

In the journals...

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By Klaartje Klaver

As brand new contributors Melanie Böckmann and I had the opportunity to report on what appeared in the journals in the fresh new month of March.

In [Medical Anthropology Quarterly](#) two articles aim at developing a methodological framework for understanding how people's inner lives are connected to their actions: Andrew Irving in his [original article](#) and Todd Meyers in a [comment](#) on Irving. Furthermore, this month's issue contains works on [Maya mobile medical providers in Guatemala](#), [cervical cancer and stigma in Brazil](#), [health experiences after displacement among the Korwa in Central India](#) as well as a [cumulative approach to vulnerability](#) illustrated by case studies in Tanzania. An [article by Jill Allison](#) discusses the production and reproduction of silence around infertility in Ireland. Based on narratives collected during 18 months of fieldwork, Allison shows how the reproduction of silence about infertility is a legacy of Ireland's history, reproductive politics, and the cultural idiom of choice.

Another work around silence and 'unspoken experiences' can be found in [Social Science and Medicine](#). Ironically, this article is about feticide instead of infertility. Ronit D Leichtentritt analyzed 13 qualitative interviews with [Israeli women who experienced feticide](#) by injection at a late stage of their pregnancy due to fetus abnormality. Feticide was revealed to incorporate both social and psychological layers; thus, the findings highlight the interface between a personal experience and a social phenomenon. The women's experiences are discussed within the Israeli social context, where feticide is a relatively common yet unspoken procedure. Silence appears to be a 'talking' topic, and Marija Kovandžic and colleagues write about it in their work on "[Access to primary mental health care for hard-to-reach groups: from 'silent suffering' to 'making it work'](#)". Equitable access to primary care for people with common mental health problems in the UK remains problematic. The experiences of people from hard-to-reach groups offer important insights into barriers to accessing care. This study provides a rich body of 'fine grain' insights into the ways in which problem formulation, help-seeking, use of services and perceptions of service quality are interlinked in a recursive and socially embedded matrix of inequitable access to primary mental health care.

We selected two other interesting articles from the same journal. Valorie A Crooks and colleagues attend to the wide range of medical tourism marketing materials such as flyers, booklets, and websites in their article "[Promoting medical tourism to India: Messages, images, and the marketing of international patient travel](#)". Kate Bukowski & Stephen Buetow's article at first glance seems to deal with the recent earthquakes in New Zealand, but this is not the case. Their text "[Making the invisible visible: a PhotoVoice exploration of homeless women's health and lives in central Auckland](#)" tells how their PhotoVoice study gave a sample of homeless women in central Auckland a camera with which to photograph their lives in order to voice their felt health needs as advocates and agents for positive change. Interviews explored the meanings given to street lives captured in the photographs and reveal threats to the women's mental health and worsening addictions.

The current issue of [ETHOS](#) contains a theory-driven [article](#) by Line Lerch Mørck on the study of empowerment in a social work community in Copenhagen, Denmark. The [International Journal of Social Psychiatry](#) this month has works on [acculturation and psychological distress among non-western muslim migrants in the Netherlands](#), the [help-seeking behaviour of ultra-orthodox jewish parents](#), [a qualitative study on the needs of caregivers of patients with schizophrenia in India](#), as well as on [factors associated with care burden and quality of life among caregivers of the mentally ill in Chinese society](#).

[Knowledge and practice of traditional healers in oral health in the Bui Division, Cameroon](#) is being examined by Ashu M Agbor and Sudeshni Naidoo in their current article in the [Journal of Ethnobiology and Ethnomedicine](#). We are especially intrigued by the research question of Rose C. Fagbemissi and Lisa L. Price. They compare [agroecological competences of children orphaned by AIDS and non-orphans in Benin](#).

The March issue of the [Journal of the Royal Anthropological Society](#) has no original articles on medical anthropology. Four relevant book reviews make up for this. The first book is "[Islam and new kinship: reproductive technology and the Shariah in Lebanon](#)" – by Morgan Clarke. As Jocely de Jong writes, the book asks "How do artificial reproductive technologies (ARTs) challenge underlying notions of kinship, and what is the nature of the 'belongingness' (legally and socially) of the children born from their use?". The second review is on Frereditck Klait's "[Death in a church of life: moral passion during Botswana's time of AIDS](#)". In the third book, "[Childbirth, midwifery and concepts of time](#)" – edited by Christine McCourt, the authors focus specifically on conceptualizations of time and temporality in relation to childbirth, which they rightly argue are under-studied categories in the social science scholarship on reproduction. The main goal of the volume is to show how the anthropological study of

beliefs about time, and the way time is managed, is integral to understanding birth in both biomedical and 'traditional' settings." A discussion of organ transplants in the US is the volume (originally a lectures series) "[Bodies, commodities, and biotechnologies: death, mourning and scientific desire in the realm of human organ transfer](#)" – by Lesley A. Sharp.

