “*Wayfarer*” and “*Only Moments*” is an alumnus of UTA, receiving a Bachelor's of Science in Biomedical Engineering in 2022.

Joshua Cupps is an alumnus from the University of Texas at Arlington with a Bachelor's in Biomedical Engineering and has served as Vice President and President for the Mavericks for Medical Humanities club at UTA, additionally he took Medical Humanities courses during his undergraduate experience. Cupps' piece “*Wayfarer*” by the deep spiritual sense of finding peace and purpose amid the struggles of life. The poem illustrates several Islamic teachings of patience and surrender and how they guide our way home.





Jessica Nwankwo, the creator of *"Bittersweet In-betweens"* is a fourth-year undergraduate

Jessica is a fourth year Biology and Psychology double major at UTA. She wears several hats on campus through her various involvements, but at the end of the day, she is an artist at heart. Through art, she is able to convert her observations, perceptions, and thought processes into something more tangible and share it with others. Medical Humanities has shown her how her enjoyment of art and aspirations towards a career in the medical field can come together cohesively. Her art piece approaches the topics of death, grief, and hope in a more palpable way, allowing her to conceptualize the feelings involved in such a life process. The songs she was inspired by are *"Give Me a Sign"* by Breaking Benjamin, *"Lightning Crashes"* by Live, and *"If I Die Young"* by The Band Perry, as they all include similar themes in their lyrics and music video visuals; the lyrics from those songs contributed to imagery in her artwork. She drew her art digitally, as it grants her the ability to control and manipulate her work in a way that better depicts the scene and feelings she is trying to capture.

Nina K. Parvari, J.D., the author of *"The Irony of Death"*, is a second baccalaureate student majoring in Microbiology at UTA.

Nina is someone who is endlessly curious about the interdisciplinary space of life sciences and the human condition. Her background straddles healthcare, human rights, and law. Her education includes a Bachelor of Science in Economics, a Master of Arts in Interdisciplinary Studies, and a Juris Doctorate. After coming to UTA to obtain a second Bachelor of Science in Microbiology, she discovered the world of medical humanities, finding it to be a compelling discipline centered at the crossroads of medical science, ethics, public policy, the arts, and the human condition. The inspiration behind her work of prose has been the recent life-changing experience of losing her mother.





Cynthia Tran, the creator of “*komerebi*,” is a pre-med student at UTA.

“Epiphany. The moment of sudden revelation and realization.” For Cynthia Tran, a moment of epiphany that was important was finding out she had simply saved a person’s life through her actions. Ever since then, her life focuses on finding and creating moments that may possibly change one’s life. As a first-gen, pre-med student studying to be a doctor, she gets the chance to create life-changing moments for those she provides to everyday, whether that be through holistic care, or simply by making someone smile. As a creator, she gets to create and capture those little moments of epiphany and share them with others, whether that be through photographs, paintings, or playing music. Medicine is not simply about curing a patient, but also helping a patient heal and connect with their soul; and the purpose of Medical Humanities allows the physician to learn how to build those connections. She is grateful for the chance to be a part of this year’s issue of Stimulus, as it allows her the platform to share her works.

Camille Condrón, the author of “*When Can it Feel like its About Me?*” is a Mexican American senior at the University of Texas at Arlington majoring in biology and psychology.

She attends the university with her two sisters. She works as a Lead Peer Health Educator on campus, with a focus on financial wellness, as well as a scribe and a leasing agent during her other spare time throughout the week. She enjoys working as an undergraduate researcher in Dr. Chang’s microbiology lab on campus; through this, she has been able to present at the American Society of Microbiology and won second place at Discover 2022. She enjoys working with her team of peers to expand her student body’s understanding of wellness and is looking forward to applying for medical school.





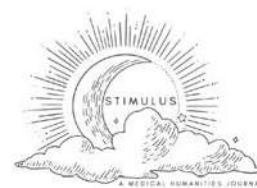
Harley Mayfield, the creator of *“Biopsy of the Human Soul”*, is a junior at the University of Texas at Arlington, where she is majoring in biology on the pre-med track.

She is from a small town outside of Fort Worth where she enjoys being around her family and friends. She loves being around children and hopes to practice pediatric medicine one day as well as study oncology. She was inspired by her family to care for others and to treat people with the love and care that her family showed her. She believes that every person is unique and special and should be treated with grace and shown kindness. In her off time, she loves to paint, watch movies, and spend time with her family and friends. Her dream is to one day travel the world helping others and embrace what life has in store for her.

UTA Loyal, the creator of *“A Thirty Five Year Journey Back to UTA”* and *“UTA 3”* has children who attend the University of Texas at Arlington.

UTA Loyal has children who are currently attending the University of Texas at Arlington. Witnessing their university life has been both an enjoyment and inspiration for their recent writing and music compositions.

