Participant Bios

Laurel Daniels Abbruzzese
Hi. I am a faculty member in Columbia’s Doctor of Physical Therapy Program. I was first introduced to Narrative Medicine in 2007, my first summer teaching at Columbia. I participated in a Narrative Medicine workshop for our DPTIII students led by Rita Charon. Since then, I have invited faculty from Narrative Medicine to lead workshops for our students in several different courses. I believe in the power of Narrative Medicine to improve attention, active listening skills, and reflective capacity, which are all essential skills for our developing clinicians. I am currently collaborating with an interdisciplinary team investigating “Using Narrative Medicine to Address Weight Bias Across the Health Professions: Toward Improved Health Care for Persons with Obesity.” We have been exploring Narrative Medicine techniques during phase I of our grant. I look forward to expanding my skills in this Basic Workshop.

Paul Adams
I am a journalist who has had a lifelong interest in medical issues, though much of my career has been as a political journalist. I wrote a book about my son’s (successful) struggle with congenital heart disease. In 2016 I lost my wife to metastatic breast cancer. In the last year I have written and spoken on her experience with palliative care, and I am considering a book on issues of death and dying.

Kim Adzich
I am a palliative care physician with a recent academic appointment at McMaster University in Hamilton, Ontario, Canada. I will be involved in undergraduate education, including narrative medicine, as well as teaching Family Medicine residents in palliative care electives. I am personally interested in combining storytelling/writing and my photography to express my thoughts.

Sufina Ali
I am interested in joining the certificate program this year.

Marie Rose Arong
My interest in narrative medicine is derived from my background in the medical sciences (pre-med) as well as my current research area, narrative studies (My PhD thesis topic was about the study of Filipino novels in English using postcolonial and narrative theories). Besides teaching at University of the Philippines Cebu, communication program, I am also currently lecturing at the Cebu Institute of Medicine, where I hope to propose a narrative medicine course.

Jessica Babal
Hello! I am totally new to Narrative Medicine but very interested in the field. I am a pediatrician interested in promoting health, wellness, and empathy for patients, trainees, and medical providers through story telling.
Marie Barnett
I am a clinical psychologist working with children, adolescents, and young adults during cancer treatment, survivorship, and end of life. The experience can often, and at best be described through metaphor, stories, and the "indescribable". My goal is to bring Narrative Medicine and the practice to both my work and the medical fellows and residents training experience.

Marilyn Barton
Served as editor of annual Riverside Nurse magazine during 1990-2005 then editor of The Color of Their Eyes, a hard cover book of nursing stories in 2007 for Riverside Health System. Published 4 short stories in online Pulse. Goal is write about hospital patient care from an unfiltered RN’s perspective. Want to develop both nonfiction and fiction writing skills.

Mary Bayliss
My experience with narrative medicine is limited to a fantastic 3-hour pre-conference workshop that I attended in Banff. The facilitators introduced us to Dr. Rita Charon and walked us through the process of a close reading and a very brief exercise in writing. This brief exposure left me wanting more.

Lara Beliner
I am a medical student interested in engaging with the field of Narrative Medicine to help create meaningful patient interactions. As an undergraduate student, I pursued interdisciplinary studies at the intersection of Cognitive Science and English Literature to explore the understanding of people at both the scientific and human levels. Now as a medical student, I have continued this progression of interests towards Narrative Medicine, involving myself in the running of a book club for medical students as well as interning at the Bellevue Literary Review, experiences that have allowed me to expand my perspectives on patient care.

Heidi Bergenholtz
I have no prior background in narrative medicine until now. I am a nurse with a Ph.D. doing a postdoctoral project which aims to explore end-of-life conversations at the hospital. The project will involve four substudies, and its theoretical framework is inspired by both Interpretive Description and Narrative Theory. In the first study, the story of current practice involving end-of-life conversations will be explored. To understand how these conversations can be improved, it is necessary to understand how they are performed in current practice. Furthermore, the study will focus on patients’ and relatives’ needs and wishes regarding the conversation, in order to develop a narrative framework for the individual conversation.

Christopher Blake
I gained an initial exposure to narrative medicine during my masters in Medical Anthropology. More recently, I've completed a Narrative Medicine focused elective during my Palliative Care Fellowship and am undertaking a continuing faculty development program on developing narrative competence. In my spare time I write short fiction and I'm excited to begin to fuse clinical work with my other great interest.

Heather Bryant
As a writer and teacher, I've found that students in my memoir workshops are transformed by the process of writing their life stories. I first discovered narrative medicine in 2000 when working on a project on the study of literature in medical ethics classrooms. I returned to the study again in 2016 through a workshop at the Kripalu Center for Yoga and Health. Now, I teach workshops combining writing with meditation and tools for self-care at Wellbody in Union Square.
Dara Cerv
I am new to narrative medicine, but I am not new to narrative practices. I hold an MFA in creative writing and hope to combine my skills as a storyteller and writer with those of social work.

Jennifer Chapman
I’ve had an interest in NM from the time I first heard the term a handful of years ago - thinking it may perfectly combine my education (English, Women’s Studies and Public Health degrees) & professional (2 decades of clinical research) experiences. Very recently I began participating in a monthly Inter-professional NM group at work which was the impetus for looking in to this workshop – the bonus being that the focus is in palliative medicine, which is also the focus of my work. So the extent of my “background in NM” is rookie/beginner…with a big interest in learning more.

Allison Chrestensen
I’m currently working on a project at Duke University Health System that combines narrative medicine practices, theater improvisation and mindfulness training for medical residents. The goal of the workshop is to improve adaptability in a stressful, unpredictable environment and decrease risk of burnout. This project has been my first introduction to narrative medicine.

