magnificat

a journal of undergraduate nonfiction

May 2021

magnificat

A Journal of Undergraduate Nonfiction

FOR MORE INFORMATION

magnificat@marymount.edu
http://commons.marymount.edu/magnificat/

TABLE OF CONTENTS
MAY 2021

Early Childhood

Media and Culture

Healthcare

History and Society

High School Contest Winners

Biographies

Early Childhood

Literacy Development In Preschoolers With Educational Apps

by Noemi Cerritos Gatto

Introduction

Over the last ten years, technology has grown enormously. As technology has grown, the purpose and use of it has broadened to education, specifically children's education. There has been an explosion of learning apps for children within the mobile app development market. Gaming apps are most frequently used by young children followed by literacy apps (Neumann, 2014). Schuler (2009) found 47% of the Top 100 apps were aimed towards preschool children with many of them being literacy focused. Over 80% of the highest selling educational apps are marketed towards children and about half of them are aimed at preschoolers (Shuler et al., 2012). The apps' popularity displays that desire among parents. Parents are concerned about their children's cognitive and academic development. They are interested in ways to enhance their education before they begin school. Leading to the question, do these apps actually improve literacy skills of preschool children?

Methods

In order to discover the efficacy of these apps, I will be reviewing and evaluating existing research on educational apps and childhood learning. The research examining the efficacy of literacy apps for preschool children falls into three categories: experimental studies, guided frameworks, and meta-analyses. A number of experimental studies were conducted and found a connection between emergent literacy skills development in preschool children and the use of educational apps. Experimental studies showed students had more success in developing the targeted literacy skills when the apps were used along with classroom instruction. The guided framework studies provide information for parents and educators to help them make the best decisions about which apps to use and how to implement them. Meta-analyses provide an in depth analysis of what educational apps are on the market and the pedagogy of those apps. They also include recommendations for future app development.

Experimental Studies

Samur (2019) investigated the function of the Kes Sesi app and its effectiveness on letter recognition. Samur (2019) conducted a study with Turkish children which showed preschool children's literacy skills improved when the information they practiced had already been taught to them. The app called Kes Sesi was developed for the purpose of the experiment and the researchers examined the process of instruction (Samur, 2019). The treatment group had better sound recognition compared to the control group. Results favored different treatment groups in practice and learning. Specifically, the game was most successful in letting kids practice uncategorized content and most successful helping preschoolers learn categorized content (Samur, 2019). The results showed when the apps taught them new information their post test scores were not as high as the preschoolers who used the app as

reinforcement of what was already learned (Samur, 2019). Researchers suggested the benefits of this app are using the game for practice only and not for solely learning, highlighting its use as a supplemental tool (Samur, 2019). They suggest the game may be helpful in making sure children retain the information learned and can act as a reinforcer for material taught in the classroom (Samur, 2019).

Dore et al. (2019) investigated the effectiveness of learning apps by testing preschoolers' knowledge of word meanings. They were curious to know if mobile games (apps) could increase preschoolers' vocabulary. Dore et al. (2019) conducted two studies to examine preschoolers' ability to learn and retain vocabulary within two different environments and whether or not socioeconomic status (SES) impacted their exposure to learning materials. The first study showed the apps helped preschoolers to learn new vocabulary; however, they were tested as soon as the game was complete and in a distraction-free environment (Dore et al., 2019). Researchers also assumed SES may limit preschooler's exposure to learning materials earlier in life (Dore et al., 2019). In a follow-up study Dore et al. (2019) replicated the experiment in a low income sample. The second study showed improvement in preschoolers' vocabulary from use of the app (Dore et al., 2019). Researchers highlighted that SES, in this particular study, did not impact preschoolers' ability to learn new vocabulary (Dore et al., 2019). The important factor was that they had access to resources, including supplemental material to what was being taught in the classroom (Dore et al., 2019).

Schmitt et al. (2018) tested whether literacy games on a website improved early literacy. Schmitt et al. (2018) conducted an 8-week study which examined 136 preschoolers and kindergarteners who were randomly placed in intervention and control groups. Results showed the website games did help preschool children increase their pre-literacy abilities (Schmitt et al., 2018). Specifically, researchers saw development in all literacy skills they studied: phonological awareness, phonics, and vocabulary skills of the preschoolers (Schmitt et al., 2018). This

provides support for the use of technology and apps in the development and reinforcement of literacy skills in preschoolers (Schmitt et al., 2018).

Sharing similar conclusions as previous articles, Zhou and Yadav (2017) investigated the mode of presentation (paper versus multimedia) and recall prompts (questions versus no questions) on preschoolers' story comprehension. There was an interaction effect of mode of presentation and recall prompts. Results were consistent with other findings that questions help improve preschoolers' story comprehension (compared to a no question condition) and preschoolers showed better test results with multimedia storytelling (Zhou & Yadav, 2017). Zhou and Yadav (2017) hypothesized it might be because of the interactive aspect of the reading with contextual clues. "We found that when children received no questions, those who are in the multimedia group performed significantly better on the target vocabulary posttest than" those in the paper book group (Zhou & Yadav, 2017, p. 1533). When they gave questions the difference between multimedia and the paper group was not significant (Zhou & Yadav, 2017). The preschoolers who used the paper book and were asked questions performed significantly better on the vocabulary tests than those who were not asked questions (Zhou & Yadav, 2017). However, the multimedia group with questions or no questions did not have a significant difference. These findings support other research that technology can be useful in improving literacy development in preschool children (Dore et al., 2019, Neumann & Neumann, 2015, Vatalaro et al., 2017). The researchers of this experiment suggested it may be because of the interactive aspect of multimedia storytelling. The interactive aspect of reading is beneficial for preschoolers as this study displayed the preschool children who interacted and engaged with the story had better test results.

Neumann (2018) examined apps' and iPads' impact on emergent literacy skills like letter names and sound knowledge, letter names and letter writing, and print concepts (Neumann, 2018). iPad interventions compared to the control group had the highest impact on letter name

knowledge and there was no significant difference between the iPad and control groups on letter names, writing, and print concepts (Neumann, 2018). This study supports previous research that shows preschool children can use apps for literacy learning (Neumann, 2018). It highlights the use of literacy apps to encourage preschool children's sense of accomplishment and autonomy (Neumann, 2018). The results of this study showed that technology does impact preschool children's ability to develop some literacy skills and it supports previous research that apps do work for literacy development (Neumann, 2018). This article specified that some skills might show no impact with app use, contradicting some other articles in this review, however Nuemann and Nuemann (2018) do come to the same general conclusion as Zhou and Yadav (2017) and Schmitt et al. (2018).

Vatalaro et al. (2018) compared two types of apps (scaffolding and open-ended) to explore the efficacy of using different apps to increase receptive and expressive vocabulary (Vatalaro et al., 2018). The scaffolding apps used were *Endless ABC*, *Noodle Words*, *ABC Go* and *Goodnight ABC*. The open ended apps used were *Beck Bo*, *Draw and Tell HD*, *Don't Let the Pigeon Run this App!*, and *Alien Assignment*. The researchers were looking for improvement in receptive and expressive vocabulary in preschool children (Vatalaro et al., 2018). Results showed that preschoolers who used the scaffolding type of apps had higher gains on PPVT-4 receptive vocabulary scores from pretest to posttest than preschoolers who used open-ended type apps (Vatalaro et al., 2018). No differences in expressive vocabulary were found between the intervention groups. Neither intervention group differed significantly from the PPVT-4 norms for either receptive or expressive vocabulary size (Vatalaro et al., 2018). The study's findings match previous studies in that apps intentionally chosen can support learning (Vatalaro et al., 2018). However they discovered apps with minimal scaffolding-building are not as effective in teaching or reinforcing material to students (Vatalaro et al., 2018).

The results of the experimental studies suggest apps are effective in improving preschoolers' literacy skills. Research from these studies support the conclusion literacy apps work well when applied with previous instruction. It also supports the idea that the best results from learning apps happen when the information learned is continually built upon.

Meta-Analyses

Meta-analysis of the use of educational apps in preschool children's literacy development supports the hypothesis that they are beneficial when not used as the sole form of education. A meta-analysis about the use of touchscreens in preschool aged children and its impact showed varied results (Xie et al., 2018). The research looked at data gathered from experiments where preschool children interacted with the touchscreens (Xie et al., 2018). The researchers found overall positive results for preschool children learning with touchscreen devices (Xie et al., 2018). Preschool children performed better compared to those with no touchscreens, which aligned with their hypothesis and previous studies (Xie et al., 2018). Xie et al. (2018) found touchscreen devices helped when preschool children were learning Science, Technology, Engineering, and Math (STEM) information as compared to non-STEM information (Xie et al., 2018). It notes that touch screens should not be used as educational intervention (Xie et al., 2018). Education intervention in this paper meant students who might need extra guidance in a subject area or learning in general. It also reinforced the ongoing theme that touchscreens and apps should not be used solely as intervention or education (Xie et al., 2018).

Goodwin and Highfield (2012) analyzed the pedagogy employed by a number of educational apps so parents and educators can make informed decisions regarding app usage for educational purposes, similar to a paper written by Hirsch-Pasek et al. (2015). Goodwin and Highfield's (2012) analysis of paid 'educational' apps in the iTunes app store showed apps that are marketed to parents

and educators as educational did not incorporate effective learning pedagogy (Goodwin & Highfield, 2012). The authors felt there was not enough analysis on these apps and their usefulness (Goodwin & Highfield, 2012). Twenty-one percent of the apps Goodwin and Highfield (2012) analyzed were literacy focused, 20% were science focused, 18% were multi-disciplinary, and the rest were unspecified. Seventy-five percent of the apps were instructive (drill-and-practice design) which Goodwin and Highfield (2012) hypothesized may be because of how developers view learning and because parents seek out "drill-and-practice" activities. Only 4% of the apps had learning styles classified as constructive (open-ended style) or manipulative (predetermined framework) which are pedagogically superior to drill-and-practice learning designs (Goodwin & Highfield, 2012). Goodwin and Highfield (2012) say their analysis highlights the need for further analysis of the pedagogical designs of apps.

Neumann and Neumann (2017) reviewed research conducted on preschoolers' use of literacy apps. Neumann and Neumann (2017) examined the research on the use of tablets, apps, and emergent literacy at home and pre-school in preschoolers. They found the research articles had two recurring themes: the quality of literacy apps and how parents can manage preschool children's use to best support literacy development. Neumann and Neumann (2017) emphasized the difficulty in finding quality educational apps because the apps are not designed with learning theories in mind. Their article states both print and digital resources impact preschool children's literacy development, however the digital field needs more guidelines (Neumann & Neumann, 2017). Similar to a paper written by Hirsch-Pasek et al, (2015) and Goodwin and Highfield (2012), Neumann and Neumann (2017) suggests consultation with experts in learning theories and research into the effectiveness of the apps before they come onto the market would help digital resource creators to develop high quality and effective materials for educators and parents. This article provides an understanding of what needs to be done in the future for educational apps,

specifically literacy apps to be effective and beneficial (Neumann & Neumann, 2017).

Guide and Frameworks

Guide and frameworks developed by other educators can help future educators and parents implement the use of technology, specifically literacy apps into the students' education. Hirsh-Pasek et al. (2015) defined the potential impact apps, both current and future, could have on children's education (Hirsh-Pasek et al., 2015). Hirsh-Pasek et al. (2015) emphasized and explained the Science of Learning theory and how it can be applied to app development so apps are beneficial to the students and children who use them. Science of Learning is a theory that uses principles of cognitive psychology to understand how students learn (Hirsh-Pasek et al., 2015). The four pillars for how students learn according to the Science of Learning theory are: active learning, engagement, meaningful experiences, and social interaction. Hirsch-Pasek et al. (2015) examined educational apps to see whether they incorporated any of the pillars of the Science of Learning. They found most educational apps did not include any of the pillars. Hirsch-Pasek et al. (2015) feel current learning apps are the first wave of educational apps. Future, second wave, apps need to consider science and evidence for successful education when creating apps so that apps can be effective in enhancing preschool children's literacy skills. This article is a collection of evidence to support educators and app developers. Hirsh-Pasek et al. (2015) created a guide to help educators and app developers understand what is the best way an app can help preschool children learn literacy skills.

Northop and Killeen (2013) provided a way of carefully and effectively integrating the use of iPad in the classroom for literacy (Northop & Killeen, 2013). Specifically, they suggest using the gradual release framework as a way to utilize literacy apps in the classroom. The gradual release framework is used for independent and supervised practice, with check-ins on student

understanding of material and app (Northop & Killeen, 2013). Northop and Killeen (2013) state they are highly effective when used with high quality teaching or instruction. The study notes technology use does not mean an automatic increase in student achievement (Northop & Killeen, 2013). The article also gives a lesson to use the framework in the classroom (Northop & Killeen, 2013). Northop and Killeen (2013) provide recommended apps for literacy use, focusing on letter identification, phonics, and comprehension (Northop & Killeen, 2013). They emphasised the importance of teaching the material before allowing the students to use the apps (Northop & Killeen, 2013).

The work of Hirsh-Pasek et al. (2015) and Northop and Killeen (2013) adds information to the conversation about how to develop apps and how to use apps. Both provide guidance for parents and educators about the current apps and how to use them to ensure the most effective results.

Conclusion

The consensus based on the articles reviewed is that apps are beneficial for reinforcing information already learned rather than introducing new material (Samur, 2019, Dore et al., 2019, & Schmitt et al., 2018). However, some studies suggest material that requires memorizations like sight words could be taught as new material from an app. In terms of apps' impact on literacy skills, they do affect them in a beneficial way. The studies in this paper show literacy apps have a significant effect on preschoolers' literacy skills. Most of the benefits come when apps are used as a supplemental tool, however there is potential for apps to teach new material. Current apps which are marketed as educational are not designed in the most effective way to teach and develop skills in preschool children.

Some limits of generalizability are the apps studied were aimed for preschool children who were learning to read and developing the necessary literacy skills. Literacy learning is different from Science, Technology, Engineering,

and Math (STEM) learning, however STEM material and learning was not examined in this review thus what is found in this paper cannot be applied to apps which teach STEM material. The concerns raised regarding current literacy apps are not true for all apps because there is not enough information to make that conclusion. The conclusions this paper makes may not be applicable to memorization skills used for sight words, vocabulary, and math facts. The apps and materials reviewed do not take into account the development of automatic response.

Most educational apps have a long way to go before they can be used to teach new concepts. All of the studies reviewed emphasize the importance of including professionals with knowledge of how children learn in the development and design of future apps. Results from this paper also highly encourage the development of app design standards based on the Science of Learning. With the constant development of technology, these suggestions for app development have the potential to be integrated in the near future, creating effective educational apps.

References

Dore, R. A., Shirilla, M., Hopkins, E., Collins, M., Scott, M., Schatz, J., Lawson-Adams, J., Valladares, T., Foster, L., Puttre, H., Spiewak Toub, T., Hadley, E., Golinkoff, R. M., Dickinson, D., & Hirsh-Pasek K. (2019) Education in the app store: using a mobile game to support U.S. preschoolers' vocabulary learning. *Journal of Children and Media*, *13*(4), 452-471. https://doi.org/10.1080/17482798.2019.1650788

Goodwin, K., & Highfield, K. (March 14-16, 2012) *iTouch and iLearn: an examination of 'educational' apps.* [Paper Presentation] Early Education and Technology for Children Conference, Salt Lake City, Utah

Hirsh-Pasek, K., Zosh, J. M., Golinkoff, R. M., Gray, J. H., Robb, M. B., & Kaufman, J. (2015). Putting education in "educational" apps: Lessons from the science of learning. *Psychological Science in the Public Interest*, 16(1), 3–34. https://doi.org/10.1177/1529100615569721

Neumann, M. M., & Neumann, D. L. (2017). The use of touch-screen tablets at home and pre-school to foster emergent literacy. *Journal of Early Childhood Literacy*, *17*(2), 203–220. https://doi.org/10.1177/1468798415619773

Neumann, M, M. (2018). Using tablets and apps to enhance emergent literacy skills in young children. *Early Childhood Research Quarterly, (42), 239-246*. https://doi.org/10.1016/j.ecresq.2017.10.006.

Neumann MM (2014) An examination of touch screen tablets and emergent

literacy in Australian pre-school children. Australian Journal of Education 58(2):109–122.

Northrop, L., & Killeen, E. (2013). A framework for using iPads to build early literacy skills. *Reading Teacher*, *66*(7), 531–537. https://doi-org.proxymu.wrlc.org/10.1002/TRTR.1155

Samur, Y. (2019). Kes Sesi: A mobile game designed to improve kindergarteners' recognition of letter

sounds. *Journal Computer Assisted Learning*. 35, 294–304. https://doi.org/10.1111/jcal.12331

Shuler, C. (2009). iLearn; A Content Analysis of the iTunes App Store's Education Section, New York: The Joan Ganz Cooney Center at Sesame Workshop.

Shuler, C., Levine, Z., & Ree, J. (2012). iLearn II: An analysis of the educational category of Apple's app store. Joan Ganz Cooney Center. Retrieved from www.joanganzcooneycenter.org

Schmitt, K. L., Hurwitz, L. B., Duel, L. S., & Nichols Linebarger, D. L. (2018). Learning through play: The impact of web-based games on early literacy development. *Computers in Human Behavior*, *81*, 378-389. https://doi.org/10.1016/j.chb.2017.12.036.

Vatalaro, A., Culp, A.M., & Hahs-Vaughn, D.L. (2018). A quasi-experiment examining expressive and receptive vocabulary knowledge of preschool head start children using mobile media apps. *Early Childhood Education Journal 46*, 451–466. https://doi.org/10.1007/s10643-017-0877-3

Xie, H., Peng, J., Qin, M., Huang, X., Tian, F. & Zhou, Z., (2018). Can touchscreen devices be used to facilitate young children's learning? A meta-analysis of touchscreen learning effect. *Frontiers in Psychology*. https://doi.org/10.3389/fpsyg.2018.02580

Zhou, N., & Yadav, A. (2017). Effects of multimedia story reading and questioning on preschoolers' vocabulary learning, story comprehension and reading engagement. *Educational Technology Research & Development*, *65*(6), 1523–1545. https://doi-org.proxymu.wrlc.org/10.1007/s11423-017-9533-2

The Effect of Food Insecurity and Malnutrition on Children's Health during the Critical Period of Development

by Isabella Ochalik

The United Nations records that 2 billion people in wealthy, middle-income, and low-income countries are suffering from food insecurity. (Fakhri & Tzouvala, 2020) In the United States alone, studies report food insecurity among 11.8% of the nation's population, 35% of which includes households with children. (Thomas et al., 2019) Only three years prior, the prevalence of food insecurity in family households was 14% lower, but now, with the accelerating COVID-19 pandemic, the number of children and their families being pushed into undernourishment escalates by the millions. (Fakhri & Tzouvala, 2020; Shankar et al., 2017) As defined by the Office of Disease Prevention and Health Promotion, (2020) food insecurity is a severe form of deprivation caused by an interruption in food intake or irregular eating patterns because of a lack of money and other resources. Food insecurity can be analyzed in terms of a moral, political, economic, or public health problem; however, above all, it is an ethical and social justice problem which inhibits the human right to accessible food and a healthy diet. (Chilton, 2013).

This multidimensional issue poses distinctive complications for children, especially those in the critical

period of development, who are food insecurity's most vulnerable victims. (Chilton et al., 2007) This stage of human growth, which spans from in-utero through the age of two, involves integral brain development through the growth of dendrites, the production of axons, and the rapid connection of new neural synapses in response to nutritional factors, environmental circumstances, and early exposures. (Chilton et al., 2007) Upon a deficit, or even a slight interruption in any of these components, the likelihood of long term physical, medical, and functional impairments in health and development rises. (Chilton, 2013) With accumulating evidence that food insecurity is a leading contributor to detrimental health outcomes among newborns and infants, the issue can no longer be ignored; therefore, it is imperative to address this intricately multifaceted yet resolvable problem to disrupt the cycle of poverty and improve child health. (Chilton, 2013)

Impediment to Maternal Nutritional Needs

As early as conception, maternal nutrition plays an integral role in the development of the fetus. (Martin-Gronert & Ozanne, 2006) During pregnancy, the nursing placenta and growing fetus demand a significant quantitative and qualitative increase in nutritional requirements which are naturally derived from protein-rich eggs, fish, and meat, produce such as citric fruits and leafy greens, complex carbohydrates, and dairy as well as supplements of iron, folic acid, and calcium. (Frongillo et al., 2019) Unfortunately, among food insecure families which are highly reliant on cheap, fatty, densely caloric, processed foods, such items are unattainable delicacies. (Fakhri & Tzouvala, 2020) Since prioritizing the needs of the family often involves self-sacrifice, women, especially mothers, are the most susceptible to nutritional instability. (Chilton, 2013) Thus, food insecurity makes the need of a nutrient rich diet a fantastical longing. With the additional burden of pregnancy which limits physical capabilities, food insecure mothers have a difficult time accessing and preparing nutritional meals. In a study conducted by

Frongillo et al., (2019) over 40% of pregnant women reported worry over the amount of food available; 5% of these mothers had no food in the household. Furthermore, approximately 31% of the women described multiplying limitations in their intake options, 14% ate smaller meals due to lacking quantity, and 3% skipped meals completely. (Frongillo et al., 2019) Becoming increasingly vulnerable, the mother who is forced to adjust her own physical and nutritional status compromises the development of her child.

In-Utero Complications

A mother's ability to nourish a healthy child throughout this crucial period of highly sensitive development relies on her own nutrition, body size and composition, metabolism, and physiological function. (Martin-Gronert & Ozanne, 2006) Upon the hindrance of any of these factors, maternal and fetal tissue no longer cultivate a safe environment; the once completely dependent fetus responds to the poor intrautero environment which threatens its postnatal survival with self-sustaining mechanisms, a reaction commonly known as "programming." (Martin-Gronert & Ozanne, 2006) The child's immediate response to malnourishment is the catabolic consumption of substrates to provide the stimulative energy necessary to proceed with development. As the fragile body continues to function on depreciating enzyme counts, metabolic rate slows and hormone production decelerates. (Chilton et al., 2007; Martin-Gronert & Ozanne, 2006) The brain becomes overwhelmed with the unexpected changes and alters its basic wiring; with no directive mechanisms to properly guide further development, the baby's only hope of survival is the diversion of any available materials into storage. (Chilton et al., 2007; Martin-Gronert & Ozanne, 2006) However, with the neurological and functional damage already transpiring, the possibility of postpartum impairments evolves into an unavoidable reality.