This husband-and-wife team has a special interest in education and acquired the love for learning from their professors throughout the years. With an affinity for the virtues and the simplicity of Aesop’s fables, they help learners adapt a growth mindset. They aspire to pay tribute to their predecessors by touching the lives of each student that comes their way. Their ongoing journey in education and involvement in the community attests to their commitment to all students who desire to learn.





Hannah Nguyen, the creator of *“Eyes Closed (heart open)”*, is a senior undergraduate student majoring in Biology.

Hannah Nguyen is currently a senior Biology major on the pre-medical track at UTA. She is the current president of Pre-SOMA and hopes to practice primary care either as a family doctor or pediatrician in the future.

Navvin Sadarangani, the author of *“The Importance of Patient Health Literacy in Medicine,”* is an alumnus of UTA.

Currently a pre-PA alum of UTA, and in his gap year before PA school, this author has spent his time away from school working several patient contact jobs such as pharmacy technician, physical therapy technician, and ER scribe. Throughout his time in these jobs, he noticed a common theme amongst the majority of patients and that is – a lack of health literacy. His inspiration

behind writing this essay is to inspire future healthcare professionals to take initiative in educating patients about their health in detail so they are able to make informed decisions.





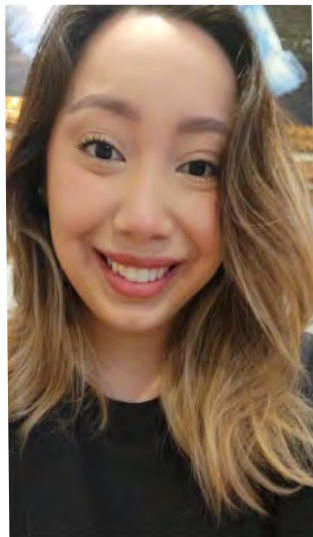
Reagan Huskin, the creator of “*Sick in May*” and “*Feel it in My Bones*”, is a Mid-Level Math and Science Education major at UTA, with a minor in Disability Studies.

She is also the Vice President of a student organization called Mavericks with Disabilities. Her journey with disabilities started at the age of 13 when she was diagnosed with an incurable connective tissue disease. Throughout the years following this diagnosis, she acquired multiple others, including, but not limited to, a neurological disorder and an autoimmune disease. Her disabilities are invisible, which led to many years of misunderstanding and judgment from her peers. This is what sparked her passion for disability advocacy. Reagan’s artwork was created during a time when she was practically bedridden, and although they depict despair and sadness, they brought her comfort in a very dark time. She hopes that they can allow others with invisible disabilities to feel seen and heard in a world where no one can visualize exactly what they are going through.

Ami Patel, the author of the poem “*It’s Not the End*” and “*Part of me*”, is a junior undergraduate student majoring in Public Health at UTA.

Ami Patel is a third year undergraduate student majoring in Public Health at the University of Texas at Arlington. Currently, Patel is an officer for the Mavericks for Medical Humanities club at UTA, serving as the Vice President. In the future Patel’s goal is to pursue a career in epidemiology or infectious diseases after completing the masters program in Public Health (MPH) with a concentration in Epidemiology at UTA. Patel’s poem “*It’s Not the End*” was created with the intention of giving hope and meaning to those who are struggling with personal obstacles in their life as way to relieve stress.





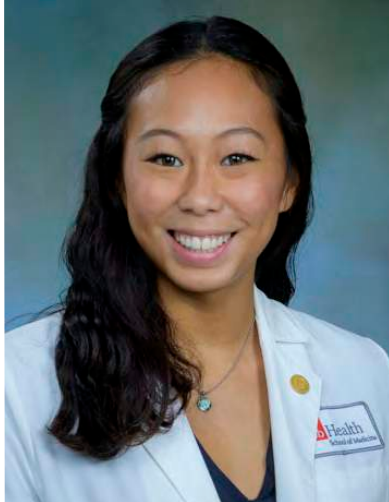
Shakyra Silva, the creator for “*Gone*”, is a nursing undergraduate student with a minor in Medical Humanities and Bioethics at UTA.

Shakyra Silva is a Nursing major with a minor in Medical Humanities and Bioethics on the pre-medicine track. Their work “*Gone*” is important to Silva because they have witnessed how mental health issues such as depression can manifest in people close to them as well as many of the misconceptions many people have about mental health, specifically depression. Silva is incredibly passionate about mental health and the importance of taking the time to learn the range of ways it can affect someone. Silva made “*Gone*” to comment on the ways depression might look and feel, which is a bit different from the regular narrative of how depression manifests. Silva hopes that through art, others can find a better understanding of mental health issues.

Caroline Nguyen and Madelina Nguyen, authors of “*From MS2 to You: Advice I Wish I Knew*”, are both second year medical students at the UTMB John Sealy School of Medicine. Caroline is an alumna of UT-Arlington and Madelina is an alumna of UT-Dallas.