Emily Churchill-Smith
Currently, I have no formal background in narrative medicine. However, my experiences growing up in a 'medical household', combined with my work experience in healthcare settings has left me fascinated and curious about the perspectives and stories of patients as well as healthcare practitioners. Through my academic and professional experience, I have become increasingly fascinated with the connection between storytelling and medicine, and the impact it has on individuals, communities, and systems.

Marcin Chwistek
This is my second time coming to the workshop. Looking forward to meeting you all.

Jaina Clough
I am a hospice physician with an interest in narrative medicine for both medical education and personal creative work.

Helen Cluett
I’m a family physician with an interest in how people interpret their experience. I do a lot of palliative care in many contexts. I noted particularly the stories emerging (from families, caregivers, staff) at our residential hospice.

Curtis Coats
I have a PhD in Communication, but my background with Narrative Medicine is more personal than my credentials. When my father was diagnosed with Chronic Lymphocytic Leukemia, I trusted that his medical team could understand his biology. But would they understand him? Would they know that he is fiercely anti-authoritarian? Would they know he is sincerely religious? Would they know that he uses humor to deflect his pain and his anxiety? If narrative medicine can help others be known, then I’m in.

#palliativecareNMworkshop
Heather Coats
I have worked for more than 18 years in palliative, oncology, and hospice care as an administrator, clinician, and educator. This work has provided me with many experiences caring for patients with life-limiting illness (LLI), from diagnosis to end of life. These experiences motivate me to improve quality of life (QoL) for patients who are facing LLI in our fragmented health care system. In 2006, I became a palliative care and advanced oncology nurse practitioner, the beginning of my efforts to focus on improving palliative care clinical practice. I earned my PhD in Nursing Science with the support of a NIH/NINR individual predoctoral fellowship (F31) focused on research with minority patients with LLI. After my dissertation, I continued to be involved in palliative care science as a postdoctoral fellow in the Palliative Care Research Fellowship program at the University of Washington (UW)/Cambia Palliative Care Center of Excellence (NIH/NHLBI-T32). I am a currently funded NIH/NINR K awardee 2017-2021 and doing feasibility/usability of a narrative intervention for patients with serious illness. My prior research experience has been with narrative methodologies and now using those methodologies as intervention.

Molly Collins
My long-standing interest in narrative medicine was sparked in medical school, although I have no formal training in this area. In my work as a palliative care clinician, I am surrounded (and at times overwhelmed) by the stories of my patients and my colleagues. As I’ve advanced in my career, I have spent less and less time unspooling these powerful stories from my clinical practice. I am eager to learn narrative medicine as a tool of connection, teaching, and reflection, and I am grateful for the opportunity to do so in a forum focused on palliative care.

Natalie Compagni Portis
In my work with those with life threatening illness, loss and bereavement, my study of narrative medicine has allowed me to deepen my work and give depth to my work with physicians in assisting them to feel more supported in their work and more effective in their work with patients.

Gregory Compton
Non specifically, I read a lot and enjoy poetry and teach communication skills to residents.

Joannah Cook
My interest in Narrative Medicine began when I attended a Spiritual Care Week lecture by Dr. Rita Charon in Atlanta. I remember being so thrilled to hear about this field of study because it encompassed so much of my passion for listening to and responding to stories of illness. I continued my learning through reading articles and books, as well as attending another workshop led by Dr. Charon at Emory University. In 2016, I participated in the Summer Institute at Columbia and one year ago I began a writing group for patients at the hospital where I serve in Georgia. I look forward to continuing to sharpen my skills through the Advanced Workshop and bringing what I learn back to my palliative care team.

Karen Cook
I have used narrative medicine readings and practices to look for what is unseen and unsaid in my practice and research, and to be open to unusual and paradoxical ways of understanding patient perspectives. My work with young adults with life limiting conditions is always alarming and refreshing. However, when my husband died suddenly and unexpectedly last year, I was hurled into an abyss where very little of my compassionate knowledge and curiosity, and even experiences with my own parents’ deaths were helpful. I look forward to revisiting narrative medicine in this workshop and the journey that will follow.

#palliativecareNMworkshop
Bronwyn Cooper
This is my third workshop at Columbia in Narrative Medicine. Sometime in the near future I would like to get my Certificate and teach medical students and residents the subject.

Kay Cosgrove
I am a poet and a professor of creative writing and the daughter of a physician. Though I do not have any science background, I have a creative and academic interest in exploring the intersection of narrative and medicine, and have taught a variety of narrative medicine classes in hospitals to both physicians and patients. I am currently working on an essay that explores the relationship of mentor/mentee in the face of terminal illness.

Catherine Courteau
Lifelong interest in literature. I have completed a CÉGEP program in Arts and Science prior to entering medical school. In medical school, I have co-founded and co-led the "Little Osler's Reading Club", a reading club for medical students with biannual meetings held around non-scientific medical books, using literature as a therapeutic and analytical tool to become better physicians. Following the success of the reading club, I have co-created a pilot reading module for the official McGill University Physician Apprenticeship course.

Chase Crossno
Chase Crossno is the Assistant Artistic Director and an Assistant Professor, Community & Public Health at the TCU and UNTHSC School of Medicine in Fort Worth, a new medical school program seeking accreditation to open in 2019. Chase is both an artist and a public health professional. After receiving her undergraduate degrees in Theatre and Anthropology from the University of Texas at Austin, she spent two years in rural Namibia using theatre and art to engage and educate high school students and local communities in sexual health promotion and HIV prevention. Chase also worked for the largest AIDS service organization in central Texas and was instrumental in the successful development of the off-site HIV testing program and condom distribution network for the agency. In 2010, she co-founded a theatre company in Austin, TX, whose mission is to use curated experiences to raise difficult questions, inspire original thinking and to enrich the cultural landscape.