Postpartum Obstacles

Because the development of the compromised fetus spanned all nine months of pregnancy, the effects of chronic undernourishment are made manifest immediately after birth. The brain's concessions in the womb prompt physical and functional epigenetic modifications. (Bourke et al., 2016) Intrauterine growth restrictions, specifically deficient neurological development and decreased metabolic rate, are associated with physical impairments such as stunting, defined as low height for age, and wasting, defined as low weight for height. (Chilton et al., 2007; Martin-Gronert & Ozanne, 2006) This degradation of fat and muscle is only the physical expression of the internal complications. The adaptation to self-sustainment in a nutrient deprived environment translates to malabsorption. (Bourke et al., 2016) With the reduction in insulin, glucose, amino acids, and micronutrients, specifically iron, iodine, and zinc, the infant's body cannot properly detect and respond to these essential substances; yet, even in the midst of protein reduction, the demand for metabolic activity increases. The functional confusion and physical defects contribute to alterations in tissue strength and organ systems responsible for defense against foreign invaders. At a 23% likelihood, the most recurrent outcome of compromised immunity is respiratory distress, often exhibited through severe conditions including respiratory distress syndrome and chronic lung disease. (Castro et al., 2017) Since the timeframe to address these neurocognitive and developmental outcomes is lower than previously presumed, it is pertinent to prevent long term consequences by addressing the factors which directly inhibit early fetal growth. (Shankar et al., 2017)

Multidimensional Responsibility

It is indisputable that maternal malnutrition instantaneously impairs in-utero and postpartum development; the physical and functional deficiencies are inevitable reactions to the deprivative conditions of food

insecurity. The magnitude and severity of this exploitive cycle of poverty is intensified by public ignorance. The anti-hunger and anti-poverty organization Food Research Action Council (2013) emphasizes that society's rejection, repudiation, and even denial of the existence of food insecurity outcasts the undernourished; the basic means for survival, much less a healthy diet, is impossible to obtain on the global poverty level income of $1.90. (Fakhri & Tzouvala, 2020) Additionally, the critical period of development is often overlooked when investigating food insecurity. (Gill et al., 2018) This negligence is further imparted through lack of coordination, cooperation, and intervention among relief efforts, which focus on specifically detail oriented missions rather than the central undertaking of reducing food insecurity. (Chilton, 2013; Goel et al., 2020; Johanns et al., 2020) Despite active enrollment in the Special Supplemental Nutrition Program for Women, Infants, and Children, (WIC) one of the federal programs dedicated to providing pregnant women and nursing mothers with nutritional and medical support, in a study conducted by Gill et al., (2018) one third of the surveyed participants still experienced low or very low food security. Consequently, the food insecure seek support from food banks which are becoming increasingly unreliable. (Goel et al., 2020; Johanns et al., 2020) With the rapidly escalating number of dependents, these private institutions are severely under-resourced and unable to provide adequate meal subsidies of sufficient quality and quantity. (Goel et al., 2020; Johanns et al., 2020) Such disregard makes it impossible to cultivate a supportive environment which administers to the wellbeing of the most vulnerable members of society. The existence and prevalence of food insecurity is ultimately an indication of society's failure to uphold its responsibilities to ensure the basic human right to health and nutrition, which is currently being denied to 200 million children living in the developed world. (Castro et al., 2017; Chilton et al., 2007; Fakhri & Tzouvala, 2020)

Discussion

With the increasing correlations between food insecurity and deficiencies in child development during the critical period, there is no miscalculation of the severity of malnutrition. As maternal health is compromised by an insufficient diet both in quality and quantity due to the scarcity of food, the overall growth of the child is inhibited. Nestled in the poorly nourished intrautero environment, development becomes a fight for survival as bodily control centers are rewired and organ systems readjust their designated functions. This underdeveloped infant continues to suffer from such abnormal accommodations throughout the postpartum period. Once the miniscule threshold to make potential corrections closes, the initial destructions multiply and evolve into permanent impairments which prevent full engagement in a dignified life.

However, with the United Nations' initiative to secure healthy diets, there is growing potential to eliminate the burdens of food insecurity which directly complicate child development during the critical period. (Fakhri & Tzouvala, 2020) Nonetheless, any sort of impactful, long term change requires the realization and fulfillment of individual, societal, economic, and institutional roles. As outlined by numerous health care and nutritional organizations, the primary aim must be to establish an effective alternative to undersupplied food banks, the most competent of which is the enhancement of public resources by fortifying federal investment in food assistance and income support programs such as the Supplemental Nutrition Assistance Program (SNAP) and WIC. (Chilton et al., 2007; Chilton, 2013; Goel et al., 2020; Johanns et al., 2020) Because these programs are dedicated to supplying meals rich in protein, fiber, calcium, iron, and essential vitamins among other nutrients, both mother and child recipients experience improved health which correlates to decreased developmental risks. (Chilton, 2013; Yen, 2010) The utilization of food stamps also expands the accessibility to the nutritiously rich foods on a local level which can be

purchased at the discretion of the family to address individualistic nutritional needs. (Goel et al., 2020)

In addition to subsidy-based assistance, Frongillo et al. (2019) investigated the effectiveness of a nutrition-focused antenatal care program aimed at promoting placental and fetal health and wellbeing among food insecure families. The primary goals of this relief effort were to monitor maternal and infant health, prevent medical complications, create an intercommunal support system, and provide educational services. Mothers, who were in their second or third semester of pregnancy or delivered in the past six months, received a recommended diet plan which specifically outlined the essential daily quality and quantity of nutrient dense foods. As their needs became integrated into everyday life, community mobilization increased; the husbands assumed the responsibility of allocating resources while the community improved accessibility to suppliers. After two years of participation, the guided self-sustainment translated to not only better dietary quality but also increased food security. Among the improvements, the mothers particularly praised the decreased anxiety and uncertainty over nutritional intake, even after the delivery of a healthy, fully developed baby, and an overall shift in social norms. With such affirmations, it is pertinent to invest in broader studies which investigate the provisional cost and overall effectiveness of the interventions; nonetheless, the widespread adaptation of this holistic and potentially low cost strategy is an astute method to combat and ultimately eliminate the severity of food insecurity while administering to vulnerable mothers and their developing children.

Maternal and fetal undernourishment induced by food insecurity is intolerable and unethical because such an obstruction to regular and sufficient diet denies children the right to a healthy development and impedes their ability to take advantage of the capabilities necessary for a meaningful and valuable life. (Chilton, 2007) Fortunately, the consequential early developmental threats of food insecurity are both remediable and preventable if immediate preventative measures are taken. (Shankar et al., 2017)

Because in-utero complications begin at conception, it is imperative to implement an early intervention approach to achieve the greatest impact which relies on unitive efforts. Active community participation and mobilization involves a shift in public outlook from individualistically narrow-minded gains to all-encompassing benefits which attend to the needs of the most vulnerable members of society. The local impact must be stimulated by federal interventions which improve relief efforts at the population level. (Chilton et al., 2007) Although this dynamic issue demands numerous, potentially hefty financial adjustments and societal restructure, the prospective advantages outweigh all the costs. By providing the essential nutrition to food insecure pregnant women, the critical development of the fetus would not be compromised. Furthermore, the establishment of a reliable system of subsidies and education would provide a holistic approach to reducing household food insecurity. In turn, the cycle of malnutrition is bound to break and the dignified protection of valuable lives is ensured.

References

Bourke, C., Berkley, J. & Prendergast, A. (2016). Immune dysfunction as a cause and consequence of malnutrition. *Trends in Immunology. 37*(6), 386-398. https://doi.org/10.1016/j.it.2016.04.003

Castro, F., Place, J., Villalobos, A., Rojas, R., Barrientos, T., & Frongillo, E. (2017). Poor early childhood outcomes attributable to maternal depression in Mexican women. *Archives of Women's Mental Health, 20*(4), 561–568. https://doi.org/10.1007/s00737-017-0736-7

Chilton, M., Chyatte, M., & Breaux, J. (2007). The negative effects of poverty & food insecurity on child development. *Indian Journal of Medical Research, 126*(4), 262-72. http://proxymu.wrlc.org/login?url=https://www.proquest.com/docview/195974257?accountid=27975

Chilton, M., (2013). Witness to hunger. In A. Barnhill, M. Budolfsen, & T. Doggett (Eds.), *Food, Ethics, and Society* (pp. 115-120). New York, NY: Oxford University Press.

Food Research Action Council. (2013). Witness to hunger. In A. Barnhill, M. Budolfsen, & T. Doggett (Eds.), *Food, Ethics, and Society* (pp. 115-120). New York, NY: Oxford University Press.

Fakhri, M. & Tzouvala, N. (2020, July 17). To reduce world hunger, governments need to think beyond making food cheap. *The Conversation*. https://theconversation.com/to-reduce-world-hunger-governments-need-to-think-beyond-making-food-cheap-142361

Frongillo, E., Nguyen, P., Sanghvi, T., Mahmud, Z., Aktar, B., Alayon, S., & Menon., P. (2019). Nutrition interventions integrated into an existing maternal, neonatal, and child health program reduce food insecurity among recently delivered and pregnant women in Bangladesh. *The Journal of Nutrition.*,

149(1), 159–166. https://doi.org/10.1093/jn/nxy249

Gill, M., Koleilat, M., & Whaley, S. E. (2018). The impact of food insecurity on the home emotional environment among low-income mothers of young children. *Maternal & Child Health Journal*, *22*(8), 1146–1153. https://doi.org/10.1007/s10995-018-2499-9

Goel, A., Nischan, M., Frist, B., & Colicchio, T. (2020, August 7). The US food system is killing Americans. *CNN*. https://www.cnn.com/2020/08/02/opinions/us-nutrition-insecurity-snap-goel-nischan-frist-coliccio/index.html

Johanns, M., Vilsack, T., & Shah, R. (2020, October 1). America is suffering its worst hunger crisis in decades. Here's how to fix the problem. *USA Today*. https://www.usatoday.com/story/opinion/2020/10/01/how-confront-americas-worst-hunger-crisis-generations-column/3570835001/

Martin-Gronert, M.S. & Ozanne, S.E. (2006). Maternal nutrition during pregnancy and health of the offspring. *Biochemical Society Transactions. 34*(5), 779-782. https://www.researchgate.net/publication/6743998_Maternal_nutrition_during_pregnancy_and_health_of_the_offspring

Office of Disease Prevention and Health Promotion. (2020). *Food Insecurity*. HealthyPeople. https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity

Shankar, P., Chung, R., & Frank, D. (2017). Association of food insecurity with children's behavioral, emotional, and academic outcomes: a systematic review. *Journal of Developmental & Behavioral Pediatrics, 38*(2), 135-150. https://doi.org/10.1097/DBP.0000000000000383

Thomas, M., Miller, D., & Morrissey, T. (2019). Food insecurity and child health. *Pediatrics, 144*(4). https://doi.org/10.1542/peds.2019-0397

MEDIA AND CULTURE

Five Feet Apart: The impact of disease and a hospital setting on adolescents' development

by Stefanie Socher

The movie *Five Feet Apart* was released in the United States in March of 2019. The main characters are two teenagers who suffer from a genetic disease of the lungs called *cystic fibrosis* (CF). Will, who is 17 and turns 18 years old during the movie, has a specific bacterial infection in his lungs called *B. cepacia* (which stands for "Burkholderia Cepacia Complex"), which does not allow him to get close to other patients with *CF* because he could transmit the infection. However, he falls in love with a girl named Stella, who is 17 years old and a cystic fibrosis patient on the same hospital unit as Will. They love each other and want to get close but have to stay six feet apart at all times and wear masks. Since their love for each other is strong, they do not always keep their distance. After Poe – a friend of theirs on their CF unit – dies, Stella is devastated and realizes that her time is limited. Her and Will leave the hospital to see the city lights. While they are gone, a lung transplant for Stella becomes available that she does not want. Stella almost dies by breaking into the ice on a pond and sinking in the water after falling off from a small bridge. After saving her life, Will convinces her to take the transplant. After the successful surgery, Will says goodbye to Stella because he

wants her to live, knowing that especially with her new lungs she will be able to live for a couple more years and thus, he cannot risk getting close to her (Baldoni, 2019).

Cystic fibrosis is an autosomal recessive genetic disorder. The mutation of a gene is the cause for cystic fibrosis. Inflammation of airways that is negatively impacting the lungs, and mucus retention are possible symptoms in patients with cystic fibrosis (Elborn, 2016). Will and Stella suffer from both. Thus, they have to carry an oxygen tank with them most of the time to be properly supplied with oxygen. In addition, both Stella and Will participate in treatment where they have to wear a vest, which helps loosen the mucus in their body. With improvements in the medical field, patients with cystic fibrosis now have a median life expectancy of more than 40 years. While cystic fibrosis will eventually lead to an earlier than normal death, one way to help with life expectancy are lung transplantations to help patients with respiratory failure. Thus, a lung transplant will likely help Stella to live at least five more years since the survival rate is at 60-70% at five years (Elborn, 2016). However, the situation is different for Will due to his B. cepacia.

Will is in the hospital because he is participating in a medication trial to cure his condition. B cepacia is a plant phytogen, an organism or pathogen, cystic fibrosis patients can be infected with, that is transmissible from patient to patient which has been causing problems in the past decades (Elborn, 2016; Jones, Dodd, & Webb, 2001). Therefore, Will cannot get any closer than six feet to Stella because he would risk infecting her with B cepacia. B cepacia also reduces Will's chances of survival. The mortality rate among people with this infection is very high. Patients' lifespan can decrease by up to ten years (Jones, Dodd, & Webb, 2001). Lung transplantations in people with B cepacia are controversial because complications can happen after the transplantation and the chances that even if the surgery is successful, that the transplant is helpful are low (Jones, Dodd, & Webb, 2001; Murray, Charbeneau, Marshall, & LiPuma, 2008). So, Will's chances of a longer life with Stella are very low.

Looking at Will and Stella's development in adolescence, the environment they live in plays a major role. They do not live at home with their parents like most teens would. They rather live at a hospital on a unit with other cystic fibrosis patients where they have their own rooms. Thus, the hospital is their home. According to Urie Bronfenbrenner's (1977) ecological model, the hospital environment is Will and Stella's microsystem because the hospital is their immediate setting in which they have daily reciprocal interactions with others from their unit. Will and Stella's roles are not son and daughter in the hospital but patients in relationship to the nurses and doctors. Their activities are hanging out with friends from their unit, engaging in exercise and participating in their medication regimen and other treatments to improve their health. Will and Stella occasionally see their blood family but their microsystem at the hospital is likely what comes closest to be family for them.

One important part of Bronfenbrenner's (1977) microsystem is reciprocity, which is based on the idea to interpret interactions between people based on how they affect each other. Will and Stella's nurse, Barbara, has a positive effect on both of them. They like her a lot. Stella is especially happy that Barbara has trust in her and allows her to go certain places at the hospital. However, Barbara is also influenced by Stella and Will. When the two fall in love, start getting close to each other, and breaking the six-feet rule, the nurse gets worried. She shares with Will and Stella that she had a similar situation happen previously in which she let two CF patients have more freedom, which did not end well, because they passed away (Baldoni, 2019). Thus, Barbara not only affects Will and Stella by being their nurse, but they, as her patients, can affect her, too.

Will and Stella's microsystem the way it is, is only possible due to the much larger macrosystem. According to Urie Bronfenbrenner (1977) the macrosystem refers to overarching norms or patterns of the culture Will and Stella live in. Living in the hospital and receiving treatment the way they do, is only possible because they live in the 21st century where they have access to modern medical care.

Since Will and Stella are both underage, their parents' insurances are subject to paying for the treatment. Being covered under their parents' insurances is important because long hospital stays are expensive. While the technology and research are available in the 21st century to guarantee high quality treatment for CF patients, not everyone can afford hospital accommodations. Both Will and Stella are lucky that their parents are well-insured and able to afford for them to live there and for Will to participate in a medication trial. Good health insurance is not a standard in the United States. Poe mentions in the movie that as soon as he turns 18, their insurance will not cover his hospital stay anymore (Baldoni, 2019).

Jones, Dodd, and Webb (2001) briefly touch on the fact that the isolation of patients with B. cepacia from their peers separates them socially. This is clearly true for Will as he cannot touch the girl he loves. Vines, Fisher, Conniff, and Young (2018), argue that the isolation that patients with cystic fibrosis can be exposed to has unpleasant psychosocial effects. Every patient adjusts to living in isolation by conceptualizing the isolation in their very own way. This can be a challenge. Will and Stella clearly have opposite ways of adjusting to their isolations. Will seems to have lost hope and does not believe in the effectiveness of his medication trial, which is why he enjoys having fun and breaking the rules, believing he will die soon anyhow. Stella does the exact opposite. Her reaction fits the theme of "Striving to Normalize the Experience" with the sub-theme "Connecting with CF identity" from Vines' et al. (2018) study, meaning Stella has integrated the fact that she lives in a hospital and has cystic fibrosis into her identity activities to feel more normal (p. 379). One example is that Stella makes a To-Do list for every day that is tailored to her hospital experience and includes things like taking medication. She is using a very common tool amongst teenagers, which she is adapting to her needs. She also cleans and organizes her room, which are also common self-care activities for teenagers outside the hospital. In addition, she diligently sticks to her medication regimen and exercises, hoping for improvement (Baldoni, 2019).

Isolation also comes with hardships such as feelings of difference, loneliness, sadness, and confinement, that can make it difficult for patients to understand the necessity of isolation to keep them safe, because they are longing to get their emotional and social needs met (Vines et al., 2018). Will and Stella are longing to get their need for touch met, since they are in love with each other. However, because of Will's B. cepacia, they have to stay six feet apart at all times as previously mentioned, which poses a struggle for both of them. Stella gets more relaxed the more she hangs out with Will. In one of her live videos on YouTube she explains to the world outside that her disease has stolen so much from her all her life and now, she is going to steal something back: only one foot. She takes out a pool stick that is exactly five feet long. From then on, she uses that to stay five feet apart from Will instead of six feet, to just get one foot closer to the person she loves. Another scene in which Stella and Will likely get too close to each other is when they go to the hospital pool together (Baldoni, 2019). Due to the attraction they feel toward each other, they clearly desire to be closer. So, instead of sticking to the six feet rule, Stella and Will only stay five feet apart and prioritize getting close over their safety. Them keeping distance from each other gets harder the more they fall in love.

For Will and Stella's age, the attraction they feel toward each other is appropriate. Developing intimacy during adolescence with same aged peers is a developmental process, that a disease like cystic fibrosis does not change. Adolescents start sharing personal information, deeper thoughts, and feelings to develop intimacy (Arnett, 2013). Will is the one starting to make the relationship between him and Stella more intimate by looking through all her previous YouTube videos to get to learn more about her. He mentions Stella's sister, Abby, to her. Stella does not want to talk about her sister, but Will is quite adamant about it by directly telling Stella that he assumes that Abby died because she has never appeared in Stella's YouTube videos again from some point on. While Stella is offended by Will's assertiveness in the beginning, she eventually

opens up to him about her feelings of guilt about her sister's death because she was not there to help her. As a CF patient, Stella thinks, that she should have died before her sister. With Stella opening up, the relationship between the two becomes more intimate. At the pool, Stella makes a first step by showing Will her scars from her previous surgeries. He reciprocates by taking off his clothes, too to show Stella his scars (Baldoni, 2019).

With their relationship getting more intimate they end up falling in love. Their love can be described according to Sternberg's Triangular Model of Love, which includes intimacy, passion, and commitment (Arnett, 2013). Will and Stella fulfill the intimacy and passion part of the triangle. They are intimate with each other by feeling emotional attachment and closeness to each other. As mentioned before, Stella opens up to Will about how she feels about the death of her sister, which is a topic she does not discuss with anyone else. Will and Stella also feel passion. Stella reducing the distance between them from six to five feet, shows that she wants to get closer to Will and wants to touch him. However, Stella and Will cannot fulfill the commitment aspect of a relationship. Will will likely die soon because of his B. cepacia, whereas Stella will have a couple more years to live because of her lung transplant. Thus, a long-term relationship would not be possible for the two.

Stella is very focused on getting healthy by taking care of her medication regimen herself, using the vest, and exercising. Those are not only ways for her to conceptualize her CF identity but also to cope. The study from 2001 by Abbott et al., found that "optimistic acceptance" was the most used coping strategy among adolescents and adults (p. 322). Her hopefulness gives Stella security to live a somewhat normal life. In addition, her faith in the treatment makes her more adherent to cooperate. Will does the exact opposite by not adhering very well. He does not show acceptance of the situation. One way Will copes with his disease is drawing. He draws for Stella, too to show his affection for her. He seemed to have chosen the route of distraction before he got closer to Stella. He knows he is

going to die anyhow, so he rather chooses to enjoy his life instead of spending time on treatment which is likely a form of escapism and distraction like mentioned by Abbott et al., (2001).

Another way Stella copes is by engaging in social media a lot. She has her own YouTube channel where she posts updates about her life at the hospital, her treatment, or just her daily activities as a CF patient. Blogs are commonly used among teenagers in the US. According to Elmquist and McLaughlin (2018), a major reason why teens use social media, is to gain a sense of connectivity. For Stella that makes a lot of sense. The only people she can connect with in person are the people in the hospital. Blogging on YouTube is one of her limited ways of being able to reach the outside world. Another way her channel might help Stella cope is by giving her an outlet to be able to express her emotions (Elmquist & McLaughlin, 2018). Moreover, blogs also serve as a way to explore identity. The use of media helps define identity by introducing different people that can become role models to adolescents for who they imagine becoming later in life (Arnett, 2013). Stella might pick role models that are within a range of something that she can reach considering her disease. While Stella might not have the typical role models such as famous singers or actors that she would encounter on YouTube, she might enjoy learning how others with the disease deal with it and live their lives as happily as possible being terminally ill. Role models to Stella could be other CF patients with their own YouTube channels who share how they go to school and get a degree despite their disease. In addition, Stella might even be a role model for other patients who watch her YouTube channel.