Caroline Nguyen is currently a second year medical student at the UTMB John Sealy School of Medicine, and an alumna from the University of Texas at Arlington with a Bachelor’s degree in Biology. Nguyen was involved in numerous on-campus opportunities while at UTA, and received a certificate in Medical Humanities. Nguyen’s passion for medical humanities originates from their belief that before being a clinical science, medicine is a unique way to connect with others in their most vulnerable states. As a medical student, Nguyen aims to be intentional about wellness and authenticity throughout their journey in medicine, as it is impossible to pour from an empty cup. The piece, “*MS2 to You: Advice I Wish I Knew*” was inspired by the sentiment that Nguyen believes they would not be where they are today without the help of numerous mentors, and hopes to share their advice with those who can identify with her former self.





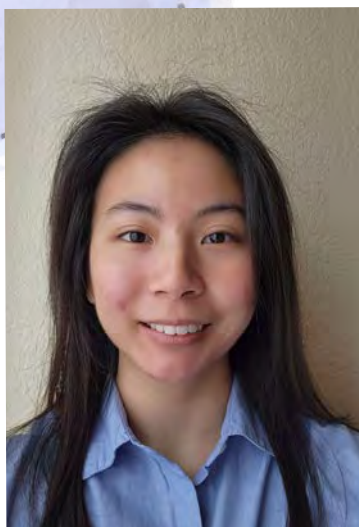
Madelina Nguyen is currently a second year medical student at the UTMB John Sealy School of Medicine, and an alumna from the University of Texas at Dallas with a Bachelor's degree in Neuroscience. During the day, Nguyen is a medical student, but at night they are a foodie, a violinist, a surfer, an outdoor enthusiast, and an amateur meditator. One of Nguyen's most successful mentors encourages them to shoot their shot at things, because the worst that can happen is receiving a "no" and as a result of approaching opportunities with this mentality, it has launched Nguyen into places that they never believed they could have

achieved. As a pre-medical student, Nguyen found themselves too scared to step outside of the box and do things they genuinely had a passion for, and through *"MS2 to You: Advice I Wish I Knew"* they hope it can provide a way for pre-medical students to improve their confidence and mental clarity as they embark on their own journeys toward medicine.

Jasmine Riddle, creator of *"The Healing Hands"*, is a senior undergraduate student majoring in Biology at UTA.

Jasmine Riddle is an upcoming graduating senior majoring in Biology at the University of Texas at Arlington. She plans to continue her education and obtain a master's degree in Diagnostic Cytology however, she has always been interested in holistic medicine. This was Riddle's first time creating a digital art piece, her inspiration for creating *"The Healing Hands"* is her grandmother. Her grandmother was from Japan, and Riddle wanted to incorporate her culture into her art piece. Riddle's grandmother had a very calming presence, so she hopes the audience gains a sense of that when viewing *"The Healing Hands."*





Christina Nguyen, author of *“up there”*, is a third year undergraduate student majoring in Biology at UTA.

Christina Nguyen is a pre-medicine student and External Affairs officer for Mavericks for Medical Humanities. She is an avid adventurer who enjoys concerts and traveling in her spare time. Christina finds inspiration to write in many forms, from her experiences volunteering at the Mission Arlington Medical Clinic, scribing in the emergency room, interacting with fellow passionate peers, and from her time spent resting. She hopes to one day serve as a physician who aims to improve community health education.

Yanina Blanco, the creator of *“Healing”*, is a Graphic Designer and an MFA Graduate Student in Visual Communication at the University of Texas at Arlington.

Yanina is originally from Barranquilla, Colombia, a country in South America. She has been living in the United States for more than 14 years. She is a free determined person, who finds in her roots her source of inspiration. A designer and a thinker who transforms her ideas into art as a method of solving problems that society faces today. After working several years for small and medium multicultural companies in Latin America and the United States, she moved to the DFW area to finish her degree in Graphic Design and consecutively her MFA in Visual Communication at the University of Texas at Arlington. Currently, while in her fourth semester, she focuses her studies on cultural sustainability, cultural intelligence, and technology, she also teaches future designers as a Graduate Teaching Assistant and works as a graphic designer in the Publications area for a non-profit organization. Yanina really enjoys talking to people who want to bring their ideas to life.





Alexandra Nieto, author of *“Psychosis”* and *“Una Mexicana”* is a post-baccalaureate student at UTA, receiving her Bachelor’s of Arts in Psychology in 2022.

Alexandra Nieto is an alumna from the University of Texas at Arlington, receiving a Bachelor’s of Arts in Psychology in 2022. Currently, Nieto is a post-baccalaureate research assistant in the Controlled Attention and Memory (CAM) laboratory within the Department of Psychology at UTA. Nieto’s line of work comes from a personal perspective of seeing someone close to them

experience psychosis and the hardships that they’ve encountered during their experience. Nieto uses poetry as a medium to express their thoughts, emotions and bring awareness to certain topics relating to mental health. The inspiration behind *“Psychosis”* stems from one of Nieto’s family members becoming diagnosed with schizoaffective disorder in 2019 at the age of sixteen.

