

# LONGVIEW



Calgary Health Humanities Journal 2020



# **The Longview**

## Journal 2020

Front Cover:  
"Fix This" by Xiao Yang Fang

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## Our Story

In 2014, a restless group of medical students at the Cumming School of Medicine were looking for but unable to find a creative outlet to express their varied medical experiences. After being encouraged by a faculty preceptor and poet by the name of Dr. Monica Kidd to build something from the ground up, they united forces and The Longview Project was born, eventually becoming the medical school's first established creative arts journal. In Spring 2015, The Longview published its first issue with contributions from the Faculty of Nursing and the Faculty of Medicine.

The Longview is a literary journal whose mission is to angle a creative lens towards healthcare, and canvas how the students navigating through it perceive the complex nature of modern medicine. Through expression in all forms of the creative arts, we hope to create a space that narrates the weird and wonderful journeys we take with our patients and provide a forum for students that is at once educational, enlightening and healing. The Longview stitches together the interdisciplinary perspectives of the healthcare team aiming to foster a better understanding of each unique role, and of the clinical encounter itself – utilizing the tools of reflection, imagination and empathy with the patient at the core of the student's impressions and abstractions. The result may be analytical, abstract, harsh, humorous, chaotic, despairing or fantastical – with each one portraying a candid perspective of the adventure of medical training.

## Our Thanks

Many thanks to our faculty mentors, Dr. Tom Rosenal and Dr. Monica Kidd, for their support of this project. Thanks to all of our editors for all of the great work they did in promoting the final project. Lastly – a great thanks to all the artists who shared their works with the journal.

## Our Team



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# Hands

I have held death in my hands  
Seen newborn eyes open  
Smelled the sweat of mothers  
Tasted sweet groaning cakes  
And heard the last breathless push

I have held death in my hands  
The sacred weight so heavy and so light  
And I will keep coming back to birth  
Because every birthing person should feel heard  
Even when nothing has been said

**Author:** Whitney Antonsen

# My Eyes are Heavy

My eyes are heavy  
They droop with the weight  
Of a mother's grief  
An uncle's disappointment  
An empty bassinette

My eyes are heavy  
But I cannot close them  
Because every time I do  
I see her face  
Her wrinkled feet  
And I hear her mother weeping

**Author:** Whitney Antonsen

# Two Arms, Two Legs and a Beating Heart

I was told I could not do it  
I wasn't  
Smart enough  
Brave enough  
Calm enough  
Not enough  
And yet I rose  
From the dust of the ground  
With two arms, two legs and a beating heart

I couldn't find a heartbeat  
The mother's sorrow-filled song ringing in my ears  
Her lifeless daughter held inside her  
For two weeks  
I thought I could not bear it  
I held her in my arms  
I cried in my car  
And I went to the next birth  
With two arms, two legs and a beating heart

**Author:** Whitney Antonsen

# Burnout



*This is what burnout looks like. It looks like pre-filling syringes with hand-mixed D10, only to run out a few hours later. It smells unsettlingly unsterile. It looks like by the time you finish everyone's first dose, you're late for the second....and the third and the fourth. It sounds like non-stop crying. It looks like three babes sharing an incubator and eight babies on a bed. It feels like you're crying too. This is what D10 for over 100 babies in the Neonatal Intensive Care Unit in Uganda looks like... and it's not pretty.*

**Author:** Hailee Crawford

**School:** University of Calgary, Faculty of Nursing

# Midwifery is

A dream of a dream that has resided in my bones from the beginning of my being, long before I had the words to string those four syllables together.

Painful rejection of power and respect, that is so inherently structured in the white seams of an ideal that I incessantly refused to allow myself to see the frayed ends of.

Finally being able to hold the hand of the one I love most, in an air that greets the skin with an electric sensation that distracts the reflexive urge to pull away.

Growth of existing branches of support, that root into a foundation and build the framework to the dream home, that for so long I thought I could only pretend to fathom into actuality.

An exhausting weight of flawless perfection that sleeps alone in a room made of windows, where the walls seem to close in as the nights breed dark isolation.