In addition, with Will she can only connect with limits. The person she loves most, she cannot touch, so she needs to find a different way to connect with him and cope with the fact that they cannot get close. Arnett (2013) also discusses how adolescents can stay in touch with each other through their smartphones when they are apart. While Stella and Will are in the same hospital unit, they are required to stay at least six feet apart from each other. So, they cannot

hang out in their room together before they go to bed. Instead they are on a video call together on their phones or computers where they can see each other's faces to talk and say goodnight. The person who is awake longest can end the video call when the other has fallen asleep. Will and Stella generally use video calls a lot when they want to talk, so they are able to see each other's faces, which helps them cope with not being able to be close.

Furthermore, Will and Stella engage in another quite typical behavior for teenagers of their age: risk-taking. The teenage brain is not fully developed, which explains teens' desire to engage in risky behaviors. The limbic system, which is still developing, gives them a feeling of reward when engaging in sensation-seeking behaviors. The stronger the sensation, the more rewarded teens feel. In addition, the frontal lobe, which controls inhibiting impulses, is not at its full capacity. With teens being prone to sensation seeking and restricted in inhibiting impulses, they are prone to engaging in risky behaviors (Kobak, Abbott, Zisk, & Bounoua, 2017). Will commonly engages in risky behaviors. He does not do his exercises as part of his treatment on a regular basis. Neither is he responsible enough to take his medications by himself or use the vest to loosen up the mucus until he meets Stella. Considering that he has cystic fibrosis it is essential for him to engage in his treatment to prolong his life. By not doing so, he risks dying sooner. It takes Stella for Will to fully comply with his treatment. However, he is not complying because he believes in it, but to please Stella and develop a relationship with her.

The riskiest behavior Will engages in, is sitting on the edge of the roof of the hospital. Stella sees Will from her window and walks up to him. He pretends to fall off the edge, committing suicide, which severely scares Stella (Baldoni, 2019). There could be a multitude of reasons for Will's behavior. He might want to catch Stella's attention and provoke feelings in her, he might not care about his life, since he is not hopeful about his medication trial, or he is not taking life seriously, which could be a coping

mechanism for him to deal with the fact that he is terminally ill and will die at a young age no matter what.

Stella is not engaging in risky behaviors at all before she gets closer to Will. However, with feeling attraction toward Will, her love for him becomes stronger than her desire to stay safe like mentioned before. Another factor that drives her to engage in even riskier behavior than just only keeping five feet distance instead of six feet, is the unexpected death of their friend Poe, who dies shortly after celebrating Will's 18th birthday. Stella is devastated by Poe's death. Disequilibrium, or imbalance, is a principle related to the family systems approach, that states, that a change in a family member causes an imbalance that the family has to adjust to (Arnett, 2013). While Poe is not part of Stella's or Will's blood family, the hospital is their home, and Poe is a direct part of Will and Stella's microsystem. Thus, he can be considered equal to a family member. A certain amount of disequilibrium is normal and caused by the changes an adolescent goes through as part of their development (Arnett, 2013). However, Poe's death is more severe and causes a stronger imbalance that Stella and Will have to adjust to. Stella's need for engaging in risky behavior increases as a response to Poe's death. She has always enjoyed the city lights she can see from the hospital. Confronted with the fact that her life can end any time due to her disease, she does not want to waste the chance to walk into the city to see the lights. Will asks her if she is doing that because of Poe's death which she confirms. He decides to accompany Stella (Baldoni, 2019). For both Will and Stella, this is risky behavior since they are outside the hospital environment and thus exposed to more potential bacteria or viruses to make them sick. In addition, they get easily out of breath even with their portable oxygen tanks.

At this point, Stella also seems to have stopped caring about her life. She gets a message on her phone that a lung transplant arrived for her but instead of going back to the hospital immediately, she dances on the ice of a small frozen pond they pass by. Receiving a lung transplant means hope for a longer life for her but she rather seems to

want to have fun with Will and die sooner instead of receiving the transplant. Will joins Stella on the ice. When they hear the ice cracking Stella and Will get off. However, Stella sits on the edge of a small bridge that goes over the pond and falls off. She breaks into the ice. After a couple of minutes Will is finally able to reach her and pull her out. However, Stella is not breathing, so Will has to make a decision. Even though he could transmit B. cepacia to Stella, he gives her mouth-to-mouth as long as his lungs can take it (Baldoni, 2019). Looking at Kohlberg's stages of moral development, Will's decision matches postconventional reasoning (Arnett, 2013). Will is not saving Stella's life for his own reward, out of loyalty to someone or due to social order. He violates the rule not to get close to her and touch her because if he did not, she would die. His moral principle is not to let Stella die, which outweighs all other reasoning. Will's mouth-to-mouth is successful. After an ambulance brings them back to the hospital, Stella receives her lung transplant, which she only accepts because Will convinces her. A test for B. cepacia in her system comes back negative (Baldoni, 2019). The successful transplant will give her a couple more years to live. Stella's risky behavior almost led her to get B. cepacia or even die sooner than she would due to her cystic fibrosis. As Stella is recovering from surgery, Will seems to understand the consequences risky behavior can have and realizes that he will never have a life together with Stella without putting her in danger due to his B. cepacia. So, he decides to see her one more time, safely through glass between them, to say goodbye.

In March of 2019, when *Five Feet Apart* was released, the world was not in the middle of a global pandemic. Since COVID-19 can cause respiratory illness, patients with CF might be at a higher risk of getting severely ill if contracting COVID-19 according to the Centers for Disease Control's (2018) webpage on people with medical conditions related to COVID-19. COVID-19 can have multiple negative effects on patients with CF. In the beginning of the pandemic, hospital visits for patients with CF in Belgium were cancelled (Havermans, Houben,

Vermeulen, Boon, Proesmans, Lorent, Soir de, Vos, & Dupont, 2020). Even after the medical teams resumed allowing hospital visits for CF patients, the number of patients going was low, because of fear of contracting the virus since the hospitals were full of COVID-19 patients. Planned hospitalizations had to be cancelled, too. Will and Stella lived at the hospital and Will participated in a medication trial. Medication trials were put on hold, too in Europe after the start of the pandemic, meaning no new patients got recruited and patients who had already been part of a trial were rather monitored from home instead of going to the hospital for visits (Colombo, Burgel, Gartner, Koningsbruggen-Rietschel van, Naehrlich, Sermet-Gaudelus, & Southern, 2020). With Europe implementing actions like that, it is likely that similar actions were implemented in the United States, too. It is hard to say where Will and Stella would be right now with the pandemic going on. Since Will's medication trial was not successful, he might have been dead by the start of the pandemic. However, Stella, after receiving her lung transplant, would likely be alive and experience the pandemic. In Italy, the first recommendations at the start of the pandemic were to self-isolate and reinforce mask wearing and hand hygiene (Colombo et al., 2020). Stella would have likely had to go through self-isolation and be even more careful if leaving the house at all. Masks and hand hygiene were part of her routine anyhow.

With the global pandemic going on, it is not too hard to imagine what Stella would be going through. The movie shows her and Will having to stay six feet apart and having to wear masks for their safety. Watching this movie a year and a half ago when it came out, most people did not know what it is like to stay six feet away from people you love or wear a mask wherever you go; it was a unique experience for people with CF or other severe diseases. However, in 2020 almost everyone on earth knows. In addition, potentially hundreds of thousands of people have had to quarantine or isolate thus far because they are essential workers, have been in close contact with someone who tested positive for COVID-19 or contracted the virus

themselves. Watching the movie in 2020 was somewhat ironic but at the same time, it was easier to empathize with the feeling of potentially making loved ones sick if not wearing a mask and keeping six feet apart from loved ones. In the beginning and the end of the movie you can hear Stella speaking, emphasizing the importance of human touch and how much it means to our species. At the end she recommends the viewers not to miss the chance and hug our loved ones. When the movie was made, no one had imagined a pandemic to come that would deprive us from being able to hug or kiss our loved ones. People now know and can understand why Stella, from the perspective of a CF patient, gave the advice to touch our loved ones because now we know what it feels like if we cannot.

References

Arnett, J. J. (2013). *Adolescence and emerging adulthood: A cultural approach.* Pearson.

Abbott, J., Dodd, M., Gee, L., & Webb K. (2001). Ways of coping with cystic fibrosis: implications for treatment adherence. *Disability and Rehabilitation, 23*(8), 315-324). DOI: 10.1080/0938280010004171

Baldoni, J. (Director). (2019). *Five Feet Apart* [Film], CBS Films. https://www.hulu.com/movie/five-feet-apart-90a88f6b-00f3-48dd-aa3b-ce0f8669ca4b

Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist, 32*(7), 513-531. https://doi.org/10.1037/0003-066X.32.7.513

Centers for Disease Control and Prevention. (2021, February 22). *People with certain medical conditions.* https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html

Colombo, C., Burgel, P.R., Gartner, S., Koningsbruggen-Rietschel, van S., Naehrlich, L., Sermet-Gaudelus, I., & Southern, K.W. (2020). Impact of COVID-19 on people with cystic fibrosis. *The Lancet, 8*(5), 35-36. DOI: https://doi.org/10.1016/S2213-2600(20)30177-6

Elborn, J.S. (2016). Cystic fibrosis. *The Lancet, 388*(10059), 2519-2531. https://doi.org/10.1016/S0140-6736(16)00576-6

Elmquist, D.L & McLaughlin, C.L. (2017). Social media use among adolescents coping with mental health. *Contemporary School Psychology. 22*, 503-511. https://doi.org/10.1007/s40688-017-0167-5

Havermans, T., Houben, J., Vermeulen, F., Boon, M., Proesmans, M., Lorent, N., Soir de, E., Vos, R., & Dupont, L. (2020). The impact of the COVID-19 pandemic on the emotional well-being and home treatment of Belgian patients with cystic fibrosis, including transplanted patients and paediatric

patients. *Journal of Cystic Fibrosis.* https://doi.org/10.1016/j.jcf.2020.07.022

Jones, A.M., Dodd, M.E., & Webb, A.K. (2001). Burkholderia cepacia: current clinical issues, environmental controversies and ethical dilemmas. *European Respiratory Journal, 17*, 295-301. https://erj.ersjournals.com/content/17/2/295.long

Kobak, R., Abbott, C., Zisk, A., & Bounoua, N. (2017). Adapting to the changing needs of adolescents: parenting practices and challenges to sensitive attunement. *Curr Opin Psychol., 15*, 137-142. DOI:10.1016/j.copsyc.2017.02.018

Murray, S., Charbeneau, J., Marshall, B.C., & LiPuma, J.J. (2008). Impact of burkholderia infection on lung transplantation in cystic fibrosis. *American Journal of Respiratory and Critical Care Medicine, 178*, 363-371. https://doi.org/10.1164/rccm.200712-1834OC

Vines, E. E., Fisher, P., Conniff, H., & Young, J. (2018). Adolescents' experiences of isolation in cystic fibrosis. *Clinical Practice in Pediatric Psychology, 6*(4), 375-385. https://doi.org/10.1037/cpp0000256

Gender Blurring Within the Fashion Industry Across Two Media Forms

by Alejandra Galdo Hernandez

In Kathy Newman's National Geographic article "Gender-Bending Fashion Rewrites the Rules of Who Wears What", we hear from Michelle Finamore, the curator behind the "Gender-Bending Fashion" exhibit at the Museum of Fine Arts, in Boston. We read as they discuss gender and clothing throughout the course of history, and the gender implication behind many pieces. They go into detail regarding "gender-bending" clothing throughout history and its prominence during times of "youthful rebellion." They also recognize the times when women had to fight social stigma in order to wear pants, or today, when there is still a heavy amount of social stigma around men wearing heels, dresses, or clothing that is considered feminine. Additionally, Newman details the discussion behind the exhibit, saying "Adam Tessier, the [Museum of Fine Arts] head of interpretation, says that most shows represent the end of a conversation. He suggests this will be the start of one." This is apparent throughout the article as they also discuss more recent instances of gender blurring, such as Billy Porter's "tuxedo gown", which he wore to the 2019 Academy Awards or the cover of Young Thug's 2016 album, *No, My Name is Jeffrey*, where he is seen wearing a couture gown. Overall, the article has an optimistic tone,

suggesting they are on the brink of significant change, while also recognizing this is not a new conversation.

Throughout the article, there is a heavy emphasis on history. Finamore highlights the prominence of gender blurring throughout fashion for quite some time. Finamore also mentions the prominence of cultural context. For example, they mention the prominence of gender blurring when there is a major social shift in thinking. They mention Millennials' and Generation Z's particular openness to challenge gender, not just in terms of clothing. Furthermore, they go on to connect this new generation of thinking to the 60's and 70's and the prominence of "youthful rebellion" that can also be seen today.

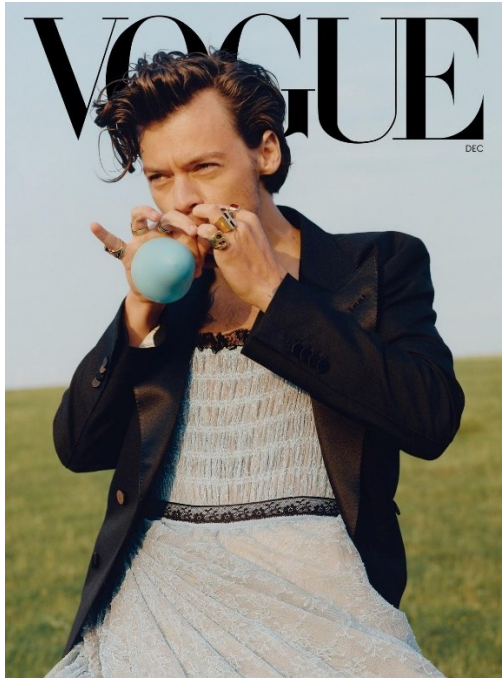
As a result of removing gender implications in clothing, we can begin to see the breakdown of gender stereotypes. By removing the gendering nature of clothing, people can be allowed to freely express themselves. Expressing oneself has become very prominent, especially through the internet and social media platforms. Anyone can share any opinion they have online, and this sentiment can flow into how one chooses to dress themselves. Millennials and Generation Z have proven outspoken and unafraid to break down societal norms, it is not surprising they also use clothing as a medium to express themselves without the invisible limitations of gendered clothing. Additionally, the heavy emphasis on "youthful rebellion" can bring a sense of optimism. There is no doubt we are in the midst of many social movements, which results in the prominence of gender blurring. Gender blurring during times of major social change is a pattern that has repeated itself throughout history.

I believe this article acts as a positive force. Through this interview with the head curator, we learn the thought process behind creating this exhibit and about certain pieces, and why the pieces are on display. The article and exhibit encourage the freedom to express oneself as they would like through clothing. Finamore allows for a new sense of invigorating creativity to breed and allow for others to recognize the excitement and joy fashion can

bring. She also encourages the idea of liberating fashion and using it as a medium for limitless self-expression.

If I were to engage with this piece, I can do multiple things, such as reaching out to the author of the article, the curator, and the Museum of Fine Arts over email or via social media. Additionally, I can contact the author and discuss why they chose to write about this topic. In the future, I can support the Museum of Fine Arts, in Boston by attending an exhibit. If there were any exhibits related to gender blurring fashion in the area, I can also direct my support locally for this movement by visiting those exhibits.

Gender blurring can also be seen on the cover of *Vogue's* December 2020 issue. Harry Styles, a prominent singer, songwriter known for bold fashion choices, is seen standing in a field blowing up a blue balloon. He is wearing a light blue and black lace dress and a black blazer with a silk lining.



Prominent parts of the photograph could be interpreted as stereotypically masculine and feminine. Traditionally, blazers are considered masculine. While dresses, silk, and lace are traditionally seen as feminine fabrics and clothing. In the photograph, Camilla Nickerson, the stylist, creates an enkindling juxtaposition by combining both traditionally feminine and masculine clothing pieces. Through this it can be concluded that Styles will not be limited by the traditional gendering of clothing. The incorporation of traditionally masculine pieces demonstrates he is not losing his masculinity or sacrificing it, instead, he redefines it.

Styles is also seen blowing up a blue balloon. Traditionally balloons are used during times of celebration, blue balloons, however, are commonly used for gender reveal parties, which have become increasingly prominent. These parties continue to uphold and enforce gender stereotypes in many ways. For example, by solely adhering colors to each gender, society continues to enforce the idea that certain things are for girls and certain things are for boys. This can be interpreted as the contradicting values we hold as a society. Generally as a society, we want children of any gender to pursue the interests they hold; however, by limiting their clothing based on their gender, we limit their mediums to express themselves freely. Thus continues to reinforce gender stereotypes.

There are also very few colors in the cover. The most prominent being blue and black. Blue is a traditionally masculine color; at baby showers it can be seen representing boys. Black is traditionally associated with death, and many wear black to funerals. By combining both, we can interpret this as the death of toxic masculinity or traditional male qualities. The combination of the colors reinforces the idea that Styles is redefining what it means to be a man and embody masculinity.

This cover of *Vogue* was the first to ever feature a solo male on the cover, and he did so wearing a dress. Often, the weight of social stigma is heavier for men than it is for women when gender blurring. If a woman wears a suit, it is seen as empowering and often she is praised. Even

more recently, there is little stigma when women wear suits. However, in the case of men dressing themselves in traditionally feminine clothing, it is met with heavy stigma and often, heavy criticism. Even today, men wearing dresses, skirts, or heels, is still heavily criticized, and often met with the questioning of their masculinity. Styles starts a new conversation: what does it mean to be a man in 2020? By removing the gender implication of clothing, he embraces a definition of masculinity that does not focus on exterior but rather interior qualities.

This cover proves to have many benefits. For example, this cover can be seen as empowering to the individual who feels limited by clothing as a result of gender expectations, implications, or both. It can also empower others to dress in an authentic way that feels true to them, without concerning themselves with the arbitrary gendering of clothing. It can begin to allow for a more free version of expression. Furthermore, by redefining the definition of masculinity, we can begin to break down the damaging notions of toxic masculinity.

I can engage with this piece in a variety of ways, primarily through the internet. For example, I can post my thoughts on the cover via social media. I can also visit the article that was written as an accompanying piece, and leave my thoughts as a comment on the article. Additionally, instead of engaging directly with the piece, I can start a conversation with those around us about masculinity and what it means to be a man in 2020 and explore the role clothing plays in that definition.

Both of these pieces were proponents of gender blurring within fashion. However, Newman's article offers a primarily academic and historical perspective on the topic. The article heavily focused on the evolution of gender blurring and how we have gotten to where we are today, while also briefly touching on more contemporary forms of gender blurring within fashion. Meanwhile, the *Vogue* cover was an explicit example of contemporary gender blurring. It explicitly allows for the gender to be removed from clothing and see clothing solely as a means of expression, not necessarily an expression of gender.

Based on what I have discovered about gender blurring within the fashion industry, there are various actions I can take to also share support for this movement. I can voice my opinion online about future prominent gender blurring moments. I can also continue to watch how others react to this movement and take note of the various opinions that arise. I can also further my research into gender blurring throughout history and learn more about the topic. Finally, I can become a part of the movement itself and incorporate gender blurring pieces of clothing into my own wardrobe and advocate for those around me to do the same.

References

Newman, Cathy. *Gender-Bending Fashion Rewrites the Rules of Who Wears What*. 20 Mar. 2019, www.nationalgeographic.com/culture/2019/03/gender-bending-fashion-rewrites-rules-who-wears-what/.

Mitchell, Tyler. "Cover Look." *Vogue US*, Condé Nast, 13 Nov. 2020, www.vogue.com/article/harry-styles-cover-december-2020.

How does "Chef's Table" on Netflix Represent the Female Chef in the Hegemonic Male Chef's World?

by Magdalena Trabinska

Abstract

In this paper, I am going to focus on how female chefs are represented in the modern world and what their impact is in postmodern cooking/art. Guided by my research question, "how does "Chef's Table" represent female chefs in today's hegemonic male chef's world?" I use feminism, ideological and visual media criticisms to look at Netflix's original documentary. In my conclusion, I found three relevant themes: female chefs have to balance their professional career with raising a family while men can focus on their work, female chefs are not entirely accepted and revered as best-of-class chefs, and that food is a vehicle to whom people are inside and it is very similar to the role art plays in peoples' lives. Ultimately, given my analysis, I argue that even though the world is changing and women have more access than in generations past to a variety of professions, the culinary world is still gender-biased, discouraging many potential gastronomic gems from even thinking about a career in the industry.

Introduction

For many years the stereotype of a professional chef was strictly associated with white men, typically from Europe, who trained in France. Traditionally, chefs were associated with being perfectionists, angry and stressed-ridden. Most people when imagining a chef would picture a hard to please male, standing over his employee who does not realize yet that he made a mistake. These chefs had the ability to dampen the mood of an entire evening. Watching any one of the recently popular culinary shows like Master Chef or Hell's Kitchen, one can be quickly become acquainted with what I am referring to. Gordon Ramsey remains a stellar example of this stereotype. By being the meanest person during his shows he crushed the dreams and careers of many chef apprentices. As a one of the most recognizable food-related celebrities, his presence affirms that men dominate the industry, and success is hardly achievable for those who would have a different approach to cooking than the mainstream.

These stereotypes were bolstered over the years by the media, specifically by culinary programs. Food shows are a television genre that broadcast meal preparation in a studio or at someone's home. While male chefs were dominating the media perception of the food genre, much changed with the introduction of food documentary series, which differs from shows by purpose. The purpose of a documentary is instruction, education or maintaining a historical record, so it is much closer to the truth than any show. In that vein, in 2015 Netflix started its first original documentary series about food and travel called *Chef's Table*, which was directed by David Gelb and Brian McGinn, both famous for the documentary "Jiro Dreams of Sushi". The series turned out to be so successful that Netflix has contracted six seasons so far. Each season showcases four to six episodes, each lasting about 50 minutes.