Tilman David-Walek
Took part in last year’s program and felt very stimulated and inspired. It needs more patient focused consideration in applying medicine. I want to go further in this direction but need better skills to do so. I am confident to learn a lot in this workshop.

Janet de Groot
A few years ago, we introduced Bill Branch's Humanism and Professionalism faculty development program to our medical school. A co-developer leading Health Humanities and the course in turn, introduced me to the emotional power of narrative medicine. Recently, a postgraduate resident, a few collaborators and I wrote a narrative on how the many and varied relationships in research have the potential to vitalize research training.

Allison DeLaney
In my previous work as hospice chaplain and bereavement coordinator I informally encouraged patients, families, and staff to share their stories as a way to promote meaning and healing. I have never formally been trained, but did find anecdotal success through inviting bereaved family to write letters to loved ones and to share poetry and reflections that expressed their journeys.

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Mauli Desai
I was an English literature and Neuroscience major in college. I've always loved writing and describing patient stories, and physician-patient encounters. I think it can be powerful in many ways. I would like to work within a community to develop my narrative medicine skills.

Barbara Doherty
Barbara Doherty and Imogen Lycett Green founded Narrative Workshops CIC in 2014, and run regular narrative medicine workshops in Brighton, UK, building emotional and resilience for adults with chronic illness and mental health issues. Imogen has attended Columbia's Narrative Workshops both Basic and Advanced but wishes now to explore narrative medicine in Palliative Care.www.narrativeworkshops.co.uk

Alexis Drutchas
I am a Family Medicine Physician in Boston. Writing with a framework of narrative medicine is a way I reflect, see and understand the further meaning in my clinical work.

Debra Dusome
I attended the Basic Narrative Medicine workshop almost two and a half years ago and felt like I had found my people from all over the world. I have been a fan of Narrative Medicine since 2006 when I read Rita Charon’s Honoring the Stories of Illness. I am a psychiatric nurse and expressive arts therapist and my careers have centered around listening to and working with people’s stories.

Nicole Fantin
My graduate education included a narrative therapy component in application to a variety of populations. I have worked clinically with the palliative population for the past five years, utilizing narrative techniques with some clients.

Alison Flanagan
I am a palliative care physician and assistant professor at Queens University in Kingston, Ontario. With an undergraduate degree in Anthropology, I have an interest in the intersection of medicine and the humanities, and I came across the field of Narrative Medicine and the work of Rita Charon and others during medical school. I have been fascinated ever since. This will be my first workshop in Narrative Medicine. Patient’s stories play such a central role in my daily practice, and I am looking forward to enhancing my practice and my purpose through this workshop. I also hope to incorporate components of narrative reflection into my teaching role with medical students and residents.

Janis Forman
I am a professor of management communication at UCLA’s Anderson School of Management where I teach narrative to teams of graduate students who are developing stories about next-stage development for organizations that they consult with. I find that “listening to the emerging narratives” of these students is essential to helping them develop as thinkers and decision makers. Research in narrative medicine has not only been a powerful tool for facilitating my work with students but also complements my own research on narrative in organizations.

Sarah Gambito
I’m Director of Creative Writing at Fordham University and co-founder of Kundiman, a literary nonprofit dedicated to Asian American literature. I’m interested in narrative medicine as a tool to reach communities of color that have suffered trauma.

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Caroline Gardiner
I am a medical student with a background in creative writing and a deep appreciation for literature. I am part of the Narrative Medicine Community of Practice at UBC, which meets monthly to develop skills and aims to integrate narrative medicine into the undergraduate program curriculum. I will be working with palliative patients during the summer to create legacy projects. This entails leaving something behind through any means, including written pieces.

Christine Gibson
As a family physician, we are in the privileged position to hear stories all the time. As ED of an NGO that works on health equity globally, I know narrative is the gateway towards social accountability and authentic communication. A writer of poetry and novelist, I find that writing allows self-reflection and fosters advocacy. Speaking about narrative medicine for therapy, reflection, and research at Rio for WONCA and Tunisia for the World Summit on Social Accountability, I’m now learning that it is key to our relationships and the understanding of context. I am interested in this course in the context of MAiD and the ability to enhance wellness in dying.

Rozanne Gold
Since 2007, I have been a spiritual care volunteer working directly with dying patients and their families in hospital and hospice settings in New York City. This work began after the death of my mother and a longing to deal with my own grief. I was trained by the Visiting Nurse Service, by the New York Zen Center for Contemplative Care (where I was also a Board member), and by the INELDA organization as an end-of-life doula. I have worked at the Brown-Goodman Residence, Bellevue’s Haven, Mt. Sinai, Methodist Hospital, and with private clients. As a professional chef, food writer, and journalist for 40 years, I am now exploring the idea of spiritual nourishment at the end-of-life. I received my MFA in poetry from the New School in 2016.

Marc Gross
Marc Gross is a partner at Pomerantz LLP, which specializes suing corporations on behalf of defrauded investors. Most recently, Pomerantz led lawsuit on behalf of international institutional investors against the corrupt Brazilian oil giant, Petrobras. He is also the President-Elect of the Institute for Law and Economic Policy (which promotes academic scholarship on investor and consumer protection issues), and a board member of T’ruah, The Rabbis Call for Human Rights. Mr. Gross’ interest in narrative palliative care comes by way of his involvement in efforts to pass a Medical Aid in Dying bill in NYS, his son’s work as an Intensive Care Physician (confronting end of life issues on a daily basis), and his father’s struggle with cancer prior to his death decades ago.

Daphna Grossman
I have no formal background in narrative medicine. You might say I am an amateur narrator. However, I have been keeping a journal for years, writing my week in review. This has allowed me to document the highlights and lowlights of the week, giving me pause and providing me with the opportunity to reflect on the events, both in my personal and professional life as a palliative care physician. I look forward to learning about narrative medicine.