Anything but the grey area of disregard, injustice, and abuse that can silently penetrate the walls of cold sterility and routine.

Slow and ever so repetitive dismantling of the hierarchy of dysfunction that disempowers and silences the quietest voices that deserve the most space.

Light that shines raw warmth bestowed on the stories that I am privileged enough to experience and carry in the closest pocket of my chest.

Much more than a profession, it is way of taking in the world, it is a saturation of an ideology that surrounds every single thought, every decision, every moment.

And for that, I am so proud to grow and become a part of all that midwifery is.

**Author:** Bailey Patton

**School:** Mount Royal University

# A Musician in the Healthcare Environment

I hear chatters all around  
I wonder what all these strange sounds signify  
In my mind, they don't make much sense  
If only these mysteries would uncloud themselves in my head  
Condense these words into one single note  
Maybe a half note.  
Because I am hesitant to give my whole self into  
Clandestine melodies.  
I have fantasies of a better world  
Where simplicity and truth prevail  
Instead I am stuck in a realm of uncertainty  
And abundant anonymity  
In this place I am overcast  
Drowning in the clouds  
Swimming like a dog to figure out  
How to keep breathing  
Everybody keeps sealing their lips  
As if regurgitating Scriabin's Mysterium  
And I just can't understand  
Why a masterpiece must be so complex  
So that the amateur must not comprehend  
Enlighten us of its splendor by  
Teaching us the keys  
The rhyme and rhythm  
The composition of a sublime symphony.  
My degree of discernment  
Falls only within known territory  
All that lie yonder is obscured  
By the misty wilderness  
I am too afraid to step in for  
It is a clandestine melody.  
It might be a symphony, but  
I just don't understand

**Author:** Raphaelle Concepcion

**School:** SAIT, Medical Assisitant Program



# Compassion Fatigue is a Myth

Sometimes I feel as if  
bricks have materialized on my shoulders  
A privilege I gain from the pain  
of the people I intend to serve  
Blades bruised from the pressure of the hard, heavy, compact, clay of  
suffering  
Chest constricted from fully expanding to the degree it needs to adequately  
supply oxygen to my working body,  
to satisfy my cognitive abilities

The light I possess that has driven me to a profession designed to help  
those that need a hand  
(or twenty)  
is fueled by a fire in my belly

And flames require oxygen to keep dancing

How can I relate to the pain and suffering of those I wish to help  
Without losing my own hope  
As I struggle to swim in a sea of agony

How can I give it my all  
without giving all of me

Compassion fatigue  
Is a term I've heard and  
have previously identified as experiencing  
But I've been fortunate enough to come across:  
Compassion fatigue is a myth  
Compassion fatigue does not exist

Empathetic fatigue has posed itself  
Interchangeably and inaccurately  
as compassion fatigue

We need empathy to have compassion  
but  
they are distinctly different;

Empathy without compassion  
Is like the sun without warmth;  
The heart without beating;  
The lungs without breathing

Compassion is the  
critical component designed to sustain empathy  
To avoid the ineffective coping mechanism of  
becoming cold and closed off to another's pain and suffering;  
a defensive response  
to reserve what little is left  
after giving it all

and then some

Actions of compassion enable the fostering of hope and resilience;  
Behaviours gently wrapped in the soft cloak of kindness  
Doing what I would want  
someone to do  
for me  
if I were  
them  
Taking that extra minute to  
- just listen -  
without interjections of suggestions  
of what they could or should do  
Validating fears, cheerleading efforts  
A touch on the shoulder to say  
You're not alone in this  
Saying the words aloud

## **"You're not alone in this"**

Compassion deteriorates the bricks of clay into grains of sand  
Letting some of the weight I was carrying  
    cascade off my shoulders;  
My ability to stand straight  
    becomes a little bit easier  
Making space for my lungs to  
    breathe a bit deeper  
Allowing a little more oxygen  
    to feed that fire