While both culinary shows and culinary documentaries emphasize the role chefs play in the culinary world, it is the latter that helps break the stereotype of a male, crude chef. In this essay, I want to focus on how in

the male-dominated culinary world, women struggle and succeed achieving top positions and creating new quality. I will do it by analyzing how *Chef's Table* represents female chefs. Moreover, I will try to better disseminate how female chefs are broadly portrayed in the modern world and what impact they are making on the postmodern art of cooking. It seems important to me that while the world is changing and women have greater access to many professions that were once out of their reach, in the culinary world they are still very much struggling to make a name. Is it because the culinary world is male dominated, and these figures' persona deter many talented women from even jumping in the ring, or are there other factors that impact this situation? *Chef's Table* has dedicated ten of its thirty episodes to female chefs. Out of these ten, three episodes tell the story of three different chefs that resonate well with the scope of this work. These three extraordinary chefs are: Nancy Silverton, Nikki Nakayama, and Dominique Crenn.

Literature Review

For years the restaurant industry was dominated by men. Everyone knows who Gordon Ramsey, Jamie Oliver or Anthony Bourdain are but even today people would have a problem naming three female chefs. The only exception would probably refer to the legendary Julia Child, who changed the culinary narrative in the United States during the '60s and '70s and beyond (Kelly, 2017) and Martha Stewart who is well known for her culinary television show. According to the British Office of National Statistics, only 17% of chef's positions in the UK are held by women (Morgan, 2018). The situation is very similar in the United States and other countries. Moreover, in 2014, only 6 women out of 110 chefs earned three Michelin stars (Haddaji & Albors-Garrigos & Garcia-Segovia 2017, p. 320). One of the reasons is that historically women have always done cooking at home and that has not been deemed a true profession by the general public. Also, men didn't believe that women could stand the pressure and share the same passion and flair. Furthermore, as celebrity chef John

Burton Race put it: "It is a fact that men are the best cooks, professional or not. Industrial kitchens may have heavy equipment, but men are the best cooks because they are more passionate and take cooking more seriously" (Peck & Katar, 2011). Professional environments chefs maintain are not female-friendly. Women who want to succeed need to work harder than their male counterparts.

In recent years, a massive transformation has happened, one that can be attributed to food styling, making food not only a necessity for survival but a treat for the eyes. It is all thanks to the pair of documentarians named David Gelb and Brian McGinn and the food show they created for Netflix in 2015 titled "Chef's Table". This show pioneered food as vogue and had a different approach than any other shows or documentaries before. It presented food as an haute cuisine using slow-motion shots and classical music (Marsh, 2019). Female chefs made their mark setting a precedent, and I will explore how the outcome of their work is a form of a postmodernist high art.

History is full of heroines that had a real impact on the course of history from Cleopatra and Saint Joan of Arc to Marie Sklodowska-Curie who discovered polonium and radium. However, it takes much more determination for women to be professionally recognized, as they must really sacrifice for their careers. While it is true that work-family conflicts affect both men and women, it is the working mom that has a more complicated situation. They are the ones that feel the social expectations and pressure regarding their role in taking care of dependents and sometimes parents (Harris & Giuffre 2010, p. 29). This career-family balance is not a minor issue, especially in the culinary world. Male chefs are less affected by family responsibilities, and employed mothers have additional time constraints due to their responsibility for children that lie in direct conflict with the hospitality hours dictated by the profession. Therefore, the only way for them to succeed is by practicing perfectionism and sacrifice in a male-dominated culinary field. Moreover, it is important to remember, women are not equally accepted and respected as chefs in this professional realm. Women on many

occasions have reported "subtle" mistreatment or discrimination upon entering low-paid positions. Many of them (if they decide to stay) never fully develop their career. They are constrained by competition, other duties and a character that requires hawkish behavior. As indicated by researchers, women have to break many barriers to become successful, including the lack of mentoring, lack of managerial experience or exclusion from informal networks (Haddaji Albors-Garrigos &Garcia-Segovia 2017, p. 321). Nevertheless, women upon breaking the glass ceiling become much better managers than some of their male counterparts.

Finally, while assessing the current state of the food and beverage industry, it seems important to note that the world of chefs can be divided into the ordinary chefs that treat their work as a craft and the others who are aiming to transform their talents into a form of art. These perfectionists competing for the Michelin's stars are in the core of this paper's review, because contemporary postmodern cuisine can be compared to art in its meaningful sense. This art in a postmodernist term has to be "cutting edge" when performed by artists (Karlholm 2009, p. 714). My analysis is presenting women who not only succeeded professionally, but also elevate their work to the form of art, becoming the best in their field and among the biggest names in the world.

Methodology

Focusing on how female chefs are represented in the modern world and how they impact the industry, I use feminism, ideological and visual media criticisms to examine Netflix's original documentary "Chef's Table". These three methods are going to support the following findings: a) female chefs have to balance professional and family lives while men can solely focus on their career; b) female chefs are not yet widely accepted nor well-received in the hospitality industry, and c) food plays a similar role to art in terms of touching peoples' lives and inspiring their likes and dislikes.

I watched chapters of the Netflix documentary "Chef's Table" dedicated to Niki Nakayama, Dominique Crenn and Nancy Silverton many times in order to find patterns, parallels, and to discover who the female chefs really are.

Description of the Artifact

Netflix's first documentary series *Chef's Table* started screening in 2015. So far six seasons have been produced and one spin-off. The creator of the documentary, David Gelb, focuses on each chef as an individual character, trying to understand that person's motivations, history, achievements and skills. In essence, he looks deeper into the culinary impact the chef has made, instead of only focusing on cooking techniques and ingredients. Every episode unveils a story of the passion, challenges, failures and victories of each chef. By the spring of 2020, "Chef's Table" comprises thirty episodes, ten of which tell the stories of female chefs. I focus my study on three: Nancy Silverton, Nikki Nakayama and Dominique Crenn.

Nancy Silverton

Nancy Silverton began her career in the mid-1980s. She is an American chef, baker and a culinary book writer. Moreover, throughout the course of her career she has been nominated and bestowed famous awards. Silverton is well known for her famous artisan breads and for popularizing sourdough in her California-based bakery "La Brea." In the Netflix documentary she is described as a strong, independent and goal-oriented woman with a focus on new challenges. Despite life's obstacles she was able to raise two children while managing three restaurants, where "Osteria Mozza" has one Michelin star.

Niki Nakayama

Niki Nakayama was born and raised in a Japanese family in Los Angeles, California. She began her culinary career at the Takao restaurant where she worked under the

talented and famous chef Takao Izumida. Later, she started a three-year working tour in Japan while she discovered and studied different regional cuisines, both traditional and modern. When she returned to Los Angeles, she opened her first restaurant, Azami Sushi Café. The restaurant quickly became a well-known success. Later Niki Nakayama opened her second restaurant, N/Naka, which was dedicated to gourmet, creative and cohesive Japanese food. In the Netflix documentary "Chef's Table," Niki Nakayama is pictured as a humble and concentrated person who had to face many stereotypes of working as a chef. She had to overcome challenges both in her private as well as her professional life, before becoming an ambitious, passionate and professional chef that has come to inspire others.

Dominique Crenn

Dominique Crenn was born in Versailles and grew up in France. In 1997, Crenn started to work in Indonesia for InterContinental hotel in Jakarta, becoming the first female chef in history. The next year she went back to California to become an executive chef at the Manhattan Country Club where she spent eight years. Currently she owns two restaurants: "Atelier Crenn" and "Petit Crenn" (dedicated to the memory of her parents). While the former serves a poetic combination of food, the latter, honoring her mother, is more relaxed and focused on her experiences from childhood in Brittany. Crenn is the first female chef in the United States to receive two Michelin stars. Netflix "Chef's Table" depicts Crenn as imputed to the postmodern art movement.

Analysis

Brief Summary of the Themes

All three "Chef's Table" episodes have common themes that can be distinguished. First, the female chefs have to balance their professional career with their family. Second, these female chefs have had to overcome many stereotypes while pursuing their professional career. Lastly, they have made and continue to make a significant

contribution to today's food culture, which has gradually become a type of postmodern art. To complement this analysis, it is important to describe each theme.

Balancing Work and Life

All three episodes place a strong emphasis on presenting the problem of finding a work-life balance as a female chef. While traditional norms put heavy pressure on the woman's role for caring for the family, they need to manage a more taxing workload than their male counterparts who can solely focus on pursuing their career without distraction. As evidenced by the depiction of Nancy Silverton, she had to face numerous challenges balancing her career with her private life. In "Chef's Table" Silverstone describes how after giving birth to her first child on Thursday, she went back to work on Tuesday. Her daughter later recalled that when they were growing up she and her brother used to stay in a small apartment that was located above the first Silverton restaurant "Campanile." Her mother would often run upstairs from the restaurant to help them with their homework and then run downstairs to take care of the cooks and guests that were in her restaurant's dining room. Despite a hectic schedule, both of her children have great memories from that period. They always felt loved. Silverton would typically work all night in the bakery, even sometimes until 8:00 AM only to return to her apartment, preparing the children for school, before taking a shorter-than-necessary rest.

Niki Nakayama faced similar work-life balance problems. While already working as a chef, she faced a family tragedy related to the premature death of her father in 2004. Since then, she had to take care not only of herself but also her elder mother. Managing time between work and family put a lot of pressure on her personal life, making it hard for her to find a life partner. After a while she managed to find a wife, Carole, with whom she works at her restaurants. This major life event returned some balance back to her life. Of course, dating and marrying a coworker initially increased some tensions at her workplace with other employees, but hostilities lessened over the course of time.

Nakayama states that they both give each other space in the workplace which allows them to grow as individuals.

Out of these three women, Dominique Crenn's story seems to be a bit different. She was able to focus entirely on her career from the beginning and didn't have to choose between her family and career. Nevertheless, she still missed her parents who stayed in France. When she moved to the United States, she was so concentrated on working and creating that she didn't have time to go back and spend time with her family. She was determined to prove her worth. This affection towards family is beautifully expressed by her work, devoting her restaurants to the memory of her two parents that have since passed away. The touching element of her story is that both she and her brother were adopted and, even so, her parents always played an important role in her life. Her mother was a cook and passed on her basic knowledge about French cuisine. When Dominique's father passed away, she was devastated not to be there, and that changed the way she looked at herself and her career. She reflected deeper about her life and work when her mother ended up in the hospital, and did not mention the fact to Dominique. Her mother wanted to protect her and not add an undue distraction to her career. Crenn said that this was a wakeup call. She didn't want to repeat the story of her father with whom she did not get to say "goodbye."

These three examples stress that female chefs have to find balance between their professional ambitions and family life, and that it is never an easy affair. Whether managing their businesses, rearing children, or finding a partner while taking care of an elder parent, it is extremely difficult for female chefs to achieve recognition in their professional lives. They are rarely in a position that would help them to solely focus on work. This is important. It supports the argument that women who receive recognition have done so through adversity, and this means much more than the same recognition received by men.

Overcoming Stereotypes

Nancy Silverton met her future husband Mark, while they were working in the "Michael's" restaurant. She was responsible for pastry. After they got married, they started their own restaurant, "Campanile," where her husband remained an executive chef and Silverstone was still working as a pastry chef. Over time their restaurant became popular and Silverstone started running her own bakery "La Brea" which made her more popular than her husband. As he was in her shadow now, it became very difficult for both of them, causing fractions and quarrels. At a certain point, when Nancy started to be recognized not only for being a baker, but also for being a chef, the press started to write about her putting her in almost a cult status. That was the last straw, her husband and their marriage fell apart as the tensions grew too intense between them. After that, she started her own restaurant "Osteria Mozza" which earned one Michelin star. This story of success is also a story of coming out of the shadow of her husband, who for a number of years was trying to be more popular than her, and never wanted Nancy to take over as a celebrity and a chef. The whole process of becoming popular is very often burdensome and internally difficult. Overcoming stereotypes and obstacles put in the way by other people who might not be as ambitious or as good at their work is challenging and requires both physical and spiritual strength, demonstrated by the courage Nancy Silverton showed.

Niki Nakayama had faced different challenges. Once she started her career at "Takao" in California, her chef stated that when he first saw her, he didn't believe that such a small girl could work in any restaurant. Initially, many employees at "Takao" and the management were often making jokes that Niki was more like a kitchen mascot than a chef. The mascot stigma accompanied Niki; she was very petite and known for her beauty. This problem of being undermined by someone is well documented by her in the episode when she describes how in Japanese culture a word "kyjokasii" means someone is trying to put another down or says one can't do something and, in fact, she, herself, was

under the "kyjokasii." However, after initially being intimidated by this, she developed a desire to prove the whole world that this was wrong. Moreover, she wanted to prove that she was of equal value to the male chefs she worked with. Overcoming the stereotype of just being a mascot was even more taxing for Niki, coming from a Japanese family, where women play only a supportive role to their husbands. When Niki told her family about her plan to become a chef, she was not only disbelieved, but nobody in her family wanted to support her life choice. Although she is now a famous chef, she still faces situations where people can't believe that she is actually running the restaurant. Customers and chefs alike from other restaurants still try to patronize her and do not believe in her talent.

Female chefs don't necessarily suit the mold of a professional chef. The culinary world, dominated by man, still does not recognize female chefs uniformly. They face humiliation and setbacks unbeknownst to men in the exact same role. They are often patronized, ridiculed or discouraged only because of their sex. For female chefs, it is much harder to achieve success, and it requires heroic determination to gain respect.

Food: A New Form of Postmodern Art

Postmodernism is a historical era from the 1960s (of XX c.) to the present that values diversion and the recycling of culture. According to postmodernism, anything can be an art and anything deserves the attention of an audience. Moreover, postmodern art is defined more broadly. Not only as paintings, music, or literature but it also encompasses food or the ornate plating of dishes as a new component of modern art. While female chefs need to overcome many obstacles in their life, they are not lagging behind in terms of the latest trends in culture and culinary art. Apparently, many of them pursuing this career tend to focus more on passion, art and connection with others while they create dishes and serve them to the customers. In contrast, male professional chefs tend to focus more on their ego, their achievements and media attention.

Dominique Crenn's first restaurant "Crenn" is an artistic masterpiece, a pearl on California's art scene. This is not because of the paintings or decorations on the walls but because of the food and everything that is connected to it. From the beginning to the end of their stay at the restaurant, patrons experience dishes as a form of Dominque's personal art monologue. The menu of the restaurant is written as a poem that expresses her memories from childhood and highlights her feelings. The poem is always written by Crenn herself. Delving deeper, each course of the menu corresponds to a line of poetry but not in a straightforward fashion. For example, one of her dishes comes as a wave of oceanic delicacies. Crenn describes her food not only as a food but something that can trigger her customers' inner feelings, memories and even their spiritual beliefs. For her, this is a determinant that affirms she is doing the right thing. Customers interact with the poem as a menu of courses the same way as spectator of paintings in a museum or music in a philharmonic.

Sometimes the art can take a form of obsession, expressing by whatever the author wants to communicate. This is how Nancy Silverton approaches one of her favorite dishes: the Italian pizza. Silverton can wake up in the middle of the night because she has had a dream about some taste from the past that she needs to recreate. Without avail, she needs to do it immediately, not to forget the passing thought. She works tirelessly until she is satisfied with the result. This is the type of dedication Nancy is known for. Perfecting her famous pizza, she has worked two full years crafting the precise list of ingredients to make up her popularized recipe. This is not a usual characteristic of a chef. Rather, it looks like an artist who needs to articulate himself once the idea settles in his mind.

Niki Nakayama remains the most artistic person in her family. She describes creating dishes as achieving internal freedom of expression. Also, she feels pressure to please every customer that comes to her restaurant. She believes that she owes it to the customers to give them the best experience, as they are coming to her restaurant to be amused. That motivates her to work ever harder. She puts a

lot of effort in every dish, and as a result, customers are mowed by the items they taste; in the same way they would react to a painting or sculpture in a museum. Also, she believes that the integrity of ingredients should never be lost, which is the essences of the so-called "kaiseki." This Japanese philosophy of cooking is based on representation of the area that people live in. It is an integral part of Nakayama as a chef and her dishes. She appreciates every ingredient because every part, even the small tomato tries to grow and deserves the same kind of respect from those who will consume it. Ms. Nakayama appreciates nature and its seasonality. In her dishes, she is trying to show what nature can teach us. The Kaiseki philosophy elevates Nakayama's work to the level of an art form and spiritual undertaking, which is very unique and beautiful.

Food can be a vehicle that changes human perception on life and their role in this world. Similar to art, it can move people to see beyond what is ordinary. It can encourage people to be reflective. Dishes can express emotions and feelings in the same way that paintings or songs do. Also, this culinary experience can teach people about the deeper meaning of life. In that sense, chefs can create a postmodern art, and the examples used in this analysis confirm it. Female chefs represent the avant-garde of the contemporary culinary world.

Conclusions

In this paper, I focused on how female chefs are represented in the modern world and that their impact on modern cuisine can be experienced as postmodern art. Guided by my research question, "How does "Chef's Table" represent female chefs in a hegemonic male chef's world?" I have used feminism, ideological and visual media criticism methods to look at Netflix's original documentary. As a result, I found three themes that were common to the examples that I have chosen.

First, female chefs must work harder to achieve the same success as male chefs. They need to balance their career with the pursuit of their family's interest. They

usually are not allowed time for maternal leave because they need to get back to work as soon as possible, and the care of their loved ones always has to be considered in the equation.

Second, female chefs are not treated seriously in the male-dominated professional world of gastronomy. Male chefs tend to have bigger egos. They tend to keep female chefs in the shadows and are patronizing towards women. The examples of Nancy Silverton and Niki Nakayama are very prominent in this regard.

Third, female chefs are embracing the trends in the culinary world and carving out their own rendition. In the examples I presented, the female chefs were not only among the best in the world, but also, they are all embracing food as a measured form of postmodern art. Whether they are examining the entire customer experience like Dominique Crenn, looking for perfect dishes like Nancy Silverton or using kaiseki philosophy to distinguish their dishes like Niki Nakayama, they are all artists in the postmodern art terms.

Female chefs have a lot to offer not only the modern world but also to the professional culinary landscape. Today, we want to believe women are equal to men across all walks of life, but still in some settings they are not treated alike and need to work twice as hard as their male counterparts to prove their talent and determination to succeed.

References

Chef Dominique Crenn of Atelier Crenn - Biography. (2018, October). Starchef. https://www.starchefs.com/cook/node/5375

Chef's Table. (n.d.). IMBd. https://www.imdb.com/title/tt4295140/awards?ref_=tt_awd

DeJesus, E. (2017). 'Chef's Table' Recap: Nancy Silverton. Eater. https://www.eater.com/2017/2/17/14649100/chefs-table-nancy-silverton

Foss, S. K. (2018). Rhetorical criticism: exploration and practice (5th ed.). Long Grove, IL: Waveland Press. 144-237.

Haddaji, M. and Albors-Garrigos, J. and Garcia-Segovia, P. (2017). Women chef's access barriers to Michelin Stars: a case-study based approach. Journal of culinary science and technology. Taylor & Francis Group. 320-321.

Harris, D. A and Giuffre, P. (2010). The price you pay: how female professional chefs negotiate work and family. Gender Issues. 29.

Karlholm, D. (2009). Surveying contemporary art: post-war, postmodern, and then what? Art History. 714.

Kelly, A. (2017). Julia Child. Retrieved from https://www.womenshistory.org/education-resources/biographies/julia-child

Marsh, C. (2019, May 1). How Chef's Table Turned Food TV Into Mouthwatering Art. Retrieved from https://www.vulture.com/2019/05/chefs-table-food-tv-mouth-watering-art.html

Matwick, K. (2017). Language and gender in female celebrity chef cookbooks: cooking to show care for the family and for self. Critical Discourse studies. Routledge Taylor and Francis Group.

Morgan, Z. (2018). Why are our professional kitchens still male dominated? Retrieved from https://www.bbc.com/news/uk-wales-45486646.

n/naka: chef. (n.d.). N/Naka. https://n-naka.com/chef/

Peck, T. and Kakar, S. (2011). Do men really make the best chefs? Independent.uk. https://www.independent.co.uk/life-style/food-and-drink/news/do-men-really-make-the-best-chefs-1938708.html

Healthcare

How to Improve Safe Medication Practices and Prevent Medication Errors

by Tawonga Mtawali

As nursing professionals, we hold a multitude of responsibilities that are related to the care of the patient as a whole. The goals and responsibilities of nursing have changed over the years and we now have clear guidelines and resources that have helped us identify what aspects of patient care to focus on. For those of us who aspire to work as a nurse, specifically at the undergraduate level, understanding and knowing the main responsibilities can be a daunting task. Fortunately, the *Quality and Safety Education for Nurses* (QSEN), is a project that has established and defined the core competencies future nurses should know in relation to improving the knowledge and care of the health-care system as a whole. There are six core competencies to be learned and understood at the pre-licensure level: patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics. Because of the scientific and environmental aspects that surround nursing care, medication errors, which fall under patient safety, are a common occurrence and hold paramount importance. Medication errors can be defined as being "any preventable event occurred at any stage of drug therapy being related to professional practice, healthcare products, procedures and

systems, which may or may not cause harm to the patient" (Vilela and Jerico, 2015, p. 120).

Whether it's administering medications to the incorrect patient, administering the incorrect dose, administering it at the incorrect time, or through the incorrect route, an error in medication is bound to happen at some point in our nursing careers. In a retrospective study done at the Aga Khan University in Pakistan, 325 BScN students were assessed on their medication administration skills. Within the 325 students, many errors occurred; with 2.3% identified as medication errors (Tabassum, 2016). Of the 2.3%, 26-40% of the errors occurred surrounding the administration of the medication. A similar study was conducted in the United States with 1,300 nursing students and it was found that 51% of the medication errors occurred as a result of "performance deficits", while 27% of the medication errors were caused by a "knowledge deficit" (Tabassum, 2016). Not only are medication errors seen in the United States, but they are seen in other parts of the world, making interventions and better methods to combat the issue a global concern. In an exercise designed to analyze what human factors affect medication errors, Dr. Caldwell, from Auburn University Montgomery, highlights that "medication errors account for lost wages, disability, and productivity, and are responsible for over 7,000 deaths annually" (Caldwell, 2017). In the exercise above, a majority of the medication errors that occurred were caused by human mistakes, but even through recognizing this, there are methods to avoid errors. Some methods look to explore how strong leadership and organized systems within health care facilities can help combat the issue of medication errors. In the same study conducted in Pakistan, the authors highlighted the two biggest contributing factors to medication errors as being caused by stress and workload, and the violation of policies (Tabassum, 2016). This paper will explore the different types of medication errors that occur, as well as the human error aspect that contributes to this safety concern and the methods and strategies that can be used to combat this issue.