Nicole Gudzowsky
I’m pleased to be attending my third Narrative Medicine workshop. Using my writing and storytelling background toward helping elevate patient experience is a profoundly gratifying pursuit. My interest in this area of study stems from helping care for my parents through their complex illnesses. I am currently a member of the Johns Hopkins Patient Family Advisory Council as well as Hopkins’ Surgical Quality Initiative Committee. The Narrative Medicine workshops have deepened my commitment to these roles and allowed me to lend a more informed and constructive voice to their activities.

#palliativecareNMworkshop
Caitlin Gutheil
I have a Bachelor’s Degree in English Literature and a Master’s Degree in Public Health and have worked in the health care field for over twenty-five years, primarily in academic research settings. I currently work at The Center for Outcomes Research and Evaluation at Maine Medical Center (MMC), focusing on qualitative studies including a current study on providers' opinions about end-of-life care for advanced heart failure patients. Outside of work I write both fiction and creative nonfiction and am interested in finding ways to bridge my interests in writing and health. This spring I am participating in MMC’s Literature and Medicine program. This is my first course in Narrative Medicine.

Taraneh Matloob Haghanikar
My major field is storytelling and children’s literature. I am interested in exploring whether and how the involvement of storytelling approaches into narrative medicine has the potential to provide sick children with a better feeling to narrate their story of sickness. Also, I would like to explore whether and how the involvement of virtual reality into narrative medicine has the potential to provide patients with a feeling of immersion and realism to better narrate their story of sickness.

Alan Haras
I am new to Narrative Medicine with a background in coaching, leadership development, spiritual direction and contemplative practice, much of my work focuses on how narrative shapes and informs our experience.

Gretchen Henry-Connelly
I quite enjoyed my only experience with narrative medicine, which was taking the basic workshop in November 2017. My background is in the arts - particularly theatre and dance. For the past few years I have found work creating and officiating at personalized non-denominational ceremonies.

Masaya Higuchi
Narrative medicine seminars as a part of palliative medicine fellowship training and attending monthly narrative medicine rounds at CUMC.

Luigia Iamele
I’m working in an Italian hospital, in Bergamo, near Milano and I am responsible for the Public Relations Office. During my work I’m concerned with the storytelling of patients or caregivers. I’m very busy listening to their feelings, their thoughts about illness or death….For this reason, I’m very interested in narrative medicine. In October 2015 I attended the Basic Workshop. It was an amazing experience and helped me and now I can give this to our patients.

Nancy Iverson
I participated in a Columbia University Narrative Medicine workshop in 2007. I have used learning from that in my work with pediatric palliative care, bereavement groups, and as a faculty member for the Healer's Art at UCSF.

Aldona Jankowska
Aldona Katarzyna Jankowska is a pediatric oncologist, PhD, employed in Pediatrics, Hematology, Oncology Clinic and she is the Head of Laboratory for Communication in Medicine. Her scientific work is devoted to her profession as well as communication in medicine. Together with Oliwia Kowalczyk, they have developed and introduced a new teaching approach into the curriculum of Medical Faculty students in regards to teaching medical communication skills. We would like to incorporate narrative medicine into our program and implement it as a new core element from the next academic year.
Syl Jones
I founded the narrative medicine program at HCMC and am the Director of Narrative Health and Medicine and am part of our executive team. I have written a play about palliative care for the Minnesota Palliative Care and Hospice Association.

Pamela Kahn
I became aware of narrative medicine from several colleagues who have taken the workshop. I have listened online to many of the weekly talks. I am fascinated by the idea of using literature and narratives to tap a deeper understanding of each person’s experience of themselves, and the narrative of their illness in the context of their lives. I am a researcher specializing in schizophrenia, a psychotherapist, and also teach science writing to psychiatry residents at NYU. I would like to learn more about the techniques of narrative therapy with the goal of using these techniques with schizophrenia patients and using what I learn with the residents.

Evonne Kaplan-Liss
Dr. Evonne Kaplan-Liss is Assistant Dean of Narrative Reflection and Patient Communication at the TCU and UNTHSC School of Medicine in Fort Worth, a new medical school program seeking accreditation to open in 2019. This is the first Dean level position in a medical school dedicated solely to training faculty and medical students to communicate more effectively first and foremost with their patients as well as with colleagues of other disciplines, the community, the media, funders and policymakers. Dr. Kaplan-Liss comes to us from the nationally acclaimed Alan Alda Center for Communicating Science, where she was the Founding Medical Program Director. Dr. Kaplan-Liss saw this innovative new medical school as a unique opportunity to transform healthcare by inspiring the next generation of medical students to be empathetic scholars by embedding communication training throughout their 4 years in pre-clinical and clinical courses and within all patient encounters. Our overarching goal is to infuse empathy and clarity training throughout a new progressive communication curriculum positioning the Fort Worth School of Medicine to become a model for other medical schools to emulate when developing and integrating their communication training.

Ron King
With experience as hospice chaplain, NHPCO educator and narrative family therapist, I’m focused on the relational significance of story and it’s potential for social change. Working with a new NPO to simplify story structure and teach meaningful practical narrative methods for professionals and ‘ordinary experts’ within time limitations. We are currently collecting local and international stories related to healthcare access/practice in the form of storyboards that use original artwork to cross cultural divides and language barriers.

Jeanette Bresson Ladegaard Knox
I have been interested in the uses of narratives to unfold and alleviate human dramas within health care for more than a decade. My professional work involves, for example cancer survivors who often employ metaphors to explain their experiences.

Jacqueline Kolosov
I am a writer and creative writing professor with a visual arts background. This year I am directing a $47,000 grant from The CH Foundation that brings arts programming to four populations, one of which is palliative/supportive care. I am training graduate students and undergraduates to work as artists in residence with this population as well as with pediatric patients, veterans and at risk teens.