Granting that light  
that guided me into this work  
To burn a bit brighter

**Artist:** Jennifer Bohn

**School:** University of Calgary, Faculty of Nursing

*This piece was inspired by my participation in Compassion Cultivation Training (CCT), which is developed at Stanford University. I took the class because it was free (valued at \$400), I love learning, and a home cooked meal was provided before each class. I was unsure how much I would learn over the eight sessions as I considered myself to be quite empathetic and compassionate; I was pleasantly surprised to know that I still have plenty to learn. The largest takeaway I gained from attending CCT is my perspective on empathy and compassion and how they are distinctly different. I would love to thank the GSA Quality Money and the Faith & Spirituality Center for their contributions, Margaret for the amazing meals, Daranne Harris for her time and wisdom, and the other CCT participants for candid perspectives, laughter, and tears.*

# Publish or Practice or Perish

Can I practice and publish, or will I perish?  
So many years, so many introductions.  
How do we balance work and life with no instructions?  
Conferences and workshops to better prepare for work?  
Grants and scholarships: "Are you CIHR or SSHRC?"  
So focused on the future, how do we live in the present.  
With what did this patient present?  
Which method should I use to treat?  
All the hours, acronyms, and tests I had to defeat?  
Am I prepared, or am I an imposter?  
What is this syndrome? A disease? A condition? A symptom?  
I can help the patient, but can I help myself?  
On-call, received a page, need to respond stat!  
A p-value less than 0.05, what is that?  
I know it's significant, but am I?  
Am I just another income source for education?  
A lost name in a crowd? A student number without an ID?  
No! I am me!  
First, do no harm, that includes myself!  
The results of this burnout, will turn out to be another struggle I overcome.  
Another chapter in my life to put on the bookshelf, next to every textbook.  
After a quick look, discussions with my peers make it known I'm not alone.  
We came as strangers and ended as a family, even if we had to postpone  
our own.  
The conclusion is we have a cohort that has been shown and studied for the  
better good.  
To treat the sick, heal the wounded, and make sure the ill are understood.  
My life is published, and as long as I practice, I will not perish.  
My life, I cherish.

**Poet:** Levi Frehlich

**School:** University of Calgary, Community Health Sciences

# The Crucial Skill of Maintaining Objectivity Throughout a Medical Education

## *I. Introduction to Anatomy*

The atmosphere in the anatomy lab shifted palpably when the preceptor began peeling back one side of the white body bag, although she continued with her sentence and did not acknowledge our hesitation. As she retracted the protective layer of plastic sheeting, she admonished us for the two-foot moat that had formed between our group and the gurney: "You'll need to get closer to learn any anatomy, so shuffle in!" We dutifully stepped forward, and I noted a somewhat familiar sense of the surreal that I had experienced the few other times I had been in the presence of a human cadaver. As a concept, I was no stranger to death and related macabre curiosities, and I could also acknowledge that this body on the table was no different than the housecat that I had dissected in Toronto; yet, the eerie reverence persisted. Once the wrappings had all been removed, I was first struck by this person's - or, perhaps, it was no longer a person, although the preceptor had mentioned that this was our first patient nonetheless - right hand and arm. Behind the extremity in the foreground, the body looked alternately leathery or unrecognizable; either way, decidedly unhuman. The arm was another matter. Salt-and-pepper hairs covered the skin, which showed signs of age-related discoloration but did not otherwise seem frail. The fingernails were trimmed close to the skin, and I could see blue lines stretching across their width. This was not a corpse's hand; this was the hand of either of my grandfathers. I vividly saw my grandpa's gesture of sliding the fingernail of his middle finger across the pad of his thumb, and I knew that this man had had his own gestural idiosyncrasies, among all the other minute signs of life that go unnoticed. But his hand was unmoving.

July 2018

## *II. NICU*

I don't have children.  
How hard can I press on your fontanelles?  
Won't the head lag test hurt your shoulders?  
How can I listen to all four heart posts on your tiny chest?  
How can I auscultate your lungs when you're fussing?  
I'm sorry I unswaddled you -  
I don't want you to be cold.  
I just want to make sure you're healthy.  
Growing.  
Thirty-five weeks gestational age,  
Although you were born six weeks ago.  
(Umbilical stub long gone.)