In the article titled "American Society of Health-System Pharmacists (ASHP) Guidelines on Preventing Medication Errors in Hospitals", published by the *American Journal of Health-System Pharmacy,* the authors discuss the important role that pharmacists take in being leaders to the insurance of safe medication distribution and how medication safety practices can be implemented. Even though the article specifically targets pharmacists, and not nurses per se, the guidelines and practices still apply to nurses as all health care professionals can implement the principles discussed. In conjunction with practices, guidelines, and research conducted by the *Institute of Medicine*, the ASHP concluded that a system-based approach should be taken to prevent future medication errors, as humans by nature will always err: "A system-based approach should be undertaken at institutions to prevent future errors; this approach strives to change worker conditions and build defenses, barriers, and safeguards to prevent errors from occurring or mitigate the harm if errors do occur. Blaming healthcare workers involved in errors or passively encouraging them to be more careful will not prevent errors since it does not change the underlying conditions that contributed to the error" (p. 1493). From this statement, it can now be noted that a common pattern shown following medication errors, sees individuals coming together as a team to find the root causes behind medication errors and how they can be changed.

The first step identified in ensuring safe medication practices is to plan for how the medications will be given, as well as who is responsible for the insurance of safe medication practices. According to the ASHP, this responsibility falls on the organization and department as a whole: "Safe medication practices begin with placing medication safety as an organizational and departmental priority and implementing a system that will support these practices. The organization must have a comprehensive program that includes a medication safety leader, key elements in place to provide the structure for safe medication practices, and a successful strategic plan" (Billstein-Leber, et al, 2018, p. 1494). This strategic plan

begins with two categories: risk assessment and reducing the risk of errors. Risk assessment allows the institution as a whole to pinpoint and review areas of short falls surrounding medication administration. This is done through proactive risk assessment tools, which have been formulated by the *Institute for Safe Medication Practices* (ISMP). The failure modes, effective analysis, and a gap analysis, are tools which target the identification of risk factors before they occur (Billstein-Leber, et al, 2018). Incorrect medication administration can occur due to the similarity of medication labels. The analysis tools listed can help combat this common error. By identifying this issue and ensuring all medication bottles have distinct labels, a mistake can easily be avoided.

As a result of each institution producing their own findings, they are able to design and implement their own strategies to reduce the risk of errors. One of the examples discussed in the article, looks at high-alert medications, which are medications that can cause serious harm to patients if not administered properly or safely. "Risk-reduction strategies should be implemented that will (1) prevent errors, (2) make errors visible, and (3) mitigate the harm if an error occurs" (Billstein-Leber, et al, 2018, p. 1495). Because each institution is different and will find different risk assessment findings, it is important for each institution to find strategies that cater to the needs and factors involved. It is also vital to ensure the strategies are effective based on evidence-based practice and reports of successful implementation elsewhere. Two strategies that can be implemented to ensure medication safety of a high-alert medication include "using read-back processes to minimize errors by spelling the medication name and stating the intended purpose or implementing barcode technology and/or radio frequency identification (RFID) for the preparation, dispensing, and administration of medications" (Billstein-Leber, et al, 2018, p. 1496). Independent double checks have proven to be effective as they create an environment that possesses a decreased risk of bias. Even with this absence of bias, research has shown that this

system must be paired in conjunction to other strategies to eliminate risks of error.

Not much review of the effectiveness of such implementations were listed in the guide itself, but when looking at different peer reviewed articles that have implemented the practice, the significant benefits can be noted. For example, the article titled "ASHP guidelines on preventing medication errors in hospitals: Advancing medication safety to the next level", offers concrete data on the effectiveness of the practices. Cohen, Smetzer, and Vaida (2018) describe how the largest improvements seen with the implementation of the discussed practices were found in communication of medication orders, seeing a 52% improvement; engaging patients in the safe practices of taking medications, with a 42% improvement; and when a culture of safety was adopted, a 41% improvement was shown (Cohen, Smetzer, Vaida, 2018, p. 1444). Further evidence of effective use is shown by the endorsement from the Food and Drug Administration, the medical products industry, the Joint Commission, United States Pharmacopeial Convention, and many other regulatory and accrediting agencies, which have implemented the safety practices surrounding the "clinical practice standards and product nomenclature, packaging, and labeling" (Cohen, Smetzer, Vaida, 2018, p. 1444). The result of these implementations has shown a decrease in common medication errors, which once included "IV push administration of potassium chloride concentrate injection, intrathecal administration of vincristine, and administration of a neuromuscular blocking agent to an unventilated patient" (Cohen, Smetzer, Vaida, 2018, p. 1444). Not only has a decrease in such incidents occurred, but they have become nonexistent.

In the article titled "Professional development: Branching out beyond the bedside", Kathleen Smith discusses an *Institute for Safe Medicine Practices* (ISMP) summit she attended concerning intravenous push (IV push) medication at the bedside setting; a common area of practice that sees many medication administration errors. Smith took keen observation to the fact that the regulation

and procedural requirements that surround the administration of IV push medications differ from institution to institution; even at times procedures differing within the same institution amongst different units and floors. This lack of standardization is what contributes to the errors that occur. When nurses are new to a particular institution, from another institution, they then must learn a whole new method of administering medications via IV push. If IV push administration is standardized across nursing practice as a whole, it can prevent the probability of errors or confusion. To combat this issue, "ISMP assembled an interdisciplinary team of fifty-six experts from across the country to explore the challenges and to brainstorm ways to simplify and standardize the process of IV push medication administration" (Smith, 2017, p. 57-59). The interdisciplinary team included health care providers from all spectrums and disciplines of health care.

Another stark point Smith highlighted was the diversity of the nursing personnel involved in the summit. There were nursing professionals on different levels and scopes of practice. Some of those different scopes included: "anesthesia, nursing medication safety, and the Emergency Nurses Association (ENA); clinical nursing and pharmacy regulatory compliance supervisors; and more" (Smith, 2017, p. 57-59). The differing nursing practices brought about a variety of viewpoints and perspectives behind the administration of IV push medications. In particular disagreements were found by those who held more of an administrative position versus the nurses who worked at the bedside administering the medications themselves. It is through these disagreements and differing scopes of practice where collaboration and consensus can be found. If a pharmacy regulator supervisor cannot hear or see the perspective of an emergency department nurse, who most times mixes, prepares, and administers the medications all on their own, then change cannot be brought about. Smith's analysis and reflection on her experience at the summit, highlighted how institutions like the ISMP's summit are the driving force to resolving medication errors

and involve the nurse in more than the bedside aspect of care.

The evidence that showcases the success of teamwork and collaboration across the nursing profession was evident in Smith's description of the *Magnet Designation* award that her hospital received. The *Magnet Designation* is a reward that is given to health care professionals who exhibit excellent patient care through their practice, including low incidents of medication errors. Through the implementation of practices like the ISMP's summit on IV push medications, Smith's "high-volume, high-acuity Level 1 trauma center located in Newark, Delaware" was able to bring about structural changes that benefited the hospital as a whole. Although not looking specifically at the practices and skills she learned at the IV push medication summit, her hospital saw improvements in the development of the clinical ladder and the commitment to nursing professionalism (Smith, 2017, p. 57-59). Kathleen recognizes this distinction as being a recent driving factor to the importance and emphasis on reducing medication errors and other safety concerns within patient care. This designation also facilitates the esteem that summits like the one she attended can produce within health care settings. Through these initiatives, healthcare providers have recognized the importance of patient safety summits which in turn yield distinctions and noted trust created within society.

The improvements seen in the studies above, show the importance of evidence-based practice within the nursing profession. According to Kathleen Masters, who wrote the "Role Development In Professional Nursing Practice" textbook, evidence-based practice is "a mechanism that allows nurses to provide safe, high-quality patient care based on evidence grounded in research and professional expertise rather than on tradition, myths, hunches, advice from peers, outdated textbooks, or even what the nurse learned in school five, ten, or fifteen years ago" (p.249). Thanks to the many advancements in technology and the number of nurses who are branching out beyond the traditional bedside role of nursing care,

research is readily available and widespread to nurses on all spectrums of practice. The evidence-based practice allows for optimal nursing care to be given to patients as new improvements are discovered. Many different nursing organizations have taken the research they found and formed them into models that can be implemented into practice. These findings and models allow for the reduction of practical errors and thus support the professions endeavor for keeping up with the six core competencies of practice.

In the studies discussed above, it can easily be noted how identifying problems and implementing tools to improve common practical problems has shown a drastic decrease in errors. Some errors are even being described as nonexistent (Cohen, Smetzer, Vaida, 2018). Additionally, through Smith's involvement in a medication summit, it can be noted how teamwork and collaboration beyond the bedside and involving health care professionals on all spectrums of practice, can aid in the improvement of nursing practice. The findings and implementations discussed at the summit, could only be done through evidence based practical experiences brought forth by those who attended the summit.

As nurses, we are the last line of defense in the process of administering medications to our patients. As leaders in our own right, it is important to contribute to the strategies identified, as well as the shortfalls experienced in patient-nurse interactions. Providing adequate healthcare for the patients we treat includes actions outside of ourselves; and it is important that we are patient advocates through the effort of being effective group members in the collective team of health care within society. Working together means that us nurses advocate for practices that a pharmacist can implement, or even seek change through a nurse who may work in an administrative position. Through understanding the impact medication errors can have on patient care and investigating the different studies that have sought to begin reconciling these errors, I want to one day be a nurse who diligently follows facility medication administration safeguards, is confident enough to present

my personal, human errors to my facility, and work together with other health care providers to ensure the best possible care for the patients I will be caring for.

Works Cited

Bereta Vilela, R. P., & de Carvalho Jericó, M. (2016). Medication Errors: Management of the Medication Error Indicator toward a More Safety Nursing Practice. *Journal of Nursing UFPE / Revista de Enfermagem UFPE*, *10*(1), 119–127. https://doi-org.proxymu.wrlc.org/10.5205/reuol.8423-73529-1-RV1001201616.

Billstein-Leber, M., Carrillo, C. J. D., Cassano, A. T., Moline, K., & Robertson, J. J. (2018). ASHP Guidelines on Preventing Medication Errors in Hospitals. *American Journal of Health-System Pharmacy*, *75*(19), 1493–1517. https://doi-org.proxymu.wrlc.org/10.2146/ajhp170811.

Caldwell, R. B. (2017, August 28). *The influence of human factors in medication errors: a root cause analysis.* Retrieved from QSEN Institute: https://qsen.org/the-influence-of-human-factors-in-medication-errors-a-root-cause-analysis/.

Cohen, M. R., Smetzer, J. L., & Vaida, A. J. (2018). ASHP guidelines on preventing medication errors in hospitals: Advancing medication safety to the next level. *American Journal of Health-System Pharmacy*, *75*(19), 1444–1445. https://doi-org.proxymu.wrlc.org/10.2146/ajhp180283.

Masters, K. (2020). Evidence-Based Professional Nursing Practice . In K. Masters, *Role Development in Professional Nursing Practice* (p. 249). Burlington: Jones and Bartlett Learning.

Smith, K. (2017). Professional development: Branching out beyond the bedside. *Nursing*, *47*(9), 57–59. https://doi-org.proxymu.wrlc.org/10.1097/01.NURSE.0000522005.06020.10

Safe Practice Guidelines for Adult IV Push Medications (2015, July 23). Institute for Safe Medication Practices. Retrieved April 27, 2021, from https://www.ismp.org/guidelines/iv-push.

Tabassum, N., Saeed, T., Dias, J. M., & Allana, S. (2016). Strategies to Eliminate Medication Error among Undergraduate Nursing Students. *International Journal of Nursing Education*, *8*(1), 167–171. https://doi-org.proxymu.wrlc.org/10.5958/0974-9357.2016.00030.1

COCHLEAR IMPLANTS- FIXING WHAT'S NOT BROKEN?

by B. Antonia Rikk

Cochlear Implants have been causing controversy ever since they were invented in the 1970s. They are the first effective treatment for deafness and severe loss of hearing and as such they are considered a huge advancement in the medical field, but in the Deaf community they are viewed in an entirely different light (Eshraghi, 2012). To the Deaf community they symbolize the eradication of their culture and not being accepted for who they are by the hearing world, as to them the Cochlear Implants are trying to fix something that is not broken.

Cochlear Implants were invented in the 1970s after the people in the medical field have been theorizing about the possibility for decades (Eshraghi, 2012). They are small devices made up of two parts and they electrically stimulate the cochlear (hearing) nerve (Mayo Clinic, 2020). The outside part has a microphone that picks up sounds and sends them to the receiver that is implanted behind the ear (Mayo Clinic, 2020). This makes it possible to bypass the damaged part of the ear and get information directly to the cochlear nerve (Mayo Clinic, 2020). After the implantation of the device the patients need rehabilitation so their brain can understand the sounds heard through the implant

because they are different from the sounds they might remember (Mayo Clinic, 2020).

Only based on this information, for people who are not part of the Deaf community, it can be hard to understand why a device like this would cause controversy. However, for people in the Deaf community deafness being a disability is not as clear as it seems for the general public, so "the rise of the cochlear implant to alter what most clinicians and much of the general public feel is a disability has brought to the forefront a fervent and passionate debate regarding the propriety of both the implants themselves, as well as the classification of deafness as a disability" (Ida, 2004, p. 1). While for hearing people deafness not being a disability can sound like a surprising or even irrational claim, Deaf people do not consider their way of life or their lack of hearing a handicap or a disability (Ida, 2004).

The Deaf community claims that they have a culture with their own language and value system instead of just being a group of handicapped people. They claim that this culture is being threatened by children receiving Cochlear Implants, since those kids will likely never join their culture (Ida, 2004). They feel like their culture is defined by the physical trait of being deaf – which they do not consider a disability – and that "treating" that trait would eliminate their culture. If we consider Deafness as a culture, then we can see how a procedure that is aimed at reducing their numbers could be considered problematic. There are people who are even willing to go as far as to say that it is genocide, since "cochlear implantation is an attempt to restore hearing, it does, by definition, eliminate individuals from the ranks of Deaf culture" (Ida, 2004, p. 2)

The main claim that the Deaf community has for being considered a culture is their language. American Sign Language (ASL) is considered its own language that has more in common with other sign languages than it does with English, so that seems to support their argument (Ida, 2004). That language is also a driving factor for the rest of their culture since their institutions were established because of the basic human need for community and

communication. (Ida, 2004). If we compare the language, the communities, institutions and art in the Deaf community with other minority communities, the similarities are quite convincing of their culture status (Ida, 2004).

People in the Deaf community argue that deafness is just a physical trait, like being black, so under the right circumstances being deaf – in the same way as being black isn't – is not a disability (Ida, 2004). They also draw similarities between the Deaf and the Jewish community. Many of their reasons for this – "separate values and customs, vast social networks completely distinct from the greater community, political interests and powers all their own, a separate and distinct language that very few outside of the community speak (Hebrew or Yiddish), a troubling and persecuted history" – are very compelling and they could easily convince many people (Ida, 2004, p.7).

After looking at the arguments of the Deaf community, we certainly have to look at the other side and look at the arguments of the people supporting the Cochlear Implants. "While the Deaf argue that their language is what qualifies them for being a culture, if we look at other cultures, we can see that there are some important qualifying factors that the Deaf community lacks. One of these is the passing down of cultural heritage through generations." (Ida, 2004, p.8). Most deaf children are born to hearing parents and most deaf parents have hearing children (Ida, 2004). The hearing family members of the deaf cannot belong to the Deaf community, so the family traditions aspect of cultures is entirely impossible in this regard (Ida, 2004).

Many people in the medical field also argue that deafness cannot be qualified as not a disability, since deaf people lack one of the five senses that make people able to interact with the world and each other (Ida, 2004). They claim that deaf individuals require assistance to communicate with a large portion of the world's population and that it is hard to see how they could claim to not have a disability while they rely on social support just to be equal to the rest of society (Ida, 2004). They also refuse that a

physical trait alone can define a culture. They claim that this would be too broad and would leave the argument open to claims of cultures entirely based on physical traits, like color of hair, or height (Ida, 2004). They also argue that black people are not part of the Black community because of the color of their skin, but because of the shared cultural heritage, pointing out that the family unit is a very important part of cultures (Ida, 2004).

One way that the two sides of the argument could be reconciled is by using the Cochlear Implants, but still letting children learn sign language and learn about the Deaf community. According to Graham (1996) many families believe that this bilinguality would be useful for their children, so they could interact with others both from the hearing and the Deaf community. The problems with this solution are that the rehabilitation after the implantation requires people to practice hearing constantly and that could not easily be practiced in deaf schools and communities and that in many countries parents are presented with a choice between sign language and oral language and no choice for both (Edelist, 2016). Another solution could be letting children grow up deaf and then letting them decide if they want the surgery or not, once they are adults. The problem with this solution is that the Cochlear Implants work better the earlier in life a person gets them (Graham, 1996).

In conclusion, people on both sides of the controversy about Cochlear Implants have very strong and convincing arguments, and it is clear that this disagreement will be around for a long time to come. At the end of the day it is the decision of every parent of a deaf child and of every deaf adult whether they agree with the procedure or not. There will always be people on both sides, unless there is a big breakthrough on one side that can convince the others, but with a controversy like this with emotionally charged arguments that is very unlikely to come around.

References

Cochlear Implants, Mayo Clinic. March 24, 2020 https://www.mayoclinic.org/tests-procedures/cochlear-implants/about/pac-20385021

Edelist, T. (2016). Capitalising on cultural dichotomies: Making the 'right choice' regarding cochlear implants. *Social Theory & Health, 14*(*3*), 293-311. http://dx.doi.org.proxymu.wrlc.org/10.1057/sth.2015.34

Eshraghi, A. A., Nazarian, R., Telischi, F. F., Rajguru, S. M., Truy, E., & Gupta, C. (2012). The cochlear implant: historical aspects and future prospects. *Anatomical record. 295*(*11*), 1967–1980. https://doi.org/10.1002/ar.22580

Graham, J.; Ramsden, R. (1996). Centres that work with cochlear implants listen to views of deaf community. *British Medical Journal.* 313(*7049*), 113. https://doi.org/10.1136/bmj.313.7049.113b

Ida, J. (2004). Deaf culture and cochlear implantation: Irreconcilable goals. *Revista Romana De Bioetica, 2*(*3*) http://proxymu.wrlc.org/login?url=https://search-proquest-com.proxymu.wrlc.org/docview/1417591082?accountid=27975

DO NOT RESUSCITATE ORDERS IN FORM OF TATTOOS - A JOKE OR AN IMPORTANT MESSAGE, THAT MEDICAL TEAMS SHOULD ETHICALLY ACT ON?

by Stefanie Socher

Patients can have *Do Not Resuscitate* (DNR) orders if they do not wish to be resuscitated by a medical team in case their heart stops beating (cardiac arrest) but prefer to die. Do Not Resuscitate orders can be important when a patient has been suffering from an ongoing illness or is bedridden and does not want to be resuscitated because they do not enjoy life the way they have to live it. Another scenario where *DNR* orders can be applicable is in an emergency room. Resuscitating is not a rarity when patients are brought to an ER. If it is not possible to talk to the patient and ask them what they want, a DNR order comes into play. If the patient has such an order, they do not need to be able to talk and it is ethically all right for the medical team to not resuscitate and let the patient die. There are different ways of expressing the wish to not be resuscitated, such as a written and signed document or wearing jewelry. However, there is a less conventional option – a tattoo on the patient's body. People can have tattoos for various reasons. However, it is also common that people regret having gotten tattoos later in life for various reasons. Can a tattoo be considered as the wish to not resuscitate the patient? Or is a tattoo no ethical justification for a medical

team to not resuscitate because a tattoo is not a reliable form of expressing such an important wish?

The wishes of people with "Do Not Resuscitate" tattoos have been contradictory in many cases. In the case of a 70-year-old man who was brought to an emergency room in Florida, the patient had no identification with him, and no one had accompanied him. He had the words "Do Not Resuscitate" tattooed on his chest and the word "Not" was underlined. In addition, below the words "Do Not Resuscitate" it looked like his signature was tattooed on his chest, too. The patient was not resuscitated after review with an ethical committee. Later, the medical team found an actual DNR on file. So, they were relieved to have made the right choice (Holt, Sarmento, Kett, & Goodman, 2017). However, there has also been a case in which a patient lost a bet and thus, had "DNR" tattooed on his chest. He did not think anybody would take a DNR tattoo on his chest seriously and did not bother too much about it. This patient was not unconscious, so the medical team was able to ask him about his wish and he wanted to be resuscitated if necessary (Cooper & Aronowitz, 2012). Those two cases make it questionable what the ethically correct decision is in a case where a patient is unconscious and has no one else to communicate their wishes for them. There are multiple approaches on why somebody should or should not be resuscitated if they have a do not resuscitate tattoo.

Honoring the tattooed DNR order

The decision of the medical team to not resuscitate the unconscious patient in Florida was ethically correct. Arguments in favor of that are that a tattoo can be considered as a way for the patient to provide a medical team or first responders with the patient's decision on the matter. DNR orders exist because patients have a right to not be resuscitated if they wish so. Such a choice should be respected. Looking at the meaning of a tattoo, one approach is that somebody who gets a tattoo that says "Do Not Resuscitate" wants to majorly highlight their wish to not be resuscitated in case of an emergency situation or

being unable to communicate and have no one speak for them. From this perspective a tattoo can be seen as a drastic measure to be assured to not be resuscitated under any means (Smith & Lo, 2012). In the emergency situation in Florida, there was not enough time to get access to an official document. So, how would a patient make sure his wish is respected? Smith and Lo (2012) mention other methods, like bracelets, that are common for people to express their wish to not get cardiopulmonary resuscitation (CPR). So, if a bracelet can be used to express the patient's wish to not get resuscitated, a tattoo should be a valid way of expressing the very same wish.