Kelly Cronin Komatz
I am a full-time practicing pediatrician who cares for children with life-limiting conditions. I am board certified in hospice/palliative medicine as a general pediatrician. I have already completed the introductory narrative
medicine course and found that narrative medicine is what I do every day at least once a day. I listen. I listen to the caregivers’ stories. I listen to the patient’s stories if they are capable of sharing. And I listen to the others involved in caring for these children who will not survive to adulthood.

Michael Kopf
I studied English literature in college.

Nicholas Kopple-Perry
I am on the psychosomatic medicine service at Mount Sinai St. Luke’s Hospital and Mount Sinai West. I also work at the Institute for Advanced Medicine, which is an infectious disease clinic, providing psychiatric services to mostly HIV+ patients and the recently incarcerated. During my fellowship I participated in a medical ethics certificate course and had the pleasure of being taught by Danielle Spencer (who is on faculty at CU). I am a novice in the field of narrative medicine, but know increasing my familiarity can only make me a better doctor.

Oliwia Kowalczyk
I have a Master in English Philology, currently a PhD candidate in linguistics. My scientific work is devoted to medical language and medical communication. I’ve been employed in Collegium Medicum in a newly established Laboratory for Communication in Medicine. Together with Aldona Jankowska, they have developed and introduced a new teaching approach into the curriculum of Medical Faculty students in regards to teaching medical communication skills. We would like to incorporate narrative medicine into our program and implement it as a new core element from the next academic year.

Yukie Kurihara
I am a clinical social worker and educator, working in the field of Palliative/End of Life Care. I have been in this field for the past 25 years, including working in the U.S (here in NYC) and in Japan. I have been doing workshops on grief and bereavement, communication, and self-care/contemplative care for patients/families as well as health care professionals. I took courses of the M.S. program of Narrative Medicine in this past Fall and enjoyed every minute of it. I am also happy to be back to NYC where I studied and worked back in the ’90s, bringing back all the fond memories.

Laurence Laneuville
I have an interest in narrative medicine. A fellow medical student and I created a reading club for medical students at McGill University. I am a medical school graduate and a student in French literature at the moment.

Alicia Larson
I’ve recently begun my journey of learning about narrative medicine. I find it to be absolutely spot on in so many of its assertions. I’m currently reading Dr. Charon’s Narrative Medicine: Honoring the Stories of Illness that has already impacted the way I work with patients, caregivers and staff at Roswell Park Comprehensive Cancer Center. My role here is as the Life Recorded program coordinator. The program is based on NPR’s StoryCorps program. With a team of volunteers, we capture stories of patients at all stages of their cancer journey; caregivers past and present; and staff members. We also welcome philanthropic donors to share their stories and blood donors, as well. Our program's vision is to provide people of all backgrounds and beliefs with the opportunity to share, record and treasure stories, memories and insights. Our participants tell us that the experience is cathartic and all are glad to have participated. Life Recorded is a program within the Pastoral Care department, funded by donations from a very generous family. In attending this workshop, I hope to pick up methods and thoughts for improving the program. I also hope to come away with thoughts as I work toward developing a meaningful research study of the impact our program has on participants.
**Hannah Laycock**  
I’m a UK fine-art photographer (https://hannahlaycock.com), currently exploring my experiences of living with multiple sclerosis. Narrative Medicine partly inspired the creation of my latest MS related project, Awakenings. Within the next year I would like to continue exploring this theme, using photography as a tool to help bring together arts and science to reimagine health and wellbeing and what it is to be disabled and live with a chronic and invisible conditions such as MS. An extended essay was written about my work and featured as front cover piece for The British Medical Journal: Medical Humanities, February 2017 http://mh.bmj.com/content/43/1/47. I’m in the process of furthering my research interest by deepening my connections with the medical humanities, and have done so through the University of Edinburgh Neuroscience (UK). The hope is to bring the neuroscience and the arts together on another project I’m am working on, MS Is My Boyfriend’(https://www.msismyboyfriend.com).

**Tom Lee**  
Physician entrepreneur, learned of program via Anne Cunney, interested in learning more about how NM can impact the care delivery system in a positive way.

**Mary Lincoln**  
My previous experience with Narrative Medicine has made me want to go further with this; I think I have an ideal combination of skills and experiences to do so.

**Daniella Lipnick**  
Daniella Lipnick was born and raised in NYC. She graduated in 2012 from Kenyon College with a B.A. in Psychology. She then worked as a researcher on various health psychology studies assessing ways to enhance quality of life for patients and their caregivers. She completed an M.S. in Narrative Medicine in 2017 where she focused her work on normalizing conversations about death and dying. She is currently a first-year medical school at Penn State-University Park Program. In her free time, Daniella enjoys cooking, reading, and Zumba classes.

**Arthur Loik**  
I purchased Rita Charon’s book on Narrative Medicine close to 8/9 years ago and have always been drawn to how narrative practices can shape and strengthen a therapeutic relationship. As a palliative care counselor working in a hospice, I’m drawn to the idea of incorporating this approach to my own clinical practice.

**Mellen Lovrin**  
I attended the Basic Narrative Medicine Workshop Oct 2016. The group I was assigned to bonded almost instantly and an open and trusting relationship facilitated a deep sharing of our writing.