In my dream, you were my charge  
And I carried you through a wasteland,  
A negligible burden.  
I tended to you,  
Ensured you were healthy,  
Growing.  
I am not your parent  
But I am also responsible for you  
(In this moment).  
I hope you grow.  
I hope you can go home, sleep in the same room  
As your mother and father, meet your siblings.  
You are small,  
Fragile,  
Tenacious.

October 2019

**Author:** Lexi Wilson

**School:** University of Calgary, Cumming School of Medicine

# Medicine: The Be All and End All

Small. Yet, so much bigger than all.

Medicine. It's not a big or complicated word. It has eight letters. Only three syllables. Certainly, not a tongue-twister. Far from it. If we're concerning ourselves with the complexity of words in the English language, this is a simple one. Yet, it's this inherent simplicity, that has provoked me to think more deeply about it. How is it possible for one word to be so small and easy to pronounce, yet, be so profound that it dictates our very existence today? The human life expectancy averaged only about 47 years [1] in the earlier part of the 20th century and mortality rates were high, due to the prevalence of infectious diseases such as smallpox, cholera, plague and tuberculosis, to name a few [1]. The age of antibiotics began with the discovery of penicillin in 1928 and its widespread use beginning in 1945. From thereon in, the antibiotic era saw the advent of many novel medicines, each of which possessed astounding curative properties. These lifesaving pills, were modified to create even more potent remedies [1]. We won the war on many communicable diseases which were responsible for the complete annihilation of human populations around the globe during those times and our achievements since, have nearly doubled the human lifespan. Today, reaching for the curative effects of modern medicine has become a way of life. The miracles of modern medicine are why we wake up every day next to our loved ones, hug our mothers and fathers, our siblings and share our magical moments with friends. Modern Medicine is a thing of unmatched beauty. It's worth its weight in gold. Something that each and every human being perceives differently, yet, values the same. While some naively argue about the many different side effects that these medicines also bring with them, one has to acknowledge the supreme authority and presence that medicine commands in the lives of millions around the world.

With an increase in the human lifespan, we find ourselves currently living in an age, where non-communicable diseases have now become one of the leading causes of death. Medicine. It helps bring us together in moments of healing, as we learn that our Daada, or grandfather, will make it through

the night, in spite of his encounter with a devastating accident. We rejoice, knowing that he's fighting for his life and winning, with the help of life saving medication. Together, we marvel at the advances of modern medicine.

However, the good is always met with bad. For while health may prevail, sickness may be lurking around the corner. In fact, there are still diseases of this current era such as cancer and Alzheimer's, that invade silently and take away everything in spite of all the medical advancement. These diseases may take our loved ones away from us, well before they depart from our lives. It is with heavy hearts we must realize that sometimes, even months of treatment in the worst of cases, may heal nothing. Even with strong chemotherapy drugs, it is sometimes impossible to improve the life of a loved one. We refuse to admit it to anyone, not even ourselves, but sometimes we are simply fighting a losing battle, while hoping for a miraculous recovery. After all, there are several cases in which these very same drugs, have shown to be effective, in adding a few more years to an individual's life.

Medicine – a small word and an equally small potent pill that has the power to heal us where and when possible. However, we have not reached the stage yet, where medicine has the potential to improve all aspects of the natural deterioration of health that come with aging. We still have a long way to go. We have years of dedicated research and hard work ahead of us, if we ever hope to unearth cures for the notorious diseases that still plague us. Today's paradigm has shifted from simply using medicines to this notion of health and wellness. There is a heightened emphasis on the development of good habits that dictate our eating and lifestyle habits. We would rather be free of disease than try and find a cure for it. After all, a disease free life is a life well lived.