Another consideration is the nature of the tattoo. In the case in Florida, the words "Do Not Resuscitate" were fully written out. The word "Not" was even underlined as mentioned before, the letters were all capital and bold and there was a tattoo that looked like a signature. Seemingly, a lot of effort was put into this tattoo, which should have weight in deciding if to honor the tattoo or not. Smith and Lo (2012) bring up a good point about the possible ambiguity of a tattoo. If it just says "DNR" like in the other case mentioned, that can have multiple meanings. There is no way for a medical team to know if those letters stand for "Do Not Resuscitate" or have a different meaning, like initials for a name. However, in the case of the 70-year old man, there was no ambiguity regarding the meaning of the tattoo, which is why it was the right decision to honor the tattoo.

A counterargument why the tattoo should not be honored is based on Smith and Lo's (2012) concern that the tattoo can cause confusion not only because of potential ambiguity but also due to its irreversibility. While a patient might be deeply convinced at some point in their life that they would never want to be resuscitated, this perception might change based on changing life circumstances. A patient mentioned in Kluger and Aldasouqi's (2013) article got a "Do Not Resuscitate" tattoo based on a heart condition and loneliness. His heart condition got fixed and he found a new love. At that point he had to deal with the

fact that he had already gotten an irreversible "Do Not Resuscitate" tattoo.

Another counterargument why the tattoo should not be honored, is the fact that it can have legal consequences for the medical team if they make the wrong decision (Smith & Lo, 2012). Looking at this situation from a utilitarian point of view, legal consequences would cause the medical team a lot of pain and suffering. Furthermore, if a patient does not get resuscitated because the medical team honors the tattoo, but that was not the patient's actual wish, that would cause harm in form of death to the patient and psychological harm to the patient's family. Nobody would turn out to be happy or feel pleasure in this scenario. Since the goal of Utilitarianism is to provide the most happiness/pleasure and least pain/suffering for everybody involved, honoring a DNR tattoo would ethically be the wrong choice because of the potential negative consequences. If the medical team does not honor the tattoo but it would have been the patient's wish to die, then the happiness of the medical team, who will not face legal consequences, has to be compared to the patient's suffering of being resuscitated. In this scenario there is no way to determine whose happiness or pain outweighs the other party's happiness or pain. The patient could be unhappy for the rest of their life that they were resuscitated. On the contrary, the medical team could be unhappy the rest of their lives, too if they did not resuscitate and face legal consequences which could cause them to lose their jobs, financial instability, and more. Utilitarianism does not provide an overall clear picture looking at different scenarios but tends towards not honoring the tattoo as to be the ethically correct choice.

Looking at the situation from a deontological perspective, the medical team made the right choice in honoring the tattoo. Everyone can choose to have or not have a tattoo including what kind of tattoo. The 70-year old man chose a "Do Not Resuscitate" tattoo. Since this kind of tattoo is not the kind of tattoo everybody gets, one can assume that the patient was aware of the meaning and consequences of the tattoo he got. Having the tattoo and

making it that specific can be considered the patient's autonomous choice. Deontology supports autonomous and rational choices. Since there is no evidence against the fact that the tattoo was an autonomous choice, it will be treated as one. In addition, if the medical team does not resuscitate a patient, they are not treating the patient only as a means because it is a fair assumption that a patient did not want to be resuscitated. Thus, the case resembles more a mutual agreement. Looking at Kant's first formula of the categorical imperative, morality is based on universal principles. There is nothing generally morally wrong with the principle to honor someone's wish, which is based on the assumption that even though the situation is not quite clear, the tattoo can be interpreted as the wish to not receive CPR.

By not respecting the patient's wish, the medical team would have acted paternalistic, meaning they would have overridden the man's choice to not be resuscitated for his own good. Resuscitating a patient saves their life, which is usually considered to be for the patient's own good, but also comes with a prolonged hospital stay that can cause very expensive medical bills. As Weiss and Hite (2000) argue, if a patient is not resuscitated the medical charges should be less. So, neither the hospital would have to come up for the charges nor the patient. The insurance system in the US has deficiencies. Many people could not even afford the medical bill that would come with them being resuscitated and having to stay at the hospital or their insurance will not cover enough for them to afford the copay. It is understandable that a patient might not want to have to pay back debt the rest of their lives or put their family in a position where they have to pay medical bills, which is another consideration to make before resuscitating a patient. So, acting paternalistic might not be in the patient's best interest at all, which is why honoring the tattoo instead was the right choice.

Another principle of bioethics is beneficence, which is based on the idea to actively promote the patient's well-being and prevent or remove harm to them. While successful CPR saves a patient's life, that does not mean

that the life after survival will be an enjoyable one and in the patient's interest. CPR in intensive care units for example only saves one third of people and many of those who are saved just die a slower and more painful death in the unit. Most prefer to not be resuscitated instead of suffering a slow death (Weiss & Hite, 2000). Thus, the 70-year-old man's tattoo can indeed express the wish of someone who does not want to suffer a slow and painful death after resuscitation. The decision to not resuscitate can prevent harm to the patient, which is why the medical team made the correct choice in honoring the man's tattoo. Even though there are arguments against honoring the tattoo, they do not outweigh the arguments for honoring the tattoo, which is why the medical team made the right choice to not resuscitate the patient.

Evidence when honoring non-traditional DNR orders

First, when encountering non-traditional DNR orders, a medical team should evaluate if the DNR order is likely to be based on autonomous choice and informed consent. Under common circumstances when a DNR is on file, a patient and doctor talk about it together, before the DNR is put in the system by the physician (Weiss & Hite, 2000). In such a conversation, a physician should make sure to provide adequate information, that the patient understands the information, is competent, and decides and consents voluntarily to the DNR. Only if those criteria are fulfilled the patient makes the choice based on informed consent, which is an important principle in biomedical ethics. Since DNR orders fall under the category of best interest assessments, the patient's consent is necessary, and a physician should not have the right to override the patient's choice (Biegler, 2003). Informed consent is based on the principle of autonomy. Usually, informed consent is used to determine if or what kind of treatment to administer on a patient so that the patient has a right to decide and consent to the treatment they will receive. In the case of a DNR order, it is not about whether to administer treatment but whether to withhold it. Biegler (2003) claims

that if informed consent usually serves to prevent harm to the patient and gives them the right of an autonomous choice, this can be applied, for DNR orders, too. If a patient can consent to receiving treatment, they can also autonomously consent to treatment being withheld. Informed consent in the usual scenario is given in the conversation with the physician after the physician did his duty of informing the patient adequately.

Usually, autonomy can be somewhat evaluated by the physician who is present when a patient files a DNR order with the hospital. However, everybody can get a tattoo or wear do not resuscitate jewelry because such jewelry can be easily purchased on the market (Rahman, Walker, & Sultan, 2017). Thus, there is no evidence that a physician played a role in the decision process at all. However, this can have an advantage. As Weiss and Hite (2000) mention, physicians can potentially influence the patient's decision about being resuscitated or not so much that the patient gives in to what the physician thinks is best, which can lead to the patient agreeing to a DNR order even though they do not want one. In this scenario, according to Ruth Fade and Tom Beauchamp, a patient would not have chosen a DNR order based on informed consent. The patient would have only complied with or rather yielded to the doctor's orders but not actively authorized the do not resuscitate order. With unconventional DNR orders, there is no way of knowing to what extent a patient was informed or not. However, consent can be considered as provided as soon as a patient wears DNR jewelry or has a tattoo. With jewelry consent can easily be withdrawn by taking off the jewelry. With the tattoos the patients would have to find an alternative option to clearly communicate that they do not wish for CPR to be withheld. Looking at autonomy, since a discussion with a physician is not needed for a patient to get a tattoo or jewelry, the choice is more likely to be an autonomous one when a DNR order is unconventional than when it is a file as part of hospital records, because the patient made the choice independently without being influenced by a physician. It is highly unlikely that someone wears DNR specific jewelry or a tattoo without it being the

patient's voluntary choice. So, assuming it is the patient's choice to wear the jewelry or tattoo, the criterion that it was an autonomous choice is fulfilled, which should be considered evidence to honor a tattoo.

However, what if getting a DNR tattoo was an autonomous choice, but it is not supposed to signal the autonomous wish to not be resuscitated? In the case by Cooper and Aronowitz mentioned previously, a man had a DNR tattoo as a result of a drinking game. His choice to get the tattoo was autonomous but it was not his wish to not be resuscitated in the case of cardiac arrest. He did not want to convey an important message. To him it was just a joke. Another concern is the irreversibility previously mentioned. Even though the tattoo of the 70-year-old man was very specific, it might not have reflected a current wish. In both situations, if the tattoo does not communicate an actual wish or someone changed their mind about the tattoo, people need to take that into account before getting such a tattoo. A medical team cannot be expected to go through all possible options regarding the background of the tattoo. The fact that tattoos are irreversible is common knowledge and the fact that a medical team might act on a tattoo that says DNR is not absurd either. People should consider that before getting a tattoo. To avoid ambiguity, Kluger and Aldasouqi (2013) suggest a so-called "Consider do not resuscitate" tattoo (p. 136). A better solution might be to create a DNR tattoo that is specifically for medical purposes. Only if it fulfilled specific requirements and was given by a licensed provider, a tattoo would have validity. This would prevent misunderstandings. Patients with "official" tattoos would not be resuscitated but patients with tattoos that are missing requirements would be.

Third, a medical team should evaluate how commonly the specific method is used. There are many different types of medical alert identification, which can range from jewelry, to medical ID cards, to body art (tattoos) (Rahman, Walker, & Sultan, 2017). Amongst those, jewelry seems to be a more commonly recognized form. Medic Alert bracelets or other jewelry are known among physicians and they look for them for the question

of resuscitation in a medical emergency (Collier, 2012). If jewelry is commonly used, then the assumption can be made, that patients are aware of the meaning of the jewelry and its consequences. A patient commonly would not wear DNR jewelry if they wanted to be resuscitated. However, jewelry does not seem to be a reliable source of information because it can easily be purchased from companies without anyone officially making sure that the information provided is correct, as established before. Seemingly anyone could purchase a bracelet with the letters DNR or words "Do Not Resuscitate" on it without a physician confirming that this is actually the patient's wish. Thus, it is possible that wearing medical alert jewelry does not actually communicate the wish to not be resuscitated.

However, the operating medical team cannot know for sure about the meaning of the jewelry. If a patient wears jewelry that indicates a wish to not be resuscitated but this is not the patient's wish, then physicians should not be held responsible for the decision to not resuscitate because by wearing such jewelry a patient puts themselves in risk for a medical team responding based on the DNR jewelry, such as with the tattoo mentioned above. The patient knows the meaning and potential consequences of wearing such jewelry. If a patient wants to be resuscitated, then they should not wear DNR jewelry. So, since jewelry is commonly used to express a DNR wish, this should be evidence for the medical team to act on what the jewelry states.

Tattoos are much less common than jewelry. However, more and more people get medical alert tattoos for diseases like diabetes or allergies (Collier, 2012). In addition, not everybody wants to wear medical alert jewelry for a variety of reasons: you can lose it easily during certain sports or people with more than one illness or allergy would have to wear a lot of jewelry which would not look pretty. Not only might people not like jewelry, but they might also be allergic to it. One patient in Collier's (2012) article can only wear jewelry on her skin if it is made from gold, which would be very expensive. Even though tattoos are not as common yet as bracelets there are many valid reasons for

patients not to want to wear jewelry. Therefore, tattoos should gain more weight over time and be taken as serious evidence of communicating a patient's wish, including DNR tattoos. Again, it would be helpful if there were medical standards for "official" DNR tattoos to make the process easier for a medical team as mentioned before.

Regarding informed consent, a DNR should, under ideal circumstances, be signed with informed consent after a conversation with a physician, as previously established. Non-traditional DNR orders can be based on informed consent, if such a conversation with a physician had taken place in addition to just wearing jewelry or a tattoo. Since jewelry is the more established form of unconventional DNR orders, it is very much possible that a patient decided to wear jewelry in addition, after a conversation with a doctor. However, tattoos are usually not a form of medical alert ID a doctor would recommend which makes it more likely that the tattoo was an independent choice without consulting a physician beforehand, meaning there is no guarantee for informed consent. The general suggestion after evaluating certain evidence would be, that jewelry is rather reliable to express an actual wish for withholding CPR and thus, is better evidence for honoring the DNR order than a tattoo. However, that does not mean that DNR tattoos should not be honored at all.

Waiting for proof before acting on the tattooed DNR order

The man who was brought to the ER in Florida had no identification with him and no one accompanied him who could have identified who he was. The medical team tried to bring him to consciousness to discuss his actual wishes with him about being resuscitated or not, but they were not successful. If the patient could be stabilized and there was enough time for the medical team to figure out his identity and wishes, then they should have waited to hear back from the Florida Department of Health to clarify if there is a properly written DNR on file. However, the

patient's blood pressure was rapidly decreasing when brought to the emergency room. There was not enough time for the ER team to wait for the Florida Department of Health to get back to them. They needed to make the decision earlier.

The problem in this case is, what would the physicians have done while waiting to hear back from the department? Waiting usually refers to withholding treatment until known what kind of treatment the patient would want. However, in the case of a DNR order, the exact opposite is the case: it is about what the patient does not want, namely, to be resuscitated. If applying the usual understanding of the term "waiting" then the medical team could not have administered treatment until hearing from the Florida Department of Health. The medical team did what they could in regard to waiting to resuscitate or not. They stabilized the patient as well as possible to gain more time until they had to make the final decision, which gave them enough time to at least reach out to the ethical review board.

With the time pressure being a barrier to having certainty on what to do, the ER team could by definition not have waited for advice because if we apply the term waiting to not taking action then the patient would have died anyhow. The outcome is the same in both cases. However, the medical team decided to not resuscitate, and it was an active decision to let the patient die and not a matter of waiting for the Florida Department of Health. The ethical review committee had given a green light so, not resuscitating the patient was justified. Even if the review committee had not given a green light, the ethically correct choice would have been to not resuscitate the patient. Legally, the medical team would have to face consequences but looking at it only from a moral perspective, their decision was right because of the unclarity of the situation and the evidence present that spoke for the fact that the DNR order is truly the patient's wish.

If we look at waiting in a sense that the medical team should have tried to resuscitate the patient until they know for sure he has a DNR order on file, then no, the

medical team should not have waited. Resuscitating the patient is irreversible and completely goes against the tattoo. If they had resuscitated the man there would have been no easy fix to that because they cannot just make the patient so sick again, that he will die. The only fix would have been to perform physician-assisted suicide if the patient had wished so. However, since that idea comes with a whole other amount of ethical concern, the decision to resuscitate would have been irreversible and thus, the medical team should not have waited. While there is no fix for letting the patient die either and it is also an irreversible decision, it was the right one. The tattoo was not ambiguous. While there is no guarantee that the tattoo expressed the patient's current wish, it was more likely that the patient did not want to be resuscitated than it was likely that the patient wanted to be saved.

Unfortunately, there is no way to tell what is worse: a patient who lives in suffering because they did not die as they wanted to or a patient who is dead but would have wanted to live. Since no one can ask the dead about their opinion on that matter, there is no clear answer. With that being said, the best a medical team can do is consult with each other, compare opinions on the matter and then make the best decision they can. Generally, they should have the autonomy to make decisions in such situations to their best knowledge under the circumstances provided, without having to worry about so many formalities. Performing CPR or not sometimes needs to be decided within seconds or minutes without the time to wait for guidance. In this case, medical teams can only listen to their instincts on what is best to do. The biggest burden for a medical team is the legal unclarity and fear of legal consequences if acting against the law. The medical team cannot read an unconscious patient's mind. They should not fear to be held responsible for not resuscitating a patient if there is a chance that that is the patient's wish. A tattoo and jewelry provide valid reasons to not resuscitate a patient. The best solution for this problem would be to officially allow tattoos as DNR orders after consultation with a physician. If a tattoo is required to fulfill certain

standards to be an acceptable DNR tattoo, then everybody knows what to expect. There will never be one hundred percent clarity on the issue, but with guidelines on valid tattoos both physicians and patients know what they are dealing with. In addition, people should have enough common sense to not jokingly wear DNR related tattoos because they can cause confusion and problems in life-or-death situations. However, if people still do, then there would at least be more clarity on what tattoo to take seriously and what could just be a joke.

References

Biegler, P. (2003). Should patient consent be required to write a do not resuscitate order? *J Med Ethics, 29*(6), 359-363. DOI: 10.1136/jme.29.6.359

Cooper, L. & Aronowitz, P. (2012). DNR tattoos: a cautionary tale. *J Gen Intern Med, 27*(10), 1383, DOI: 10.1007/s11606-012-2059-8

Holt, G.E, Sarmento, B., Kett, D., & Goodman, K.W. (2017). An unconscious patient with a DNR tattoo. *N Engl J Med, 377,* 2192-2193, DOI: 10.1056/NEJMc1713344

Kluger, N. & Aldasouqi, S. (2013). A new purpose for tattoos: medical alert tattoos. *La Presse Médicale, 42*(2), 134-137. https://doi.org/10.1016/j.lpm.2012.04.009

Rahman, S., Walker, D., & Sultan, P. (2017). Medical identification or alert jewellery: an opportunity to save lives or an unreliable hindrance? *Anaesthesia, 72*(9), 1139-1145. https://doi.org/10.1111/anae.13958

Smith, A.K. & Lo, B. (2012). The problem with actually tattooing DNR across your chest. *Journal of General Internal Medicine, 27*(10), 1238-1239. DOI:10.1007/s11606-012-2134-1

Weiss, G.L. & Hite, C.A. (2000). The do-not-resuscitate decision: the context, process, and consequences of DNR orders. *Death Studies, 24*(4), 307-323. DOI: 10.1080/074811800200478, https://pubmed.ncbi.nlm.nih.gov/11010731/#affiliation-1

Collier, R. (2012). Medical ink. *CMAJ, 184*(9), 1018-1020. https://doi.org/10.1503/cmaj.109-4204

HONEST CARE THROUGH TRUST

by Tawonga Mtawali

Nursing is a profession that holds both high merit and low expectations. In *Role Development in Professional Nursing Practice*, Kathleen Masters writes an insightful and informative textbook on the professional developments and principles that the practice of nursing requires. She especially emphasizes the professional nursing principles involved within the nursing practice, because of how often these principles are overlooked. In particular, she tells students, and readers, the general viewpoint that society at large has towards nursing. The public tends to see nursing as mere "training," rather than appreciating the science and hard work that comes with treating the sick. (p.138) The nurse interviewee I had the chance to interview, EG, knows this downplay all too well. From teaching me ballet in high school in Malawi, to returning back to the United States and obtaining her Associates of Nursing to become a registered nurse, she has seen the positive and negative aspects of the nursing profession, especially in these times of a global pandemic that has hit the United States hard. She has held her beautiful spirit through it all by showing nothing but love and appreciation for her patients. Although EG did not exclusively state the theory she most identifies with, based on my judgement and the interview, EG most

identifies with Hildegard Peplau's Theory of Interpersonal Relations. (Masters K. , 2020, p.75-76)

EG has now been a registered nurse for about two and a half years and has managed to explore many different fields of care within the practice. Prior to being a certified nurse, she worked as a hospital technician. She is currently working in a hospital setting and is striving towards receiving her BSN in nursing, through the sponsorship of her workplace. In addition, she has recently received her Medical-Surgical Nursing certificate, which is the unit she first worked on once she received her initial nursing certification. Following working on the medical-surgical floor, she worked in the Progressive Care Unit (PCU), specifically the acuity adaptable ward, for two years and this is where she has recently been treating patients who have the SARS-CoV-2 or Coronavirus. In addition to working in the PCU, she has worked in the Post Anesthesia Care Unit (PACU). It is in the PACU where she discovered her love and passion for working with patients who are recovering from surgery. She hopes this love and appreciation for these patients can allow her to one day receive her nurse anesthetist or CRNA certification. Specifically, she would like to be a pediatric CRNA as she has a true passion for working with children. Now that she is working as a certified medical surgical nurse, in a unit she describes as being "extremely difficult," but also "extremely rewarding," the realities of the nursing career are coming to light.

Nursing is not an easy field to join, but EG has always known she wanted to work in the medical field. During her early life, she chose to pursue her passion of ballet and dance, which led her to teach ballet in Malawi. It was during her time in Malawi, and through medical outreach programs, where she saw a true need and requirement for caretakers. EG has always enjoyed being a source of assistance for people at their bed sides and feels that now that she is a certified nurse, she can be a great help to those in need. The thing she finds most satisfying about her job are the relationships with her patients and the honor that comes with caring for them in their most vulnerable states. She believes the relationship she has with her

patients is the most important and pivotal aspect of care; it must be a relationship of trust.

Even with all of the love and care she has towards her patients, she is a human being and does feel the pressures the job places on her shoulders. The biggest challenge she faces, and the United States is facing, is the lack of nursing staff. The lack of nurses creates an extra burden on the few nurses who are working within the field. She often feels she cannot treat her patients in the manner she would like to treat them, and how she knows she could treat them. This in turn leaves a heavy feeling of guilt within her. She especially felt a large responsibility on her shoulders while treating Coronavirus patients. Her unit of care was not being treated with any respect, both from the public and even within the hospital itself. Most times nurses on other units and floors ostracized the nurses who were working on the COVID-19 unit. This often left her in situations where she was in need of help, but even when she requested the help, she did not receive any assistance. Adding on to that, seeing the division within the media towards the Coronavirus and the misconceptions, often left her feeling upset and disappointed. Being a nurse requires wearing a lot of hats, whether that be caretaker, advocate, or family supporter, and seeing the disrespect and lack of appreciation from the public, added greater pressure to the job. But as with all evils and troubling situations, there are always silver linings that make the bad experiences worth it for the overall good.