Zainab Muhammad, the creator of *“Where No One Goes?”* and *“Eye of the Beholder”*, is an undergraduate student at UTA.

As a Pakistani American, Zainab was born and raised in the United States, but her cultural roots are deeply embedded in Pakistani traditions. She wears her honey-colored skin proudly and adores the vibrancy of her cultural identity. However, reconciling the differences between modern American culture and traditional Pakistani heritage has been challenging for her. Despite this, she finds the beauty of her cultural identity equally captivating.

Her experiences have taught her that the differences and similarities between cultures should be celebrated and embraced, not feared or ignored. As a future healthcare professional, she hopes to create a bridge between the cultural differences and similarities found across cultures. She is excited to embark on a career in healthcare and utilize her unique perspective as a Pakistani American to become a more culturally competent individual in every aspect of life. She strives to break down



barriers and provide compassionate care to patients from all backgrounds. Through her passion for art and her dedication to cultural competency in medicine, she hopes to make a positive impact on the lives of those around her.



Leila Abdelhadi, the creator of *"The Flooding Bridge"*, is a graduate student at UTA.

Leila is currently a UTA graduate student doing research at UTA, working on her second publication in her work. She was highly invested in the medical field when she stumbled across the Medical Humanities course here at UTA. The course alone altered her perspective of the ethical dilemma that's presented in the medical industry. Her piece was created to represent the split between the two sides of the conflict that arises between the conflicting opinions of the doctor and the patient's family. One side may believe they're doing the best for the patient, while the other may believe it's only making matters worse. This situation also ignores the empathy that needs to be highlighted with the patient's own consent. For this piece, she used watercolor paint, which really enhances the flow between the two sides of the story. With that being said, she found inspiration after interning with a hospital, where she experienced every department that's crucial to the patients stay.

Esther Kentish, the author of *“Poetry as Space in Medicine”*, is an alumna from UTA, receiving her Bachelor’s of Arts in English Literature and Language with a minor in Philosophy.

Esther Kentish holds a Bachelor of Arts (2017) in English Literature and Language with a minor in Philosophy from the University of Texas at Arlington, a Master of Science (2018) in Technical Communication from North Carolina State University, and a Master of Science (2020) in Medical Humanities from King’s College London. Esther matriculated at the University of Oxford in 2020 and spent two years in the Faculty of English. Esther worked with patients in a hospital as a Mental Health Technician in the geriatric in North Carolina, United States, and is currently working in Britain on COVID-19 research. Her research focuses on scientific communication, medical humanities, poetry, life writing, autobiography, and biography. Authoring 6 books, one of which, *“The Emotional Healing Behind Words”*, is a poetic memoir featuring a critical, meta-data analysis of 47 poems written between 2009 and 2012. Esther is a member of the Royal Society of Literature and an Associate Member of the Royal Society of Medicine.



Misrah Memon, the author of *“Core of Medicine”*, is a junior majoring in Biology with a minor in Medical Humanities and Bioethics.

Misrah Memon is a junior currently majoring in Biology and minoring in Medical Humanities and Bioethics. The drawing she did represents how she realistically views Medical Humanities. It is taking art and medicine and combining them figuratively together. Misrah knows that the artwork is on the simpler side. However, she feels it describes the term Medical Humanities in an efficient way.

Lea Arista, the author of *“Death of the Muse”* graduated from UTA in 2016 with a Major in Theatre and a Minor in Creative Writing, and has returned to pursue a Masters in HR Management.

A new major focus in her life is practicing Shadow Work and funneling negative emotions into an art form - typically literature. Her work is usually featured and performed at SODA Dallas art shows, where she showcases the therapeutic nature of her writing and how she has evolved with every challenge encountered. Previous works include: *True Education* (Honorable Mention) published in “The Little Orange Book II: Student Voices on Excellent Teaching” by the UT System Academy of Distinguished Teachers.

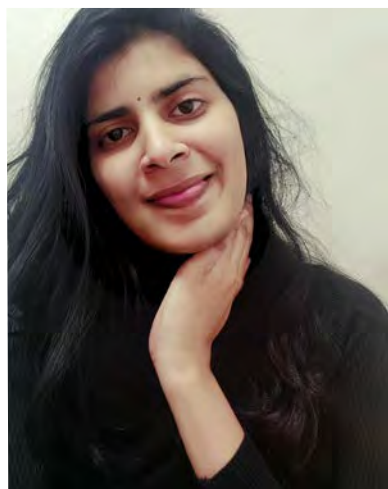


Marcy Davis, creator of *“Demise Life”* is an alumna from UTA, receiving a Bachelor’s of Fine Arts in Sculpture, minoring in Glass in 2022.