**Author:** Anika Achari

**School:** University of Calgary, Faculty of Health Science

*References:*

Adedeji W. A. (2016). *THE TREASURE CALLED ANTIBIOTICS. Annals of Ibadan postgraduate medicine, 14(2), 56-57.*



# Antidote

Exhaustion,  
Creeps up like the panic in their eyes  
The priming of a line  
Being careful not to waste a drop

The feeling of inadequacy  
The pressure of responsibility  
Looms and adds  
Onto the aches of working endlessly

Someone's loved one needs fluids fast  
Someone's loved one looks at you in trust

Suddenly you feel yourself overflowing  
The incessant beeping  
Upstream occlusion  
Low battery

But the alarm is silenced

The loved one is stabilized  
Exhale

A flush for completion  
A humble utterance of deepest sincerity  
From those whom you've poured over  
Your soul and energy

A small whisper of "Thank you"  
The sweetest antidote

-SeL

**Author:** Chisel Ann Pacis

**School:** Mount Royal University, Faculty of Nursing

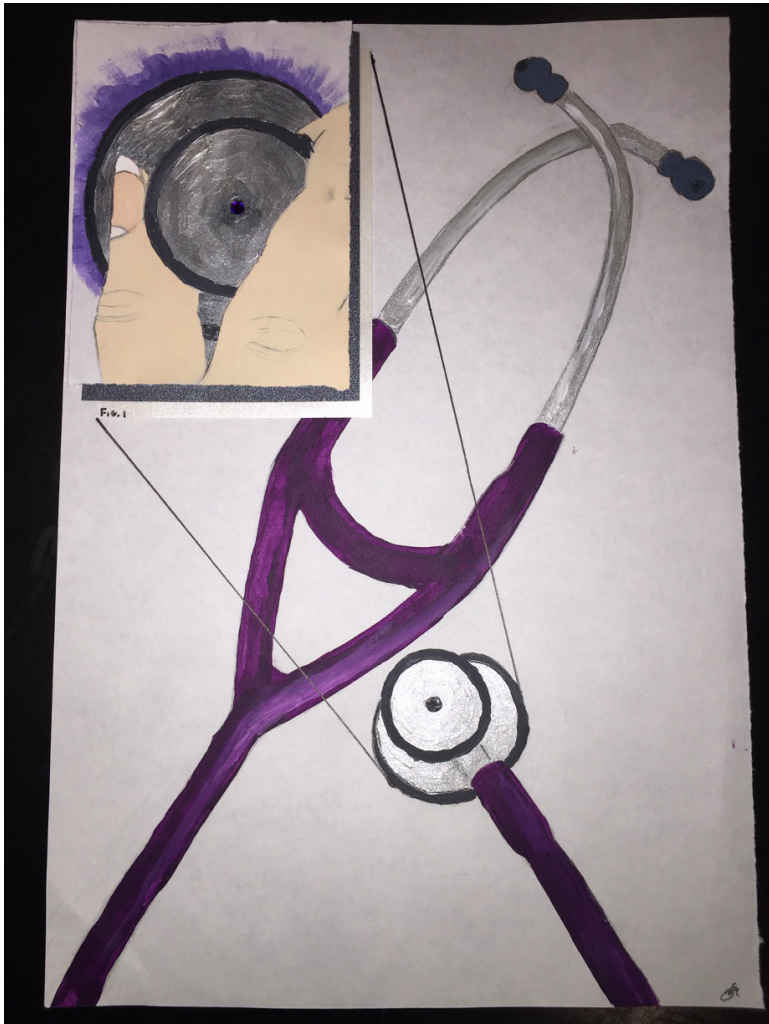
# Difficult

The elderly woman, bound to wheelchair, confused  
Surrounded by suffocating walls  
Murmuring in another language  
The smiling, teenage boy, antsy  
Sleeves hiding scars bound by stitches  
They called him entitled  
The agitated, anxious mother  
Bewildered by the illness of her beloved son  
Annoying, they called her  
They called them all  
"Difficult"  
Only ever behind them  
Never before them  
Perhaps the uneaten meals  
Or the sleepless nights  
Or the flood of footsteps  
Or the shrillness of sirens  
Blur, then  
Numb  
We have forgotten  
Oh, how we forget!  
That medicine was meant to be  
Difficult  
That patients are not  
"Difficult"  
But  
Suffering