During the interview, she shared one story with me that truly made my soul smile. When she was working with a couple who were Coronavirus patients, her hospital required all patients with the virus to be in isolated contact rooms, but the couple knew they were dying from the illness and wanted to spend their last few moments together. Through advocacy and patient care, she managed to convince her superiors to allow the couple to spend their last few moments together. Unfortunately, the wife passed away, but the husband managed to recover from the illness. He was extremely grateful for the support and care EG showed him and his wife during his wife's last moments. He

bought the entire nursing unit pizza as well as wrote each nurse thankful, heartfelt messages. It was at this point in the interview I got to see and experience the true passion and love EG had towards her patients.

Through this true passion for an individual patient, a trusted and improved hospital visit can be experienced. This trust helps the patient feel comfortable in the hands of the nurse that is taking care of them and reassures the patient that the nurse will be there for them through everything. These feelings helped me match EG's theory of practice to Hildegard Peplau's Theory of Interpersonal Relations. In Peplau's Theory of Interpersonal Relations, Peplau is most concerned with the nurse-patient relationship and how the two individuals relate to one another. She describes this relationship as being at the center of nursing practice itself. (Masters, 2020, p.75) The trusting relationship is developed through three steps of interaction: orientation, working, and termination. (Masters, 2020, p.75) "During the orientation phase, a health problem has emerged that results in a 'felt need,' and professional assistance is sought. In the working phase, the patient identifies those who can help, and the nurse permits exploration of feelings by the patient. The resolution (termination) phase is the time when the patient gradually adopts new goals and frees himself or herself from identification with the nurse." (Master, 2020, p.75-76) From the principles of this theory, EG's feeling of responsibility in gaining a trusting relationship, spills into EG's philosophy of nursing as well. Life itself is a gift that cannot be taken lightly; knowing that this gift is placed in the care of her hands, EG takes this duty as the driving force behind her efforts to be the best nurse she can possibly be.

When Peplau created this theory and formulated its principles, she too had the patient's importance of life in mind. Part of the care that comes with being a nurse and preserving the homeostatic balance within a patient goes beyond just the physical care given. The emotional and relational care shown is just as important to the physical health of the individual. This is where the metaparadigm of nursing comes into consideration. The administration of

care towards the patient involves the person, the environment, the health, and the nursing treatment given. Through this mid-range, descriptive classification, and interactionist theory, this level of treatment and care is achieved. The environment includes factors outside of the patient, which are placed within the context of a specific culture. The health of the patient involves progressive movements which take the patients personality "in a direction of creative, constructive, productive, personal, and community living." (Masters, 2020, p.76) The job of the nurse is to be the mediator between both the therapeutic and interpersonal implications of care.

In the article entitled "Incorporating Peplau's Theory of Interpersonal Relations to Promote Holistic Communication Between Older Adults and Nursing Students", William Deane and James Fain explore the importance and necessity of a trusting relationship towards the care of older patients. As young nursing students caring for the elderly, there can be the chance and possibility of falling victim to the widespread adoption of ageist ideas and prejudices. This article stressed the importance of not allowing such prejudices to interfere with the nurse-patient relationship. Instead, through Peplau's theory, a level of understanding and care must be established between the two. The authors describe interactionist theories as being, "those that focus on fostering connections between the nurse and the patient." (Deane and Fain, 2015, pg. 38) This article further explains that the relationship between the nurse and older patient is not casual. Although the article specifically discusses the culture that exists around the care of older patients, the principles and ideas of care are applicable to all patients. Because we as nurses are caring for individuals in their most vulnerable state, it is extremely important to place the feelings and emotions of the patient into consideration in all phases of interaction.

The orientation phase is the initial interaction between the nurse and the patient. This is probably the most important phase, because based on how the nurse chooses to introduce themselves and identify the patient, the patient is able to feel the concern and care the nurse has

towards them. In addition to this, this phase includes the introduction of the medical concern and reasoning for seeking the visit (Deane and Fain, 2015, pg. 38). It is in this phase that the nurse must ensure to show care outside of just medical treatment. Some techniques that may assist include physical touch outside of treatment procedures: "The use of touch is most beneficial in this phase as it demonstrates warmth and openness and a genuine sense of caring and compassion toward the patient." (Deane and Fain, 2015, pg. 39) Throughout the working phase, when the nurse begins to implement care, it is important for the nurse to understand that this is when she must showcase all of her various roles, while still remembering her primary job of being caregiver. The nurse must be a "teacher, interviewer, counselor, recorder/observer, and mediator." (Deane and Fain, 2015, pg. 39) It is during this phase that the patient will be most vulnerable, and the nurse's support is most needed in order to gain trust throughout the treatment. During the termination phase, the patient is preparing to be discharged from the plan of care shown during treatment; an experience that can be negative or positive. Its positivity and likelihood of success is all dependent on how the nurse treated the patient initially.

This positive approach to treating and dealing with an illness is especially important when a patient is medically diagnosed with a life-altering illness. In a study conducted by a Breast Cancer Navigator (BCN) program, Patricia Johnson analyzes how nurses and other caregivers who approach supportive care using Peplau's theory impacts a patient's overall response to their diagnosis of breast cancer. Specifically, this study was understanding the positive effects the program had when the care was administered upon initial diagnosis. What makes this study unique, is that it focuses solely on the secondary characteristics of the medical diagnosis. These characteristics include patients' levels of distress within practical activities such as bathing/dressing, housing, meal preparation, work/disability, etc. Some family concerns taken into consideration included dealing with a partner, dealing with children, and/or caring for another person/children. Some

emotional distress characteristics included depression, anger, anxiety, sadness, frustration, guilt, etc. Some spiritual/religious concerns included loss of faith, hopelessness, relating to God/higher power and/or mortality/fear of death. Finally, some nutritional characteristics such as, weight loss, decreased appetite, diarrhea/constipation, nausea/vomiting, taste changes, and difficulty swallowing along with physical characteristics such as, breathing, difficulty concentrating/memory, hair loss, pain, sexual, sleep, skin lesions, etc. were taken into consideration. (Johnson, 2018)

To better understand and utilize the effects of Peplau's theory, the study was conducted in relation to the Social Ecological Model of care, which "encompasses society, community, interpersonal, and individual levels of care." (Johnson, 2018) The orientation phase of the interaction between the patient and BCN provider allowed for the establishment of a plan that was specific and personalized to the patient's goals and needs. Once the goals and needs were established, the BCN provider was able to offer the patient the resources needed in order to create an environment of success; including the provider themselves being a resource. The working phase included the BCN provider meeting with the patient before and after the patient's surgery, to ensure that the patient was fully educated and prepared on what the surgery's recovery process would include. Upon termination of the treatment plan with the BCN provider, the patients rated as being "less anxious," "relieved," and "empowered," due to the support they were shown upon diagnosis compared to feelings of "stress" and "loneliness," when initially diagnosed with breast cancer. (Johnson, 2018)

This study is just one of many examples, as to why a personal trusting relationship between the nurse and patient is essential for successful treatment and recovery. Along with EG's personal experiences and testimonies, particularly the one involving the couple who were both Covid-19 positive, these two scholarly reviewed articles show why Peplau established the theory she did. This study

also allows caregivers to see how the metaparadigm of nursing is so important in the health care of a patient.

Through understanding the metaparadigms of nursing and how they are implemented within Peplau's Theory of Interpersonal Relations, along with interviewing EG, I have seen just how important the nurse-patient relationship is. All strong relationships begin with trust and understanding. If the patient does not have a sense of trust and belief in the nurse, establishing goals and plans of action towards the treatment, is almost impossible. Having a trusting relationship ensures that my patient and I will avoid conflict and misunderstanding. It will also instill a confidence within me; knowing that my patient trusts my abilities and responsibility of holding their life in my hands.

Getting to interview EG and identifying her practical theory did bring about many surprising revelations. I did not fully understand how much the nursing shortage in the United States affects day-to-day work activities of nurses in the hospital. I was also especially surprised to learn of the lack of support from other nursing staff towards those working on the unit treating Covid-19 patients. Along with this lack of support from other fellow nurses, I was disappointed to learn about the bullying that exists within nursing itself. Nurses are meant to be empathetic individuals who work with other individuals in order to assist with the needs of the sick. This allowed me to understand why intent and having a personal theory is so important. It gives nurses a point of motivation and reasoning behind care. Establishing the reasoning and intent behind one's practice, will ensure that even when I want to give up or not be a team player, I remember why I chose the field I chose. This same principle is one that I hope to keep with me throughout nursing school, especially when things become difficult.

Looking at EG's experience and method of practice gives a nursing student like me a spirit of inspiration and goal-centered studying. Her biggest words of advice to individuals who are beginning their career as a nurse were the following: "Nursing school is hard, but it goes by fast; once you're out a lot of things you learn are

going to be learned on the job. Make sure to always ask questions if you are unsure of something; never do anything you are uncomfortable with; and always remember why you began nursing. There is a lot of bullying and disrespect from both the patients and other nurses. Trust your instincts and be confident in what you are doing. Respect yourself and have confidence in yourself and in standing up for the patient." With this advice, and the information gathered from the earlier portion of the interview, I will choose to proceed in my nursing career with confidence in my abilities and pure intent behind everything I choose to do.

Works Cited

Masters, J. R. (2020). Competencies for Professional Nursing Practice. In K. Masters, *Role development in Professional Nursing Practice* (p. 138). Burlington: Jones and Bartlett.

Masters, K. (2020). Framework for Professional Nursing Practice. In K. Masters, *Role Development in Professional Nursing Practice* (pp. 75-76). Burlington: Jones and Bartlett.

Deane, W. H., & Fain, J. A. (2016.) Incorporating Peplau's Theory of Interpersonal Relations to Promote Holistic Communication Between Older Adults and Nursing Students. *Journal of Holistic Nursing,* 34(1), 35-41. https://doi-org.proxymu.wrlc.org/10.1177/0898010115577975.

Johnson, P., & Bongiorno, A. W. (2018). Efficacy of the Breast Cancer Navigator Role in Reducing Distress in Newly Diagnosed Breast Cancer Patients: A Pilot Study. *Journal of Oncology Navigation & Survivorship,* 9(5), 182-190.

History and Society

Citizen Complicity in Nazi Germany

by Sharlélie Marquis

Introduction

Before the implementation of the Final Solution, Germany was already "an extremely violent society," a precondition that helps explain how the murder of so many people came about. This term, which was coined by Christian Gerlach, indicates that Nazi extermination policies did not require the guidance of a central state, but rather that the violence was popular within the German society (Lawson 2010, 224). Though the genocide of Europe's Jews was enforced by the Nazi state, this was also a fulfillment of the German people's violent desires and beliefs. Nationalism, anti-Semitism, racial superiority, and imperialistic mindsets had been widespread in Europe for a long time, creating a continent constantly on the brink of war. Many Germans intensely felt the humiliating defeat in the Great War and sensed a need to regain status and to rebuild Germany into an empire. Remembering how great the German people once had been in an imagined past and resenting how humiliated they were now, combined with the popular ideals of racial superiority and need for space (Lawson 2010, 224), altogether intensified nationalism and enabled Germany to become an extremely violent society after the First World War. Nazism gained support in

Germany as a consequence and the Final Solution was the ultimate and most wicked fulfillment of the violent ideas of the 19th and 20th centuries. "The Final Solution to the Jewish Question", or the strategy implemented to rid Germany of their racially inferior enemies, in my paper encompasses not only the Holocaust but also the Nazi desire to conquer Eastern Europe and the Soviet Union and annihilate the inhabitants. So how did ordinary people, German citizens who were mothers, fathers, pastors, teachers, police officers, students, etc., become complicit, if not active, in the purposeful extermination carried out through the Final Solution? Through the study of propaganda and indoctrination, the nature of the Nazi Regime, Nazism as a political religion, and the creation of an ethical grey zone we will see how being an extremely violent society allowed for the creation of a mindset within Germany that made citizens complicit with the Final Solution.

The Creation of an Extremely Violent Society

After the First World War, a violent world view became increasingly pervasive in German society, eventually allowing Germans to dehumanize and become complicit in the murder of millions of Jews and Eastern Europeans. Germany had lost World War I and was left politically and economically broken and demoralized. The Treaty of Versailles punished Germany as the sole guilty party of WWI and tried to ensure that Germany would never rise and start another war. This caused an extremely nationalistic nation to feel threatened, victimized, and desperate for a way to prove their greatness and prowess. The longing of many Germans to prove themselves as a mighty nation led to an increase in a brand of nationalism that was more violent, brash, and antithesizing. To cope with losing a virtually meaningless war, they began "focusing with great urgency on the immediate personal and national regeneration" (Mosse 1990, 160). The continuation of war-time politics into the interwar period created a society with heightened indifference towards life and that was ruthless

and accepting of war (Mosse 1990, 159). The enthusiasm and willingness to sacrifice for one's nation, aka nationalism, turned into a vicious wish to annihilate their enemies as brutalization ran rampant in interwar politics and the idea that "the World War was only its bloody beginning" gained traction (Mosse 1990, 160 and 179). Mosse even claims that the continuity of the war-time politics during the interwar period was critical for Hitler to attain power and bring his plans for building a new German Empire and bringing the Final Solution to fruition. Antisemitism was also rampant during the interwar period. Jewish soldiers were not allowed on war memorials and the German Protestant Church viewed them as Christ Killers who followed a damning religion. In fact, the German Protestant Church advocated for the early anti-Jewish laws implemented by the Nazis (Lawson 2010). Nazism also arose during the Age of Imperialism when Social Darwinism was common. Thus, people were already familiar and comfortable with the notion of a racial hierarchy with some being racially superior to others and deserving to take over and exploit the racially inferior people for personal gain.

The Climax of Violence Under the Nazi Regime

These pre-war sentiments and ideas helped prepare Germans to embrace annihilatory warfare and extermination of their supposed enemies through the Final Solution. Citizens made deliberate, self-conscious, and knowledgeable political decisions that led them to buy into the goals of the Nationalist Socialist Party (Fritzsche 2008). The German collective under Nazism adopted a "new national and racial self-consciousness" that created an "audacious, murderous, and self-destructive collaboration in the name of a new revived Germany" (Fritzsche 2008, 18). To be clear, support for Hitler, or the Nazi Party, was not always support for Nazi Ideology, but often it was rather a support for the diffuse goals of Nazism like expansion, protection, revitalization, and greatness. But, the "prerequisite of both exploitation and Germanisation was

the removal of Jews and thus murderous antisemitism became the ultimate articulation of Nazi empire-building" (Lawson 2010, 225). Consequently, if a German citizen under the Nazi Regime supported expanding territory into Eastern Europe, revitalizing the nation, or increasing the protection of the German people, they had to accept the idea that Jews were harming the nation and must be eliminated. They had to become complicit with the Final Solution.

Propaganda and Indoctrination: Brutalization and the Inversion of Reality

Propaganda was the Nazi Party's best friend when it came to convincing the German people to accept their ethnocentric vision for the future and the perpetration of the Final Solution. The Nazis inundated their citizens with propaganda through the media. One of their biggest propaganda tools was the use of brutalization. The Nazis would attack and dehumanize those they wanted to annihilate through books, pictures, and various kinds of media portraying their enemies from within and outside their borders as sexually taboo, anti-types, and people who practiced the reversal of societal values (Mosse 1990). The Jews were often brutalized through grotesque illustrations that depicted them as the racial enemy of the Aryan race (Mosse 1990, 177). The Nazis would also use language as a way to brutalize the Jews, Poles, and others. For example, they referred to the Jews and Bolsheviks as *schadling,* or noxious, a term previously only used for plants (Mosse 1990,178). In action films, the Nazis would often portray Jews, Bolsheviks, and others considered racially inferior as promiscuous men who would rape Aryan women in an attempt to degenerate the pure Aryan race (Fox 2000). These movies played with the concepts of blood poison, race mysticism, and scientific eugenics, making women believe that intercourse with a racial inferior would make them unable to produce racially pure children even through later intercourse with an Aryan man (Fox 2000,164). In the Wehrmacht, soldiers were indoctrinated to believe that the

Bolsheviks were barbaric enemies that were perverted back into pre-flood conditions, subhuman hordes that lacked compassion and humanity (Bartov 1992, 106, 157-8). Through speeches, pamphlets, brochures, the radio, etc, soldiers were led to believe that:

1. Asia had desecrated Europe
2. The rule of the Asiatic subhumans over the west was unnatural and contradicted history. (These people were the inhabitants of the Communist Soviet Union and were often called "Bolshevik-Jews". The Nazis claimed that they were trying to rule the west through the spread of communism.)
3. Behind the Red Army were the Jews craving for power.

(Bartov 1992, 135). These soldiers were young men who had grown up already indoctrinated by the Nazis through schooling and the Hitler Youth, thus these ideas were not new and particular to the Wehrmacht, but rather what the Nazis proliferated throughout the society in every public venue.

Nazis also used the inversion of reality to provoke Germans to embrace annihilatory rhetoric, warfare, and policies. The inversion of reality, in which those whom Germany had aggressed were viewed as the aggressors, was a phenomenon that occurred as a result of WWI and an explicit tactic used by the Nazis to make citizens comply with the Final Solution.

The Germans felt that they had experienced a national near-death in 1918, thus they took on the mindset of victimhood (Fritzsche 2008, 4). There was even a book titled *Death in Poland* that depicted the Poles inflicting the Final Solution on Germany. It was fictitious and included instruction manuals for a Germanic Genocide. It was an anti-German version of post-WWI history that turned Germany into a persecuted victim and instilled fear and hate within the German populace (Fritzsche 2008, 4). Even after the fall of the Nazi regime, the German Protestant Church came up with the term "The German Passion." They claimed that all nations despised Nazi Germany just

like Jesus during his Passion. (Barnett 2012, 64) This comparison is quite revealing of the German mindset at the time; they believed themselves to be the ultimate victims who had been unjustly tortured and murdered by others. Like Jesus, they believed they had been attacked for spreading and practicing truth and embarking on their holy endeavor (racial purity and German dominance). They felt that their aggressive attacks on and victimization of others was an act of justice, righteous vengeance, and self-defense.

In the Wehrmacht, soldiers believed that they were fighting a defensive holy war against their enemies. They believed that everything they inflicted on their enemies in the Eastern Front would be inflicted on them if they didn't do so. Many even saw Hitler as a quasi-divine savior who wanted to protect the Fatherland from the Asiatic invasion and a future German genocide (Bartov 1992). And as they fought, their victims appeared to be exactly what the Nazi propaganda claimed them to be due to the conditions of the war. For example, those living in the conquered areas of the Soviet Union survived in villages that were falling apart and began to look barely human due to the fighting, starvation, and abuse inflicted by the soldiers on the villages. This made it seem as though the Russians were the subhuman beasts living in nightmarish conditions the Nazis had claimed them to be. This made the annihilation of these "savages" seem necessary and justified. The Reserve Police Battalion 101 also viewed their actions through a lens of inverse reality. They were sent to the East and ordered to kill a village of Jews. When their commander, "Papa Trapp", informed them of their unpleasant task, he reminded them that women and children were being bombed at home. This helped the men assign the blame for the destruction going on at home to those who lived in that village and to view their task not only as an act of self-defense but also as a duty to protect their families. Though these policemen had grown up before the Nazi era, were not ideological Nazis, and had an opportunity to avoid the task, only twelve men did not engage in the massacre of Josefow (Browning 1998). The

inversion of reality made Nazi claims seem true to ordinary Germans.

Nature of the Nazi Regime

As the inversion of reality promoted fear and justified violence, so did the very nature of the Nazi Regime make citizens complicit with the Final Solution. The Nazi Regime relied on a phenomenon called the "People's Community". The People's Community was a social construct that ensured the integration of Nazism into everyday life, even if one did not identify as an ideological Nazi. Nominal Nazis thus intentionally and unintentionally embodied Nazism. "Heil Hitler" became an ordinary greeting, people volunteered in or joined Nazi clubs, Nazi radio speeches and flags brandishing a swastika were in every home and restaurant, and thus a mirage of support for Hitler was created. This made it so that all citizens accepted Nazi policies and helped directly or indirectly implement them to gain social recognition and equality, even those who opposed Nazism. The People's Community was a testament to the complicity of ordinary Germans through their everyday lives. (Fritzsche 2008) It both enticed and intimidated people into complicity without using brute force.

The Nazi Regime also blurred the distinction between the private and public in the lives of Germans. Lawson argues that "private decisions had extraordinary public consequences" and gives the example of a German man named Ernst. He had married a German Jew before the Nazi era, thus he was not an ideological antisemite, but he divorced her due to economic hardships caused by having a Jewish wife and because he fell in love with another woman. He knew that divorcing her would make her susceptible to arrest and deportation to a camp, yet did it anyway. She eventually died in Auschwitz (Lawson 2010, 204). Other examples would be joining the Nazi Party to become a professional lawyer, earning an Aryan Certificate to become a pastor of a local church (Barnett 2012, 63), or continuing your job as a train driver (risking deporting

Jews). Due to the blur of the public and the private, Nazi policies and the Final Solution became so deeply intertwined with the everyday that even normal and seemingly unrelated decisions turned into complicity.

Nazism as a Political Religion

Nazism used religious rhetoric to gain support from many German citizens. Nazism promised salvation and prosperity for the German nation by wrecking other nations and killing non-Aryans (Fritzsche 2008). Nazism worked in itself as a type of political religion, with a messianic Fuhrer at its head and a holy mission. Those who were killed for the Nazi cause were considered martyrs and soldiers were considered crusaders (Moss 1990, Bartov 1992). Nazism also appealed to honor and spirit, using symbolism to show the purity, vigor, and permanence of their "master race" (Fiss 2009). They also talked of their enemies as demonic hordes, annihilators sent to do the Devil's bidding, and as both moral and physical threats to the German Nation (Bartov 1992). They described the war on the East as a spiritual and physical "battle of destiny" and a pre-emptive attack to save the West from the Devil-sent regime of communism and its evil servants (Bartov 1992). The Germans were the "chosen people" meant to protect the *Volk* (Lawson 2010, 219) with the guidance of Hitler, their Fuhrer who was sent by God to lead them to salvation and a *Million Year Reich* (Bartov 1992, Fritzsche 2008). Convincing the Germans that they were in mortal physical, spiritual, and moral danger, as well as that it was their duty to fight for good, was a powerful tool to convince citizens into complicity.