Marcy has received a BFA in Sculpture and glass minor at UTA in 2022. She is currently undergoing her Master of Fine Arts, exhibiting sculptures throughout the DFW Metroplex, and producing her work as @_mars_studio_. Her artistic interest combines geoscience with installation art. Marcy creates in today’s multi-modal art world by exploring nontraditional media, carving plaster, and hot sculpting glass. Additionally, Marcy is a manager at a coffee shop and adding more plants to her inordinate collection.

Lisa Phan, the creator of “*Junk Drawer*” is a senior Biology major at UTA.

Lisa Phan is a senior Biology major and has found herself involved in art ever since she was a child. For her, art is a fun outlet but also a way to process personal emotions and experiences. She feels that her art has always been created for her child self the most. *Junk Drawer* tells the story of her brief and early experience in the healthcare setting, not as a patient but as an interpreter. She wanted to emulate that feeling of truly being out of your element and hopes those who resonate with it also find comfort in not being alone.



Puja Ankitha Ivaturi, the author of “*In the Palace of Loneliness...*”, is a graduate student pursuing her Masters in Computer Science at UTA.

As an introverted individual, Puja Ankitha Ivaturi from Kaikalur, India, has always found solace in writing. She is currently pursuing her Masters in Computer Science from the University of Texas at Arlington. Ankitha has always been drawn to listening to people’s stories and being there for them, which led her to create an Instagram page called life_admirer where she shares her writing. Her writing style is freestyle, and she believes that words have the power to heal and inspire. Ankitha is known for her passion for spreading joy and happiness in people’s lives. She sees writing as a way of connecting with others on a deeper level and has used it to help her deal with the low points in her life. Each of her works is a part of her that she cherishes deeply, and she has the desire to make a positive impact on others through her writing. Ankitha’s biggest strength, source of inspiration is her family.

Ramiro Reyna III, the creator of *“Heartfelt: A Heart that is Understood”* is a sophomore biology student at UTA.

Ramiro Reyna III is from Brownsville, Texas and is currently a sophomore biology student at UTA. He is on the pre-medical track and is considering adding the Medical Humanities & Bioethics minor to his studies. Ramiro’s piece holds significance as it serves as a reminder of an electrophysiologist he met a couple of years ago for a cardiac condition he had. After seeing four different physicians for his cardiac condition, Ramiro felt stuck in a diagnostic limbo, just another patient to be processed through their medical algorithm. However, Ramiro’s experience with this electrophysiologist was different. The electrophysiologist took the time to effectively communicate with Ramiro and his parents, informing them about his condition and possible treatments. Her approach made Ramiro feel listened to and valued, and she currently serves as an inspiration for his aspiration to become a physician in the future.



Amani Salem, the author of *“Listen to Your Patient,”* is a 3rd year at UTA majoring in Biology and minoring in Medical Humanities.

Amani Salem is a third year at UTA majoring in Biology (pre-med) and minoring in Medical Humanities. She got into the Medical Humanities program but has always loved the humane side of science and medicine and the humane experience with healthcare. This piece of art had the initial thought in her head from the first week of her Medical Humanities class, and she stuck with it all throughout the semester until the final project came up. The method she used was a charcoal pencil and pen to outline and darken the drawing. Her inspiration was the quote that Dr. Gellman presented on the first day of the lecture, and Amani has featured that quote and famous physician within her art piece.

Alfredo Palacios, the author of “*English Proficiency and its Effects on Healthcare Perception and Quality*” is a senior majoring in both Linguistics and Biology at UTA.

Throughout his life, he has witnessed the difference language can make in the medical setting. As a result, he has invested a large portion of his career at UTA serving as a medical interpreter and performing research on language barriers in healthcare. His research addresses these issues from the patient’s perspective and strives to bring more awareness to them.



Mahdi Dezham, the author of “*How do you treat a UNIQUE MASTERPIECE?*”, is Dentistry retiree following his self journey at the age of 40.

Dr. Dezham graduated from dental school in 1998, built a successful dental practice chain, and decided to retire from dentistry in 2009 to follow his self-journey at the age of 40. His quest to explore the ultimate reality took on importance during his teenage years. Through research in self-knowledge and self-discovery, he realized that everyone is a unique masterpiece. Therefore, as a healthcare provider, Dr. Dezham had never advocated for a general or “cookie-cutter” treatment plan for all. Every new discovery and healthcare method that has been adapted into mainline treatment was at one time “out of the mold” and different at its inception. People are individuals with differing needs, perspectives, and treatments that often need to be tailor-made to those needs. Over the years, Dr. Dezham noticed that professional schools do not address this issue, leading to professionals graduating with one singular restricted mindset. To add to this dilemma, regulatory agencies and insurance companies limit healthcare professionals and allow very little room from the conforming framework created for professionals. His purpose for this article is to raise awareness and bring to the surface that every healthcare provider is unique and should feel free to practice without rigid and conforming

frameworks. This will eventually lead to new discoveries and improvements in treatment. Dr. Dezhham hopes that this topic will soon be at the forefront of discussions and receive the required acknowledgment.