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Malgorzata Luber-Szumniak
I’m a Polish family physician who moved to Sweden ‘2003 and who is very interested in narrative medicine and applying this concept in everyday practice. Besides - I intend to achieve additional specialty in palliative medicine in the coming years. I am a member of the Swedish Association for Narrative Medicine which cooperates with Columbia University. I have already participated in the basic workshop twice, but not in the USA. I had an honor to meet Rita Charon personally during a workshop in Sweden (Kungälv, Gothenburg) in 2016. And last autumn, in Kungälv again, workshop’s participants were (among other things) practicing narrative-based model for interactional skills with John Launer (Tavistock Clinic, UK), the originator of narrative-based practice called “Conversations Inviting Change,” this approach is based on the simple idea that everyone - whether as a patient, client, learner or colleague - benefits from telling stories about their experiences, and being skillfully questioned about these. I look forward to attend the workshop in New York and to meet faculty members and other keen participants.

Danielle Martinetti
This will be an introduction in narrative medicine. My background is in Public Relations where I told the stories of luxury brands for over 15 years. As I move out of that industry, I’m seeking new career opportunities where I can help people share and tell their personal stories. I’ve lost quite a few family and friends over the years and also taken some initial classes to become an end of life doula. As more people remain single, I believe they will reflect on what impact their life has made and to whom, and will seek people/professionals to share their story.

Anne E. Mathews
After attending one of the first information sessions on Narrative Medicine I have wanted to pursue a degree in this emerging field. My educational and professional background in international business, deep interest in medicine, and a late-in-life turn to writing are the basis for a business plan centered on working with the oldest old and immigrants of all ages. Everyone has a story and each story matters.

Robin McClure
I have already enjoyed participating in Columbia’s Basic and Advanced Workshops in Narrative Medicine. As a palliative care physician, I look forward to this workshop which aligns so well with my primary area of clinical work and teaching.

Michael McIntyre
I have attended one previous workshop and have integrated extensive personal study of Narrative Medicine into my teaching. For example, in a course in psychoneuroimmunology, a focus on the relationship between narrative and health is a major focus. I also teach several mindfulness-based interventions all of which are influenced and enriched by my work in Narrative Medicine. My research investigates the efficacy of several interventions in reducing stress and promoting well-being in a variety of groups including both healthcare workers and patients. My fMRI research is beginning to investigate the brain bases of these behavioural affects.

Alexandra McPherson
I am currently a PGY2 Pain and Palliative Care Pharmacy Resident from the University of Maryland. Earlier this year, I had the opportunity to participate in a narrative medicine workshop led by Columbia University’s Catherine Rogers. This was my first official introduction to the field of narrative medicine and in one 3-hour sitting, I was hooked. My interest in strengthening my knowledge in this field is two-fold, spanning both my personal and professional lives. Recently, I have found myself channeling my inner teenager when I get home from work. Not following? Let me explain. My husband will ask “How was your day? Did anything exciting happen?” (a la parent picking their teenager up from school) to which I’ll reply “My day was good. Nothing really out of the ordinary.” I say it with such conviction that even I start to believe myself! But then the wheels start spinning as I replay the
day's events. Compassionately extubating a former canine agility trainer with her dog present at the bedside at 10:00 am, attending the art show I helped organize for a young patient with rectal cancer who has been hospitalized for 145 days at 12:00 pm, helping the hospice house prepare for their first ever admission of a newborn baby with a congenital heart defect at 2:30 pm, and following up with various other patients to address uncontrolled symptoms and/or goals of care throughout the day. I experienced all of that in the span of one day, but based on my mundane response to my husband’s well-intentioned question, you’d never know it. Why? I find it difficult to adequately capture and convey events such as these in a way that does them the justice they deserve (especially to those who were not there to experience it firsthand) and as a result, my default is to keep it to myself. As someone who is just embarking on what I hope will be a long and rewarding career in palliative care, I recognize the importance of self-care. Therefore I have turned to writing as an outlet in an effort to promote resiliency, prevent burnout, and honor the patients I have had the privilege of taking care of and the stories they’ve shared with me along the way. Regarding my professional interests, I hope to participate in the Narrative Medicine certificate program, and as I further hone this set of skills, my goal is to incorporate components of narrative medicine into the curriculum of the University of Maryland’s M.S. in Palliative Care program.

Mary-Lynn McPherson
I have no experience in narrative medicine, but I understand it to be a medical approach that uses people’s narratives in clinical practice, research and education as a way to promote healing. I know I learn best by listening to stories (cases), and I hope to personally use this technique to become a better clinician.

Ami Mehta
I have no formal experience or training in narrative medicine, but I do enjoy writing. I’m also currently training as a pediatric palliative care fellow and find that writing is a great therapeutic release when the emotional burden of the work becomes overwhelming.

Susan Milne
I have been working in Palliative Care for over 10 years- I have begun the online Narrative Medicine Certificate Program in January 2018.

Susan Miller
In July of 2017 I attended a narrative medicine conference at Kripalu in Lenox, MA. That experience inspired me to explore further and I attended a narrative medicine workshop sponsored by the Columbia School of Social Work. In addition to being a social worker I am a poet and fiction writer and a former english teacher. I feel narrative medicine gives me access to join two very meaningful realms of my life.

Jennifer Moore
I have had the pleasure to attend the Basic Narrative Medicine workshop in 2012 and an Advanced Workshop in 2014. I have also been working on strategies to use Narrative Medicine in my teaching with the Palliative Medicine Residency at the University of Toronto.

Maria Moudtaqim-Barrette
I have more of an interest in narrative medicine than a background, so I thought this would be a great opportunity to learn more.
**Dorothea Naouai**
I became a nurse at the age of 45, once my children were old enough to make a sandwich and do their homework unsupervised. Professionally until then I helped my husband run our businesses, a cafe and then a restaurant. I have just finished writing a book about our story, “Speaking Tunisian”. As a nurse, I wanted to work in palliative care and started volunteering in hospice. I ended up getting a job in L&D, postpartum and newborn care. In both areas, the story of the family becomes the most important part of the care plan. I’ve followed Dr. Charon’s work for a few years now and met Dr. Miller at a Palliative Care Symposium a year ago.