**Author:** Tina Guo

**School:** University of Calgary, Cumming School of Medicine

# "Interface"



**Materials:** Acrylic and permanent marker

*Interface: a surface forming a common boundary of two bodies; the place at which independent and often unrelated systems meet and act on or communicate with each other. (Merriam-Webster)*

In answering his posed question, "What's the most important part of the stethoscope?", with "The part between the earpieces," Dr. Abraham Verghese might have more aptly altered his inquiry to focus on the question of a physician's most important tool. I struggled to answer the original question in a way that felt not only meaningful, but true to the wording – a feature of the stethoscope, not only its user. The answer I've selected may be similarly debateable, but it does exist via the tool's physicality: the interface between stethoscope and patient.

Interfaces, by definition, require two parties. In this particular instance, while the physical interface is that between the patient and the stethoscope's diaphragm (or bell), the stethoscope-enabled interface is the one between the patient and the physician. This interface's significance arises from its interactional requirement, and more importantly, from how it creates one of the situation's relational components. Using a stethoscope often means sitting close to a patient, putting one's free hand on their shoulder, and blocking out any outside noise. It both requires, and helps to build, trust and a sense of safety. It's a reminder to listen, carefully, to what's going on inside your patient's heart... not just literally, but figuratively as well when you put your stethoscope down.

Stethoscopes are medically important for what they allow us to hear. But they are more important for what they enable, require, and represent – touch, presence, stillness, listening with focus and intent, and the deeply necessary connection between physician and patient.

**Artist:** Emily Macphail

**School:** University of Calgary, Cumming School of Medicine

# I Hear You



During the first few months of medical school, we are learning to be better communicators. The phrase that has resonated with me the most was, "Treat your patients like how you want your loved ones to be treated." Pictured here are the hands of my 4-year-old nephew and 93-year-old grandmother clasped on top of mine. This imagery reflects their trust and belief in me as I embark on this new chapter. To me, this is the epitome of what it means to be a doctor. We are here to serve everyone, young and old, and it is an incredible honour to be welcomed into the personal lives of our patients. The stethoscope has long been a symbol of the medical profession but beyond its practical purpose as an auscultation tool, it is a precious representation of the doctor's duty and privilege to truly listen to their patient's stories. Who are they as a person? What do they like? What is meaningful to them? At its core, medicine is a unique art that fully embraces the human condition. As physicians walk alongside their patients through the highs and lows of life, trust, respect, and

honesty are the cornerstones of genuine connections. This picture serves as a visual reminder of my commitment. To all my future patients, I am here to listen.

**Artist:** Jeanie Lee

**School:** University of Calgary, Cumming School of Medicine

# Fix This



**Materials:** Acrylic on hardboard

All too often, people with mental illnesses and disabilities are portrayed and treated as, "less than human". As a critical social theory researcher with a clinical background in psychology and art therapy, I have worked in various institutions ranging from psychiatric hospitals to public elementary schools. I found that in many ways, our health and education systems are set up to segregate and marginalize those that diverge from the socially acceptable norms around what is "normal". Those crazy people? Lock 'em up, out of sight! The kid that can't sit still? He definitely needs meds!

This painting is a reaction to the pain that is caused by a social world that does not understand or tolerate the value of diversity. It is an ode, in ways, to the individuals and families who have had to apologize or endure societal stigmatization for "being different", or "of having special needs".

As a society, we predominately – though unjustly – attribute disease and handicap to the individual. This biomedical worldview propels us to believe that we, medical professionals and healthcare providers, must focus all our efforts on treating and fixing (i.e. normalizing) said individual. As if they're broken. As if our interventions alone will make everything better. I can't "fix" someone in the span of a 50-minute therapy session. I can't "fix" their trauma when the trauma of being unwanted, unvalued, unaccepted is ongoing. I ask myself: what are the social forces, rules, and assumptions that systematically push aside people who we deem "ill" or "disabled"? And how do we fix that?