Dana Johnson, the author of *“Battle of Will”* and *“Do the Birds Still Sing”*, is Licensed Professional Counselor in the Dallas-Fort Worth area.

Dana Johnson is a practicing licensed professional counselor (LPC) in the DFW area. She is not a UTA student but was made aware of this article through a friend who is. Dana is very passionate about her professional career and chose to write about something that impacts her regularly. Trauma impacts so many people in so many different ways. Trauma can also be excited by so many different life experiences that are unexpected, harmful, and difficult to cope with. Dana’s hope for people reading this is that they can find the courage to ask for help and find the motivation to want this experience to look different. Trauma is complicated, complex, and lonely. The light on the other side and the empowerment of working through something this impactful can be so encouraging. That is the hope Dana wants to provide to the public.



Eman Saad, the author of *“Lifeline,”* is a neuroscience pre-medical student.

Eman Saad is a neuroscience pre-med student. She has a keen interest in psychology and enjoys incorporating her two interests, psychology, and art, together. She created this artwork to signify mental illness. The figure in the drawing represents someone suffering from depression. The hands on top demonstrate hands reaching out to help others in need. Although the figure may be consumed by depression and darkness, their heart remains strong in contrast to the bleak surroundings. Eman created this artwork with the

intention that people would look at it and realize how concern for others can bring color, life, and hope to them. For her piece, she used digital art, as she wanted to take advantage of all the digital effects and brushes to contrast the bright colors against the dark, gloomy background. Eman hopes that her artwork will inspire others to lend support to those suffering from mental illness.

Zoie Bright, author of “*Death and Life*” is a senior marine biology undergraduate student at Texas A&M-Corpus Christi.

Zoie Bright is currently a senior at Texas A&M-Corpus Christi majoring in Marine Biology with minors in Chemistry, Environmental Science and Creative Writing. Bright possesses a deep passion for the natural world, and their goal is to ignite that passion in others through their writing. Bright likes to play with writing styles that employ themes that deconstruct traditional villains—blurring the lines between good and evil, which is where the inspiration for “*Death and Life*” originates from. In both life and literature, the villains aren’t always as obvious as we think they are...



Steven Gellman M.D., MFA, the author of “*Shoreline Rhythms*,” is the founder of the Medical Humanities Program at UTA.

Dr. Steven Gellman MD, MFA, the photographer of “*Shoreline Rhythms*,” is the founder of the Medical Humanities program at UTA. He became an educator of humanities within the Philosophy Department at UTA after retiring from his 30+ year career as a family physician. “*I am a father, grandfather, physician, teacher, and advisor; however, when people ask who I am — I am a photographer. Ever since I could hold a camera, here is where my creative spirit lives and my passions are unleashed*”. Dr. Gellman has always been drawn to the shoreline as a constant source of spirituality and inspiration. Here, he and his black lab, Roma, find respite, and solace.

Chris Casarez, the author of “*A Warm Embrace*” is a third-year undergraduate student at UTA majoring in Biology and minoring in Medical Humanities and Bioethics.

Chris Casarez is a third-year undergraduate student majoring in Biology and minoring in Medical Humanities and Bioethics on the pre-medicine track. Additionally, he is a proud first generation college student. Throughout his time at the University of Texas at Arlington, he has served as an undergraduate teaching assistant, an undergraduate research assistant through the UT-System LSAMP program, a volunteer at the Tri-C food

pantry, resident assistant through the department of Apartment and Residence Life, and was one of the first student interns for the Medical Humanities and Bioethics internship program at Arlington Memorial Hospital. Through the program, he learned about the humanistic side to medicine by observing both clinical and non-clinical roles of the patient-provider relationship within a hospital setting. The experiences he had as an intern encouraged him to continue his path towards medicine. In the future, he plans to attend medical school in Texas to become a family medicine physician. As a member of the Editorial Team for Stimulus Volume III, he is both amazed and inspired by the creativity and narratives that each author has contributed to the journal.



Sarah Le, the author of “*Growth through Suffering: Beautiful Blossoming*,” is a sophomore at UTA majoring in Biological Chemistry with a pre-medicine focus.

As a sophomore at UTA majoring in Biological Chemistry with a pre-medicine focus, Sarah wanted to create a piece that embodied the beauty of growth through suffering and how physicians can navigate a patient’s story to better understand and heal their patients. Pain and suffering are inevitable parts of life and can come in many different shapes and forms, but she believes that with the

right mindset, guidance, and support, one's pain can allow one to grow in beautiful ways. Each and every experience will shape us uniquely. However, Sarah also wanted to emphasize in her work that though we may all be experiencing different types, lengths, and severities of pain, we are all essentially the same, experiencing this journey of life together. Sarah hopes her work can shed some light on the power of empathy and an optimistic mindset in providing healing, growth, and fostering a kinder world.