**Milena Narchi**
My experience began with following children and their families who were at a cardiology hospital for surgery. How did they deal with life and death issues? What was the history of each case? How did they deal with the medical staff? I think that the field of Narrative Medicine can be applied to these complex problems. The goal is to help patients give their life meaning. I also work in adult palliative care in the ICU and other wards of the hospital.

**Sharon Obrian**
I am a teacher of American Studies and creative writing and have written a book on depression and American culture. I teach a course on health, illness and disability that makes use of several memoirs and explores the interplay between storytelling and dealing with death and loss. This spring I will begin to volunteer with a local hospice. I imagine that this workshop will contribute to my teaching, writing, and volunteer work.

**Keri Okada**
As Lead Spiritual Care Counselor for Visiting Nurse Service of New York Hospice & Palliative Care, I have been witnessing and getting engaged with how each patient and family’s narrative invites us to be heard and attended, to assess what are causing their distress; to reconcile oneself with any unresolved pain/suffering of the past; to reconnect oneself with his/her own experiential wisdom; to explore new perspectives, potentials and hopes, transformed through the challenging life condition; or to be awakened to what is most important for one’s dignity and true self, thus to be whole/healed.

**Tahnee Oksman**
I am currently writing a book on representations of loss (mourning and grief) in memoirs (both comics and prose). I’ve been involved with Graphic Medicine over the past few years-- I’ve presented at two of their workshops--and I’ve also presented at the Health Humanities conference.

**Meral Omurtag**
My formal introduction to narrative medicine was at a poetry therapy event in 2015. The presenter referred to the work of Dr. Charon. At that time, I was taking a break from medical practice to be home with my two young daughters, one of whom has a rare medical disease. Dr. Charon’s teachings resonated with me personally and professionally, and I subsequently attended a basic workshop. Currently, I use narrative skills with my patients in my work as a gerontologist and would like to develop a variety of programs to benefit populations living with chronic, debilitating and terminal disease.

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Catherine Parker
Currently a first-year medical student, I am interested in how listening redefines subjectivity, as well as how physicians use sensory experience and reason to inform practical judgement. Previously, I served as a volunteer advocate for survivors of sexual assault and domestic violence in New York City emergency rooms. I studied philosophy and French at Scripps College in Claremont, California and completed an MPhil in European Literature at Cambridge University, where my research focused on 20th-century phenomenological thought including the writings of Martin Heidegger, Emmanuel Levinas, and Jean-Luc Nancy.

Rita Patel
I have attended the Race Social Justice and Violence Basic Workshop in April 2017 and the Basic Workshop in November 2017. I work in applying what I learn in my work in the workplace to form positive relationships and culture and expand and shift narratives.

Cynthia Peabody
I attended the Basic Workshop years ago when I was still a Columbia University employee. Since then I have left the academy, completed my chaplaincy training and thrown myself into the world of palliative care chaplaincy. Poetry, prose, and music are central to my chaplaincy and my self-care. Mostly poetry. Always poetry.

Thaler Pekar
I’ve taken the Advanced Narrative Medicine workshop, and frequently work with physicians, medical students, and scientists on how to find, develop, and share stories.

Avani Prabhakar
I am a physician practicing palliative medicine as part of inpatient consultation service at Beaumont Hospital, Royal Oak, Michigan. I got interested in this workshop as it was recommended at AAHPM’s (American Academy of Hospice and Palliative Medicine) national assembly meeting last year where I attended a session on similar topic. My goal is to improve my writing skills as practicing physician.

Pamela Ressler
I am the founder of Stress Resources where tools of narrative medicine play a large part of my work with clients. Additionally, I am an adjunct clinical assistant professor at Tufts University School of Medicine where I teach courses in palliative care, ethical and sociocultural aspects of pain and mindfulness. I am thrilled to be returning to Columbia to dive deeper into use of narrative especially surrounding pain and suffering.

Bernadette Roest
During the past years I discovered the power of stories while working as a family physician, studying bioethics and writing a blog about the interplay between medical practice and philosophy. I would like to develop my skills in narrative medicine, especially as a part of my PhD research on euthanasia and palliative care in The Netherlands.

Hollis Roth
I am a second year Family Medicine resident. I was introduced to narrative medicine through an elective course in medical school and aim to incorporate narrative competence into my practice. I am currently pursuing further training in Palliative Care.

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Tina Ruan
I am an multimedia storyteller ([http://tinaruan.me/]http://tinaruan.me/) and currently developing a personal narrative piece exploring the language of loss. I am curious about how we acquire the vocabularies to think, talk and dream about loss, from which love arises. I have been interested both in the best practice in end-of-life care around the world and researches on Expressive Writing and Trauma-Informed Drama Therapy. Previously, I spent some time in Microfinance and Social Venture Intermediaries which brought me to different parts of Asia. I read law in Taipei and live in New York.

Lindsay Rutherford
I have always been drawn to patients' stories and used writing as a way of processing and deepening my understanding of my clinical work in physical therapy. I attended the narrative medicine workshop last April on race, violence and justice, where I discovered new ways of listening to my patients, to my colleagues, to myself, and to the people that tend to go unnoticed in my daily life. I'm looking forward to building on what I learned last year and continuing to build my narrative medicine skills.

Charlotte Samuels
I am a sophomore majoring in Anthropology at Smith College in Northampton, MA. My background in narrative medicine comes largely from my work as a volunteer in hospice, sitting side by side with dying patients. I am interested in the preservation of the stories and memories of the dying and how this may be used as a healing and palliative care measure.

Helen Schultz
The last two years I have been teaching medical students and healthcare professionals in Denmark in Narrative Medicine.