The Nazi German "Grey Zone"

The Nazi Regime also created a type of moral "grey zone" to manage any lingering qualms about Nazi policies. Blurring the lines between right and wrong made it hard for citizens to clearly see the moral depravity of their compliance. Many citizens, including the German

Protestant Church and the Confessing Church, felt as if they had to choose between a wrong and a wrong. They felt that if they wanted to live functioning lives within the Third Reich, their only options were morally questionable choices. Attempting to choose a lesser evil caused them to fail to provide proper religious guidance against genocidal policies to the nation. The Confessing Church claimed that moral decisions and moral courage, as well as a duty to sinners and saints, drove them to complicity with the death of Jews (Barnett 2012). That is, they felt that they did not have the option to make morally right decisions under the Nazi Regime and that they felt that Jesus called them to serve Nazis just like how He served prostitutes, tax collectors, and others considered sinful during his time. Even members of the resistance, like Bonhoeffer, who was executed for joining a coup against Hitler, made questionable decisions that could only be understood under proper historical context (Barnett 2012, 67). Bonhoeffer made his church comply with the demand for Aryan Certificates and published a book on the "Jewish Question" during the Nazi Era (Barnett 2012). The fact that Bonhoeffer even believed there was a Jewish Question shows that he had internalized Nazi beliefs and propaganda. Barnett's grey zone shows how everyone, even those who believe that they are God's hand extended in showing love to humanity, or those in active opposition to the Nazi Party, felt a decay of moral absolutes as they struggled to carry on a life that required complicity with Nazi policies.

Browning also speaks of the 'grey zone" in relation to the Reserve Police Battalion 101 in Josefow. The Reserve Police Battalion 101 was made of middle-aged family men who were forced onto the Eastern Front and were not ideological Nazis. They experienced a grey morality constructed by their superiors and their context out on the Eastern Front. Many of the men who killed had brief instances of pity, felt revulsion towards their tasks, and dropped out at various points during the massacre. Though they believed that they had to commit these murders to protect their families at home, accomplish their civic duty to the Fuhrer, and to prove that they were manly men

deserving to be in the Police Force, many were horrified by what they were ordered to do. Even Officer Trapp who ordered his men to kill the Jews "sent men to the slaughter while weeping like a child" (Browning 1998, 188). Though they felt revulsion, the moral grey zone undermined certainty in moral categories/choices, making it easier to participate in actions they knew to be wrong on some level. Furthermore, as the battalion continued to serve the Reich in Poland, the men who initially saw the matters at Josefow as taboo eventually became brutal killers and voluntary Jew Hunters (Browning 1998).

Conclusion on Leading to Complicity

The novelty of the Holocaust was "its striving to produce corpses with the same methods employed to produce goods" (Bartov 2003, 135) and the novelty of the war on the East was its goal of complete annihilation of a racialized enemy. The Final Solution could not have happened without ordinary citizens complying with the Nazi Party. Capitalizing on the pre-existing violent tendencies of German society, the Nazis were able to manipulate an extremely violent society into action against perceived enemies. Through propaganda and indoctrination, they were able to frame a mindset of "us" versus "them" and "good" versus "evil." They were also able to capitalize on feelings of victimization and fear of others to create a society ready to destroy whoever they felt threatened them. Due to the nature of the Nazi regime, the creation of an ethical grey zone, and the making of Nazism into a religion, many nominal Nazis bought into Nazi policies and became complicit. The Nazi regime mastered creating a mindset of willing and unwilling complicity, where ideological conviction did not matter, but rather action and inaction did. They created a regime where the personal lives of citizens were so intertwined with the Final Solution that no one could live in Germany and not be complicit in one way or another.

Works Cited

Barnett, J. Victoria. 2012. "The Creation of Ethical 'Gray Zones' in the German Protestant Church: Reflections on the Historical Quest for Ethical Clarity." In *Gray Zones: Ambiguity and Compromise in the Holocaust and Its Aftermath,* edited by Johnathan Petropoulos and John K. Roth. Berghahn Books. www.jstor.org/stable/j.ctt9qd760

Bartov, Omer. 1992. *Hitler's Army: Soldiers, Nazis, and War in the Third Reich.* 106-79. New York: Oxford University Press.

Bartov, Omer. 2003. "Ordinary Monsters: Perpetrator Motivation and Monocausal Explanations." *Germany's War and the Holocaust: Disputed Histories*. Ithaca; London: *Cornell University Press*. www.jstor.org/stable/10.7591/j.ctt32b490.

Browning, Christopher R. 1998. *Ordinary Men: Reserve Police Battalion 101 and the Final Solution in Poland.* 1-8, 48-77, 184-89. New York: HarperCollins Publishers.

Fiss, Karen. 2009. *Grand Illusion: the Third Reich, the Paris Exposition, and the Cultural Seduction of France*.45-97. Chicago: University of Chicago Press.

Fox, Jo. 2000. *Filming Women in the Third Reich.* 1-21,151-213. New York: Berg.

Fritzsche, Peter. 2008. *Life and Death in the Third Reich*. 1-75. Cambridge, MA: Belknap Press of Harvard University Press.

Lawson, Tom. 2010. "'Ordinary Men': rethinking the politics of perpetrator history." *Debates on the Holocaust.* Manchester; New York: Manchester University Press. www.jstor.org/stable/j.ctvnb7k41.

Mosse, George Lachmann. 2011. *Fallen Soldiers: Reshaping the Memory of the World Wars.* 80-92, 99-104,106,159-189. New York: Oxford University Press.

High School Contest Winners

The Best

by Sophia Abner

I knew it was over the second my teammate hit the ice.

Of course, we were supposed to be on the ice - you can´t figure skate without it. To do synchronized skating, you need to figure skate. Team Ashburn is the synchronized skating organization I skated for. The team I was on is Open Juvenile, and we were considered unimportant by, well, pretty much everyone except for our parents and our amazing coach. As far as I know, even the director couldn´t be bothered to give us notes after a competition. She just told me to stop crying. (In hindsight, I know she was right, but I will never admit that to her.)

Cut to the Eastern Synchronized Skating Sectional Championships 2020 in Albany, New York. We had been having a terrible season - last place or next to last in all of the other competitions, even the one where we were only competing against one other team. But we had worked hard, and we were determined to do well. Our parents told us that it didn't matter what place we got, and that was okay for the other competitions.

But not Easterns.

So there we were in New York as the underdogs, excited about competing. For many people on the team, it was their first Easterns, and I admit I hyped it up, maybe

too much; I worry I may have contributed to my teammates' nerves. After all, there were only ten of us - the perfect number of skaters would be 16. When you have a small team, you don't tend to look as good on the ice. You look sloppy, not well put together.

Competition day comes and I have a bad feeling - we are competing late, which means we might be tired. We had to be up early for off-ice (warm-ups and step review). I don't quite remember if we had official practice that day, but I know some of our other teams were competing. After off-ice, it was hair and makeup and straight to the rink to watch other teams. I don't remember much about that. I know we had our team lunch at the Italian restaurant right next to the rink, which we had grown very fond of. Lots of good memories in that little place.

If I remember correctly, we competed around six o'clock in the evening. I remember sitting in the locker room, looking around at everyone, smiling at them. They looked so happy, and I was trying to channel some of their happiness into my smile. I couldn't let them see my nerves. For some reason, though I was not the most experienced on the team, I felt I had to be a role model.

We danced in the locker room, which was huge. We did the kind of dances you do for P.E. in elementary school, for some extra team bonding, and to get off our nerves, and also because why not? It's fun!

Suddenly our moment popped like a bubble. "Team Ashburn?" A volunteer said, poking her head inside the locker room. "Follow me." We exited the locker room, hands behind our backs, chins up, silent. Other teams, having just competed or here to watch, passed us. We exchanged words of luck and kept walking. We entered a short hallway leading to the rink, and Coach Kitty, as usual, made us turn around, not watching the other team that was on the ice. As usual, I pretended to hear my mom (who was the locker room mom) talking to me so I would turn around, trying to catch a glimpse of the other team. I have always done this, because I do *not* have the patience to stand there waiting, rubbing the arms of the teammate in front of me.

As we waited, I remembered past Easterns. I remembered my first Easterns, in 2018, two seasons ago. It was in Florida, which I much preferred, because it was gloriously 70 degrees the whole time. I was on Pre-Juvenile. My grandfather, whom I hadn't seen in years, surprised me at the rink – he had watched us compete. We got third place, and the next day, my step-grandma came to watch us as well. It was nice to see them. I remember we did everything the same the next day – one of my teammates smuggled in some candy, and we all had one piece, and we listened to the same songs in the locker room. For round two, we got ninth place. It wasn´t last – out of thirty-something teams, we had gotten ninth. Ninth out of the whole east coast.

I remembered Easterns last season. I was also on Pre-Juv for this one. Our team did not work well together. There was so much drama, bullying, and half of the team treated practice like social hour. I hated it, but somehow, we got first place in the qualifying round. One of the moms had filmed our reaction - one of my teammates, who I am still friends with, turned around with a shocked look on her face, hands on the side of her head. (For the end of season video, someone had put this in slow motion – it was hilarious.) I don't remember much about that day, but I know we got ninth, just like the season before. Many people got shirts with the gold medal on them, but I felt we didn't deserve it. I remember being very frustrated with another team, because their coach had rudely given them their (obviously good) results right in the rink.

I remembered some other competitions from this season, with Open Juv – doing the Macarena to another team's music, which I didn't do because I was a goody two-shoes, and I thought it was rude. (In fact, the team that had competed before us was that very same team – we in the world of skating are very superstitious, and once I figured that out, I told the rest of the team, who were, of course, doing the Macarena again.) I remembered the competition my mom's best friend had come to, and the one that I was able to see my old teammates, who had gone to Team Delaware.

Then I focused on this one.

I was taking deep breaths, trying to clear my head. When they called our team, we walked up. As we lined up on the side of the rink, we waited, until – "And now, representing the Washington Figure Skating Club - Team Ashburn!" An eruption of noise can be heard from the opposite side of the rink. As we did our warmup block, our team was cheering for us. I saw my old teammates, the ones on Team Delaware, had come to watch us.

I took a deep breath. I would *not* let them down.

We took our places, and two of my teammates signaled for the music. We waited with bated breath.

Then the music started.

Our theme was Fosse, who was a Broadway choreographer. We had music from some of the musicals he choreographed. I loved our music – this season, when my coach starts the music for our new program, I half expect last season's music to start playing. Coach Kitty is the most creative coach I have ever had, and she rose to the occasion with the beginning of this program. We had fun with this program, but we were also wanting to do it perfectly. I don´t know how many of us knew, but if we wanted to advance to the second round, we needed nice judges – almost all of the judges have bias towards certain teams, especially the big teams, like Skyliners and DC Edge. Some of the judges that I´ve had in the past have so obviously been biased against Team Ashburn specifically. Indeed, we knew that every Skyliners and DC Edge team could have two falls apiece and still get first (In fact, they have, many times – but that's another story). I call it like I see it.

All was going well on the ice. Our big performance smiles were starting to feel more real. But then - I am not quite sure what happened. But suddenly, my teammate Payton was down.

It is a blur for me, as many accidents are. I won't lie – a number of curse words went through my head when I saw she was down. She had already gotten a concussion that season – what if she was injured again? But the referee did not blow his whistle, and I saw that she was back up. I

saw Coach Kitty give a resigned shrug with a sad look on her face, which did not help my nerves. Then my mind went to *what if we don't make it to the second round?*

We had another fall a little later in the program - It was very confusing and our program almost fell apart. We had some really nice moments in our program, and most of us finished with smiles on our faces. I tried to keep a ´professional´ demeanor, but then I saw that Payton was crying.

I don't blame her. *We* didn't blame her. I would have been crying too. To tell the truth, I cried even when we did relatively well. I asked Payton why she was crying, meaning to ask if she was hurt, but another one of my teammates gave me a scandalized look and told me that, obviously she felt bad, can´t you tell?

Knowing she could sense our disappointment, we gave her some hugs and some water. After hyping each other up for pictures, my team and our falling composure walked back to the locker room. Most of us were in tears by now, and we gathered around Payton. We were all in a gigantic group hug by the time my mom and Coach Kitty walked in.

This moment turned out to be our biggest group bonding moment. Later, during my coach´s end-of-season banquet speech, she would say that she dreaded the moment she had to walk into the locker room and rally us. We all knew we had not done well (we ended up getting last place). But she walked in and she saw us being there for each other, supporting the teammates who fell, and she was struck by how close a bond this team had formed. Indeed, this was the closest I have ever been to a team and I very much doubt that I will ever have that kind of connection again. But one can hope.

In that moment, I did not care what place we got. I wasn't worried about what the rest of Team Ashburn would think about us, or the scrutiny of other synchro teams that we knew we would face. I wasn't thinking about how the underdogs had done it again, or any disappointment I might feel later. All I could think about was how grateful I was to have that team, that I could go through this with them. I

could feel the love of my sport and the love of all the wonderful ladies I skated with. I don't think I would have had the same reaction if it was a different team.

Later in the locker room, after we had all gone around giving each other individual hugs, I went over to Coach Kitty. She smiled at me and asked how I was doing. She knew how much I struggled with not doing well. She knows I am very competitive and very attached to Team Ashburn.

I looked at her dead in the eye. This woman was my first private coach, my first synchro coach. She has led me through many teams and many tough seasons. I was surrounded by my teammates, smiling and crying at the same time. I felt my mom looking at me, trying to gauge my feelings. I felt tears in my eyes as I smiled at my coach.

Without missing a beat, I told her, "This has been the best day of my life."

My Losses Led Me Home

by Jayra Rocha

I lost all my family as a young girl. I didn't lose them all at once, though, and with each loss I faced a new challenge. Through each setback, however, I got closer to home.

I lived with my single mom until she met my stepdad when I was three. They had my sister a year later, and when I turned seven, my mom, sister, and I traveled to Bolivia for what I thought would be a short vacation. We stayed there for almost two years. I lost my stepdad and home in the U.S. without even realizing it.

We lived with my grandparents in Bolivia until my mom sent us back to the United States without her when I was nine. She was not able to come with us because she was an undocumented immigrant, which did not allow her to return. With one long airplane ride, I lost my home in Bolivia, my grandparents, and my mom, whom I haven't seen since.

Eventually, we reunited with my stepdad, who I considered to be like my biological dad because I felt like we had a father-daughter bond. He even went to court multiple times to gain full custody of me. However, soon after I returned to the U.S., everything changed and he began treating me as if I was his maid. When I turned eleven, he forced me to clean the entire apartment, cook all

the meals from scratch, bathe my little sister, take her to and from school, and stay home from school if she got sick. If I didn't keep the house clean enough, if the food I prepared wasn't good enough, or if I did poorly in school, I was beaten with a belt.

Then the abuse changed and got worse. My stepdad broke the father-daughter bond we had, and I endured trauma no child should ever have to experience.

I hated my life. I struggled to get out of the depression, and I even tried ending my life because of the abuse from my stepdad and the things he made me do. I did not know how to express my feelings in a way that I could explain and let out how I truly felt inside. In school my grades dropped: I went from Bs to Fs. Everyone in school thought I was slacking and not wanting to do work, but little did they know my life was falling apart.

When I was thirteen, I decided to stop the abuse. I called my biological mom in Bolivia, who contacted my sister's godmother in the U.S., who called the police. Speaking up was not the easiest thing for me to do because my stepdad threatened me, saying if I ever told anyone about the abuse, I would be separated from my sister and never see her again. But I was afraid that my stepdad was going to hurt my sister the way he had hurt me. I could not let that happen, so I spoke up and put an end to *all* of the abuse.

After my sister and I were removed from my stepdad's care, we were put in the foster system. We lived in several houses, but none of them felt like home to me. I was always anxious and worried, thinking of whose house we were going to go stay at next, or if my sister and I were going to be separated. The loss of a family can be hard, especially for children and teens, because we do not know where we will end up next or what is going to happen. Many kids in my situation never feel like the house they are staying in belongs to them. For me, I always felt like we would leave again soon. And I never felt wanted.

Pretty soon I was fifteen. I assumed nobody would want to adopt a teenager, so I figured I would be aging out of the foster system in a few years. According to the

National Foster Youth Institute, teens who age out of the foster system have an increased chance of becoming homeless, facing unemployment, becoming young parents, and suffering PTSD (Sorrell). Youth who age out have a slim chance of getting a college degree (Sorrell). That was going to be me, trying to start my adult life with no home, no family, no support, and no direction.

But when I was almost sixteen, I met two special people: my adoptive parents. My journey with them was not easy: I had to adjust to moving schools in the middle of the year, living in a new neighborhood and city, making new friends, adapting to a new culture of my non-Hispanic parents, and communicating my thoughts and feelings. Even though my social worker told me that this was going to be my permanent home, I was anxious because I did not want to do anything to make my new parents return my sister and me to the foster system.

However, my journey with my parents was not impossible. At first it was nerve racking, but as I got to know my parents better, I started feeling a little more comfortable. Eventually my sister and I got used to being in their house, and because I had people to talk with about my day, family dinners with no arguments, Friday pizza and Dairy Queen nights, family trips (to the beach, Six Flags, and the mountains), and no fear of harm, the house became a *home* to us. Over the last year, I have raised my grades from Fs to As and Bs, I made the honor roll in the first quarter of my senior year, and I will be attending college in the fall. Most importantly, my sister and I finally have a forever family. We were officially adopted on July 29, 2019, and we have never been separated from each other during this process. What many people don't understand is that, although the abuse was bad, the worst part was repeatedly losing my family members and moving around so much as a child. Ever since I was placed in my adoptive home, I have seen how much stability, routine, and a safe, supportive atmosphere can help a child feel assured and grow.

Over the last eighteen years I have learned that not everything in life goes the way we expect it to, but I have

also learned that even if we feel like life is falling apart, we should not give up on ourselves or our futures. It is even possible that the journey, with all the losses and grief, just might lead us home.

Works Cited

Sorrell, Cyndi. "51 Useful Aging Out of Foster Care Statistics." *Social Race Media*, National Foster Youth Institute, 26 May 2017, https://nfyi.org/51-useful-aging-out-of-foster-care-statistics-social-race-media/. Accessed 23 November 2020.

Author and Editor Biographies

Sophia Abner is a ninth grader from Virginia. She is a self-proclaimed dog lover and pasta enthusiast. Her interests include singing, writing, reading, and figure skating.

Mahelet Ayele is a Biochemistry major with a French minor. After graduating in 2021, she has aspirations to go to medical school. Her interests include spending quality time with her family, reading self-development books, traveling, watching sci-fi movies, and learning new languages.

Amanda Cordon-Campa is an English major with minors in Philosophy and Writing.

Alejandra Galdo is a freshman and majoring in Communications. While nothing is set in stone, she would love to make her way into fashion journalism. She enjoys reading, learning about fashion history, and has a soft spot for sketch and improv comedy.

Noemi Cerritos Gatto is a junior psychology major. After graduating she'd like to pursue a graduate degree in international diplomacy.

Ava Gonzalez is a philosophy and psychology major. After graduating, she'd like to pursue research and is excited to be publishing her first work soon. She is from Norfolk, Virginia.

Sharlélie Marquis is a Liberal Studies major with concentrations in Philosophy and History. She is currently on track to graduate a year early and hopes to go to Law School after attaining her diploma. Outside of college, Sharlélie participates in competitive figure skating and is involved in her church. She also loves to read, sketch, paint, and camp with her family and friends.

Tawonga Mtawali is an international student from Malawi, majoring in Nursing at Marymount University. She is currently a junior and is looking forward to beginning practicing her nursing skills in the United States after her graduation in May 2022. Tawonga enjoys listening to music, participating in physical activity, cooking, studying, spending time with her family and friends, dancing, and engaging in conversations about the future of Africa.

Isabella Ochalik is a Biochemistry major who aspires to pursue a career in either pediatric cardiology or medical research after graduating in 2024. At Marymount, she is a member of the honors college and women's swim team. When she is not practicing or studying, Isabella enjoys traveling, adventuring in the wild, and sharing meaningful, cultural traditions with her Polish-American family.

Judy Ortega is a graduating senior studying Health Sciences with a concentration in Pre-Physical Therapy and a minor in Spanish. After graduating, she plans to work within the healthcare industry, then take on a graduate program for Public Health. Judy enjoys exploring various places, working out, practicing yoga, learning about different cultures, and learning different languages.

B. Antonia Rikk is a Communication major who is very passionate about writing. She is the secretary of Full

Spectrum, the Marketing Chair of SpeakUp Club and the Social Media Chair of Psychology Club. In her free time she enjoys writing short stories, reading fantasy and romance books, baking and volunteering.

Jayra Rocha was born into a vibrant Bolivian community in Arlington, VA. She and her younger sister were adopted in 2019 and now live in Sterling, VA. Jayra is now a senior at Dominion High School, and she will graduate in June 2021 with a Seal of Biliteracy in English and Spanish. She also attends Academies of Loudoun in Leesburg, VA to pursue a license in Cosmetology. After graduating high school she plans to major in Criminal Justice and minor in Spanish. Some of her interests include playing soccer, practicing applying makeup, playing with her younger sister, dancing, singing, and going on adventures with her family.

Steffi Socher is an international student from Germany who studies Psychology with a minor in Criminal Justice. After transferring from Northern Virginia Community College in Fall 2020, she has been engaged in the Marymount community as an Honors Scholar, Spirit of Service Scholar, President of Psychology Club, Vice President of SpeakUp Club, Marketing Chair for Full Spectrum, and as a member of the Diversity and Inclusion Committee. In her free time she enjoys advocating for mental health awareness, playing the guitar, writing and singing songs, and learning Martial Arts or Boxing.

Magdalena Trabinska is a Communication major and International Studies minor. After graduating in 2021 she is planning to focus her career in International Development and Business. Her interests include studying Japanese Tea Ceremony, gym, hiking, running, international etiquette, volunteering, and mastering pizza and sourdough. She is originally from Poland.