Eman Khan, the author of *“Dismantle Ableism,” “Exhausted Spirit,” “Medication,” “Motor Skills,” “Healthcare,”* and *“Haldhi Dhoodh (Turmeric Milk)”* is the Director of Events of Mavericks for Medical Humanities and the President of Mavericks with Disabilities.

Eman Khan is Director of Events of Mavericks for Medical Humanities and President of Mavericks with Disabilities. Eman organizes events such as the annual Medical Humanities Fair and the annual symposium to spread the joy of Medical Humanities throughout the campus. At Mavericks with Disabilities, Eman works to promote Disability equity and inclusion, build a community for people with disabilities and allies, and foster Disability reform on campus. In addition, Eman often participates in open mic poetry and art galleries in Austin and the DFW to express herself. Science is her new love, and she believes swirling Erlenmeyer flasks and looking at samples through microscopes are art forms. Science and art are inseparable to Eman, and as a Muslim, she even finds them to be spiritual experiences. Eman is on the pre-med track and hopes to bring a culmination of these experiences and perspectives to enhance patient care.





Darashagam Nahal, the author of *“Cognitive Disease and Age-Related Cognitive Decline”* and *“Postcard From Punjab”*, is a third-year undergraduate student at UTA majoring in Biology.

Darashagam Nahal is a junior at UTA. She enjoys expressing her creativity through writing and photography. She is passionate about health, culture, and the link between the two. Additionally, she enjoys raising awareness about lesser-discussed health topics. She hopes to continue learning more about the medical humanities and population health as she progresses through her career.

Mayte Campos-Tovar, the author of *“Sky: Look Up,”* is a freshman Interdisciplinary Studies student at UTA and pursuing a minor in Medical Humanities and Bioethics.

Mayte Campos-Tovar is a Mexican-American first-year student steadily working towards an honors bachelor of arts degree. Their passions include all types of art, from fiber arts to welding and musical theater, which they like to incorporate into all aspects of their life. Mayte may sometimes get lost in their hobbies, but their loving partner, Rommy, always encourages and inspires them to keep moving forward and look up.





Amal Eltahir Ali, the author of *“My Castle,”* is a senior at UTA majoring in Biology with a minor in Medical Humanities and Bioethics.

Amal Eltahir Ali is a senior at the University of Texas at Arlington majoring in Biology with a minor in Medical Humanities and Bioethics. Amal aspires to become a pediatrician because of her admiration for children. Furthermore, throughout the various classes taken under the Medical Humanities and Bioethics minor, the importance of how hospital rooms and spaces should be designed for patients was explored. Her aspirations of becoming a pediatrician, her knowledge of the importance of designing hospital rooms to benefit the patient, and her love of creative writing inspired this short story from the view of a child. “My Castle” explores the imagination of a child staying at a hospital for a long period of time.

Kelsey Wells, the author of *“Get Well Soon,”* is a Visual Communication Design senior at UTA.

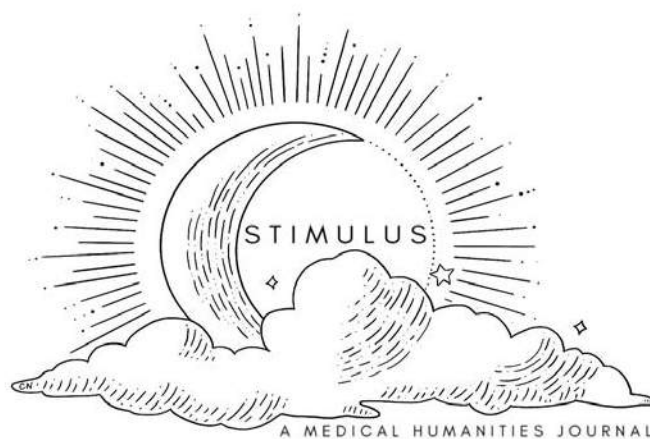
Kelsey Wells is a Visual Communication Design senior here at UTA. Her goal is to use design to tell the stories she’s passionate about. After graduating, she hopes to work in publication design and write children’s books. Follow her on instagram @ksrwdesign!





Cami Henyan, the author of “Luna,” is a senior at UTA majoring in Biology and minoring in Medical Humanities and Bioethics.