Leslie Serchuck
As a Pediatric Infectious Disease Physician with a Masters in Counseling Psychology and Bioethics I have no formal training in narrative Medicine. However, much of my education has supported the ideals of narrative medicine and informed my work as a physician, patient advocate, research liaison, and medical navigator.

Rami Shami
I have had the privilege of serving within Hospice Palliative Care for close to thirty years. With humble beginnings as an in-home visiting Hospice volunteer, I have exercised my passion for palliative care within such capacities as senior leadership, accreditation, end-of-life education and training, quality and risk management, community outreach, policy and procedure writing, and program development. I have had the honour of serving with twelve different Hospices from across Ontario. Currently I am involved in an innovative and exciting project that will increase accessibility of Hospice Palliative Care services to individuals who are homeless and living with a life limiting illness, as Manager, Residential Volunteer Services of Journey Home Hospice.

Shyla Shrinrth
I am an internist practicing in Massachusetts since 1993. I also teach first year and second year medical students from HMS in the office through the academic year and have done so since I started my practice. I have been interested in storytelling since I was a child growing up in India in an extended family and my fondest memories are of summers spent in my grandparents' house listening to them tell me stories from the Ramayana and Mahabharata. I am especially interested in narrative medicine as a means to understanding my patients in all facets of their lives and helping my students gain this understanding as well.

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**Jensy Stafford**
I participated in a formal narrative medicine elective in medical school and did self-directed narrative medicine electives while in medical school and while completing my Hospice and Palliative Care fellowship.

**Charlotte Stone**
I studied anthropology and ethnography during undergraduate school. I fell in love with writing and learning about people and cultures through narratives. I just finished nursing school, worked as a hospice nurse, and was accepted to palliative medicine fellowship at a cancer hospital in New York City. While in nursing school, I wrote several reflections about my clinical experiences, one which ended up being published by a scholarly journal. I am hopeful to teach writing and narrative medicine at a medical or nursing school one day.

**Peter Sultan**
Social work supervisor in the HIV service at Weill Cornell for the last 11+ years, and 5½ yrs prior as a psychotherapist in E. Harlem. Along the way I’ve been an art school dropout, writer/reader for public radio, & earned a stodgy degree in art history, as well as a certificate in psychodynamic psychotherapy, so narrative medicine fits like an old glove.

**JD Tamucci**
My first in-depth encounter with narrative medicine occurred at the "Race | Violence | Justice" workshop in April 2017. Driving home, after the last day, I distinctly remember feeling, "This is care. This is how I want to practice medicine."

**Lucy Thomas**
I have read Rita Charon’s book Narrative Medicine, and do some reflective writing about my clinical practice. I have not previously attended any formal training in narrative medicine.

**Kristen Tyszkowski**
Internist and psychiatrist with experience teaching medical humanities courses in the past. Longstanding interest in palliative care, now wanting to pursue focused instruction in the use of narrative medicine in palliative care.

**Jussi Valtonen**
I am a novelist with a degree in film screenwriting and an academic background in psychology. I have also worked in a psychiatric hospital. I find the work of Dr. Charon and her colleagues inspiring and important. I find myself drawn to it both because of the limitations I see in the way health care is currently arranged, and also because of its connections to my personal interests and background. I am looking forward to learning more about it.

**Michael Vitez**
I am director of a narrative medicine program at Temple’s medical school, the Lewis Katz School of Medicine.

**Taryn C. Weinstein**
I was first introduced to Narrative Medicine in 2015 when Rita Charon gave a keynote at the NEAAHP Meeting. I was excited to learn that I could combine my work in academic medicine with my love of creative writing and self-expression. I completed the Basic Narrative Medicine Workshop at CUMC in October 2015. I enjoyed the program immensely and so volunteered to join a pilot program for the online Narrative Medicine Certificate program. I’m looking forward to immersing myself in the Narrative Palliative Care Advanced Workshop.

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Michele Weston
I have been fortunate to attend four CU NarMed weekend workshops and utilize my close reading & writing skills for my courses @ Loyola to attain a professional graduate Bioethics/Health Policy certification & look forward to extending my storytelling skills for Advocacy & Wellness Navigation as well with my CIH/CAM Masters in Health Promotion & Wellness Coaching with my patients, clients & healthcare teams.

Patricia Whitney
I first learned about Narrative Medicine during my Palliative and Hospice Medicine fellowship in 2015. I attended a lecture by Dr. Charon and also was exposed to the techniques of the discipline during my certificate course in Bioethics at Yeshiva University. I subsequently attended the Narrative Medicine: A Call to Ethics workshop in 2016. I have always been drawn to the stories of people’s lives and of their illness. As a Palliative Care physician, stories are the heart and soul of my work.

Iwona Wieżel
Iwona Wieżel, Ph.D. (from Poland); Associate Professor of Classics and Narratology; recently also a nursing student) frequent participant of Narrative Medicine workshops at Columbia University in NY.

Wallis Wilde-Menozzi
I am a writer. I am drawn to the healing power of words, and in that life long exploration I was drawn, late in life, into narrative medicine and its goals. I have published two memoirs, Mother Tongue and The Other Side of the Tiber with Farrar, Straus and Giroux. I am at work on a third. I have published a novel with Cadmus Editions, SF. My essays have appeared in journals from Granta to Best Spiritual Essays and my poetry from Agni to Kenyon Review. I live in Parma, Italy and teach in Italy. In the US I have taught and lectured for Boston College, Columbia University, Sarah Lawrence, and Montclair State University.

Vera Zaher-Rutherford
I teach classes for medical students on bioethics and an optional course named “The Physician and Death”. We try to encourage medical students to get in touch with their subjective aspects to understand how to better deal with their patients and with themselves. I also have some experience dealing with grief and how people can go through personal items that remain from the departed. I am looking forward to learning more about how to apply narrative medicine for my students and patients.