**Artist:** Xiao Yang Fang

**School:** University of Calgary, Faculty of Community Health Sciences



# Looking In



**Materials:** Mixed media (ink, water color and pencil crayon)

"Looking In" is a series of 64 mixed media drawings consolidated into a single work. The piece was originally a personal journal of my daily experience and emotions, where I took 64 slices from an MRI image of my own brain and created a daily artwork to represent my internal world over the 64 day period. This work serves to highlight the disconnect medical students and researchers often experience between the inner worlds of our patients and the depersonalization caused by the relative anonymity of imaging, pathology, and surgical procedures. I hope this artwork serves as a reminder of the rich and colourful internal world we and our patients experience, and how we should "look in" and remember the human being inside throughout all our interactions. We need to remember both how our own emotions and outlooks shape our interactions, as well as the importance of considering the humanity and perspectives of our patients.

**Artist:** Lukas Grajauskas

**School:** University of Calgary, Cumming School of Medicine

# In the operating room



**Materials:** Acrylic on canvas

As medical students, we are welcomed into the most private and personal moments in our patients' lives. I have been privileged to take part in code blue resuscitations, to participate in family meetings about goals of care and to be trusted to perform invasive procedures on my patients. One of the most striking memories I have in medical school is of the first caesarean section I watched while shadowing an anesthesiologist. Like magic, after a few quick incisions, the desperate cry of a newborn filled the ears of everyone in the operating room. To be part of that emotional moment when a new life is born and when a new family is formed was precious.

When I talk to my own parents about that day in the operating room, they remind me of how they felt when I was born in a similar manner decades ago. To them, it was less awe and thrill; being in the operating room was one of their most vivid memories of fear and nervous excitement. It was only then that I realized then that much of what I witness with amazement in my medical career will be for my patients some of most petrifying and uncertain moments in their lives.

Here I have painted a newborn in the hands of a physician, looking upon unfamiliar faces in a brightly lit, ether-like operating room as they are born by caesarean section. This painting is for me a reminder to consider my intriguing experiences as a medical student from the perspective of my patients; it is a reminder that the puzzles we solve as physicians are for our patients lived tribulations.

I hope that my career will continue to astonish and challenge me, but that I will never forget to look beyond the medical mysteries at the patient and person I service.

**Artist:** Sonya Soh

**School:** University of Calgary, Cumming School of Medicine



0 0A



1 1A



2 2A



3 3A



4 4A



5 5A

COURTIAN ISO 2021



6 6A



7 7A



8 8A



9 9A



10 10A



11 11A

CARRAO ISO 2021



12 12A



13 13A



14 14A



15 15A



16 16A



17 17A





18

18A



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19A



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20A



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21A



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22A



23

23A

COURIAN ISO 2021



24

24A



25

25A



26

26A



27

27A



28

28A



29

29A

They are imperfect, I know. I didn't really make any effort for them to be perfect, they didn't need to be. They are for me to stare at 50 years from now, lost in nostalgia, bewildered by the relentless fleeting of time. Perhaps this is why I romanticize film. It literally captures the photons of light from that exact moment the shutter releases. That is about as close as I can get to freezing time.

So, I look forward to longing for the past through these pictures, after a life well lived. Awaiting the warm and addictive embrace of nostalgia, like a well aged amber restorative, perfected only with time.

– Mufaddal



## **Contributors**

Anika Achari

Chrisel Ann Pacis

Whitney Antonsen

Muffaddal Baghdadwala

Jennifer Bohn

Hailee Crawford

Raphaelle Concepcion

Xiao Yang Fang

Levi Frehlich

Lukas Grajauskas

Tina Guo

Jeanie Lee

Emily Macphail

Bailey Patton

Sonya Soh

Lexi Wilson

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longviewjournal@gmail.com  
[https://cumming.ucalgary.ca/  
longview-journal-home](https://cumming.ucalgary.ca/longview-journal-home)