Health-related engineering is one aspect of the topics usually covered in [Science, Technology and Human Values](#). A German research team investigated [Cardiovascular Disease and obesity prevention in Germany](#) as a 3 heterogeneous engineering project. Interesting for health promotion professionals might be the article "['A Kind of Sorting Out': Crystal Methamphetamine, Gay Men, and Health Promotion](#)" by Russell Westhaver.

Martyn Pickersgill writes on "[Ordering Disorder: Knowledge Production and Uncertainty in Neuroscience Research](#)" in the latest issue of [Science as Culture](#). From the abstract: "What is mental disorder and how can it be identified? These are complex and multifaceted questions, given the multiple ambiguities that centre on the psychopathological concepts employed within contemporary psychiatry and psychology. Yet, scientists investigating mental disorders must successfully resolve these uncertainties if research is to continue. For neuroscientists studying the contested conditions antisocial personality disorder and psychopathy, psychiatric and psychological classifications and concepts are used to substantiate one another. This co-produces epistemological and ontological un/certainties, without wholly resolving philosophical and methodological questions regarding what mental disorders are and how they can be recognised. Indeed, these ambiguities are rendered (relatively) unimportant. This kind of practical uncertainty work is thus an important aspect of the investigative process, performing an essential role in the continuation of scientific knowledge production, the legitimization of professional orientations, and the validation of psychopathological concepts."

[BioSocieties](#) focusses on global health and the vast array of "players" in this arena. Regarding prioritization in medicine, [Alex Broadbent attempts to](#) define neglected disease: "In this article I seek to say what it is for something to count as a neglected disease. I argue that neglect should be defined in terms of efforts at prevention, mitigation and cure, and not solely in terms of research dollars per disability-adjusted life-year. I further argue that the trend towards multifactorialism and risk factor thinking in modern epidemiology has lent credibility to the erroneous view that the primary problem with neglected diseases is a lack of research. A more restrictive contrastive model of disease is endorsed as better suited to the definition of neglected disease."

A hot topic in global health is the access to medicines in lower income countries. Donald W. Light and Rebecca Warburton examine the reasons for lack of affordable pharmaceutical products in their article on [“Demythologizing the high costs of pharmaceutical research”](#). Their abstract: “It is widely claimed that research to discover and develop new pharmaceuticals entails high costs and high risks. High research and development (R&D) costs influence many decisions and policy discussions about how to reduce global health disparities, how much companies can afford to discount prices for lower- and middle-income countries, and how to design innovative incentives to advance research on diseases of the poor. High estimated costs also affect strategies for getting new medicines to the world’s poor, such as the advanced market commitment, which built high estimates into its inflated size and prices. This article takes apart the most detailed and authoritative study of R&D costs in order to show how high estimates have been constructed by industry-supported economists, and to show how much lower actual costs may be. Besides serving as an object lesson in the construction of ‘facts’, this analysis provides reason to believe that R&D costs need not be such an insuperable obstacle to the development of better medicines. The deeper problem is that current incentives reward companies to develop mainly new medicines of little advantage and compete for market share at high prices, rather than to develop clinically superior medicines with public funding so that prices could be much lower and risks to companies lower as well. ”

In [American Anthropologist](#) Peggy F. Barlett stays close to home by critically examining [how staff, faculty, and students at a range of U.S. universities have worked to implement alternative food systems on their campuses](#), including struggles over what counts as “alternative” in these debates. In [“Biological Ancestries, Kinship Connections, and Projected Identities in Four Central Anatolian Settlements: Insights from Culturally Contextualized Genetic Anthropology”](#), Omer Gokcumen and colleagues explore “the impact of social organization and cultural dynamics on the structuring of genetic diversity within and among human populations.” Combining ethnohistorical fieldwork with genetic analysis, they show striking differences between paternal and maternal genetic diversity, indicating that “broad, ethnicity-based sampling is inadequate to capture the genetic signatures of recent social and historical dynamics, which have had a profound influence on contemporary genetic and cultural regional diversity.”

The journal [Sociology of Health and Illness](#) has a bunch of important articles this March, for example on [the embodied aspects of recovery from heroin use](#), on [alternative and complementary medicines in the context of gendered identities and the discourse of wellbeing](#), on [experiences of mothers who carry the fragile X gene and the enactment of genetic responsibility](#), and on [IVF experience and meanings of the embryo in](#)

[Japan.](#)

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