Cami Henyan is a senior at UTA majoring in biology and minoring in medical humanities. She hopes to become a pediatrician in the future to combine her interests in healthcare and childcare. She has worked with kids as a swim teacher, nanny, and now as a scribe in a pediatrician’s office. Cami was drawn to the medical humanities after working in the ER as a scribe and seeing the need for compassion and understanding from providers when communicating with patients. She also has a passion for volunteering with her dog Luna as a therapy animal team. She visits patients and staff at hospitals, children at libraries, and patients at rehabilitation clinics. Through volunteering in the healthcare setting, she has seen the importance of focusing on someone as a unique person instead of only as a patient. Cami has found that medical humanities is the perfect training ground to learn about considerate and thoughtful patient care. As a previous editor for Stimulus, she has been inspired by our author’s creativity and insight on the human experience behind medicine. She believes that her experience in the medical humanities will guide her to become a caring, well-rounded healthcare provider in the future.





WHAT'S AT UT ARLINGTON

Pre-health

Please be sure to visit the UTA Health Professions Office:

[Health Professions - College of Science - The University of Texas at Arlington \(uta.edu\)](https://www.uta.edu/academics/schools-colleges/science/degree-programs/health-professions/advising)

You can set up advising with our Health Professions faculty and staff:

<https://www.uta.edu/academics/schools-colleges/science/degree-programs/health-professions/advising>

- Health Professions Advisor - Sandy Hobart
- Pre-med Consultant - Dr. Steven Gellman
- Assistant Dean of the College of Science and JAMP Faculty Director - Dr. Greg Hale
- UTA Student Peer and Alumni Mentors

In addition, UTA has a great variety of pre-health student organizations serving the comprehensive needs of a variety of pre-health career needs.

Symposium and Fair

We hope you were able to attend this year's second annual Medical Humanities Symposium, which was held on April 7, 2022, on the 6th Floor of the Central Library. We also successfully held our first Medical Humanities Fair full of activities and booths in Fall of 2021. We look forward to our Second Annual Fair in Fall 2022 and the third annual Symposium in Spring 2023.

Mavericks for Medical Humanities Organization

Medical, dental, pharmacy schools, etc., no longer look exclusively at test scores and grades: It is important that applicants are well-rounded and have a firm grasp on bioethics. Mavericks for Medical Humanities is an organization at UTA that is a fun, interactive way to begin incorporating ethics, empathy, and the humanities into your education! Plus, we are all good friends here and we love a good discussion that goes beyond the bounds of your typical pre-req course! We hope that you will join our meetings this upcoming year our club is open to all majors, and we have big plans in store. To stay updated on meeting times, follow the links provided to join our GroupMe, see meeting topics on the Instagram, and explore the medical humanities at UTA!

Contacts:

<https://linktr.ee/med.humanitiesUTA>
medhumanities.uta@gmail.com

Stimulus Contact:

https://linktr.ee/UTA_MedHumanities_Stimulus

<https://medhumanitiesuta.wixsite.com/stimulus>

stimulus.mhj@uta.edu

Medical Humanities and Bioethics Minor and Certificate

We are excited to announce that UTA now offers a minor in Medical Humanities and Bioethics. This program requires 18 credit hours, of which HUMA 3300, PHIL 3319, and a Disability Studies course are required. Starting Fall 2022, an internship opportunity to the Medical Humanities and Bioethics Minor will be added. Interested Minor students will need to contact Dr. Gellman to be sure they have met the prerequisites to take part in this internship.

The Medical Humanities Certificate Program includes a 12-credit plan. The HUMA 3300 course is required along with a variety of elective options in multiple disciplines.

UTA offers four courses in Medical Humanities taught by Dr. Gellman: HUMA 3300: Medical Humanities; HUMA 3360/SCIE 4301: Issues in American Healthcare thru Film; SCIE 4303: Clinical Medicine and the Human Experience; and SCIE 4304: The Art of Diagnosing Disease in Humans.

Dr. Eli Shupe is overseeing the Bioethics courses, including: PHIL 3319: Biomedical Ethics; HUMA 3340: Healthcare Through Fiction; and PHIL 3341: Topics in Bioethics.

Dr. Sarah Rose is overseeing the Disability Studies Program, which includes multiple possible course selections. The Disability Studies Minor offered at UTA is taught by faculty from all over campus: the Colleges of Liberal Arts, Nursing and Health Innovation, Business, Education, and the School of Social Work. This multidisciplinary minor prepares students for careers in law, education, public health, nursing, engineering, communication, and social work, among other fields.

We have an Art Studio in the Philosophy Department on the 3rd floor of Carlisle where Medical Humanities and Bioethics students can develop their creativity. There are a variety of supplies for student use.

Faculty and Staff Contacts:

Steven Gellman: steven.gellman@uta.edu

Sandy Hobart: sandy.hobart@uta.edu

Eli Shupe: eli.shupe@uta.edu

Sarah Rose: srose@uta.edu



SOMETIMES WE NOT ONLY
NEED TO HEAL THE BODY,
BUT THE SOUL.

-From "*Healing*" by Yanina Blanco