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In the Journals - August 2012

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By Aaron Seaman

Admittedly a bit belated, but just in time for the start of fall semesters and quarters, here is the journal roundup for this August. Without further ado...

In [*American Ethnologist*](#), Susan Greenhalgh and Peter Benson conduct a brief call-and-response in Biopolitics and the "War on Fat", an AE forum:

[Weighty subjects: The biopolitics of the U.S. war on fat](#)

Susan Greenhalgh

The United States has declared a war on fat. I examine this campaign as a biopolitical field of science and governance that has emerged to manage the "obesity epidemic" by remaking overweight and obese subjects into thin, fit, proper Americans. Drawing on research in Southern California, I examine the impact of the campaign on the bodies, selves, and lives of the heavysset young people who are its main targets. At least in this corner of the country, I argue, the war on fat, far from alleviating the problem of fatness, is creating a new fat problem by expanding the number of weight-obsessed, self-identified "abnormal" "fat subjects," who may not be technically obese but whose desperate efforts to lower their weight endanger their health and bring intense socioemotional suffering. These developments have implications for larger issues of social suffering and social justice.

[Commentary: Biopolitical injustice and contemporary capitalism](#)

Peter Benson

How is big industry linked to rising obesity in the United States? This issue is tangentially explored in the article that I consider. My commentary expands on this point to apprehend the role of corporations and industries in producing and profiting from population health problems. Taking the cases of obesity and cigarette smoking together, I examine how corporations claim

social-responsibility values as a strategic means of forestalling criticism and protecting their markets while shifting accountability for the risks and harms that are related to consumption onto consumers themselves. These dynamics reveal the centrality of biopolitical injustice to the workings of contemporary capitalism.

Additionally, AE has articles by Ramah McKay and Lisa Stevenson that will be of interest to Somatosphere readers:

[Documentary disorders: Managing medical multiplicity in Maputo, Mozambique](#)

Ramah McKay

What do attempts at documentary standardization in a clinic in Maputo, Mozambique, reveal about transnational medical governance? By following medical and bureaucratic practices in an NGO-supported public clinic, I illustrate how documentary practices enact and complicate medical authority in Mozambique. In efforts toward standardization, medical documents are made multiple, simultaneously articulating a range of ethical, bureaucratic, and knowledge-producing activities. Concurrently, medical authority itself is multiplied, as a plurality of agencies and institutions come to intervene in and on practices of documentation, measurement, knowledge production, and care in the clinic. Anthropologists have shown how pluralities of medical care present both predicaments and opportunities for patients and healers; I extend these insights to the material life of postcolonial and transnational medical governance, suggesting that governmental and medical multiplication through the document form presents opportunities as well as challenges for the patients, local health workers, and staff of international organizations who navigate this varied documentary terrain.

[The psychic life of biopolitics: Survival, cooperation, and Inuit community](#)

Lisa Stevenson

What does it mean for Inuit to cooperate with the (disavowed) desires that emerge in a colonial bureaucracy dedicated to improving Inuit lives? In this article, I consider the psychic life of biopolitics in the context of welfare colonialism in the Canadian Arctic. I suggest that the colonial desire that Inuit cooperate in their own survival is haunted by other desires the colonist can never

name and that such unspeakable desires are also at work in the response to the contemporary suicide epidemic among Inuit youth. Attention to Inuit naming practices provides an alternate way of linking death, desire, and community in a postcolonial world.

[**Social History of Medicine**](#) has a new issue this month full of engaging material, including a number of articles circling around issues of health and knowledge production in colonial contexts.

[**Diseases of the Eye: Medical Pluralism at the Tanjore Court in the Early Nineteenth Century**](#)

Savithri Preetha Nair

The Tanjore Court in South India under the reign of Raja Serfoji II (1798–1832) offers a rich and hitherto unexamined case for the study of medical pluralism beyond the colonial establishment. ‘Western medicine’ was negotiated and accommodated at the Court under the patronage of the anatomically trained Raja, primarily through the agency of the indigenous practitioners attached to it. This paper is also concerned with a less explored field of medical history, that of ophthalmic therapeutics, including surgery, and on a rarely used historical source, the case narratives. Establishing the identity of the person responsible for a singular collection of ophthalmic case sheets in the Thanjavur Saraswati Mahal Library, it aims to situate this historical material within the larger context of colonial ophthalmologic practice in India in the early nineteenth century as exemplified by the Madras Eye Infirmary.

[**Imperial Networks, Colonial Bioprospecting and Burroughs Wellcome & Co.: The Case of Strophanthus Kombe from Malawi \(1859–1915\)**](#)

Markku Hokkanen

Recent research has begun to highlight the complex connections between colonialism, medical and scientific knowledge-production, and commercial interests. This article analyses colonial ‘bioprospecting’ through a case study of *Strophanthus kombe*. Used locally as an arrow poison, *Strophanthus* was ‘discovered’ in Malawi during David Livingstone’s Zambesi expedition. After investigation and experimentation it was subsequently used to produce a cardiac drug. The Malawian case study complements previous work on *Strophanthus* from West Africa. It uncovers the

early Scottish-Central African networks that linked the Shire valley (the source of Malawian kombe seeds), with medical research in Edinburgh and Burroughs Wellcome and Co., the first commercial manufacturer of drugs derived from *Strophanthus*. The article also analyses Burroughs Wellcome's use of scientific and local knowledge in the early marketing of its first original drugs.

[Colonial Medical Encounters in the Nineteenth Century: The French Campaigns in Egypt, Saint Domingue and Algeria](#)

Marie-Cecile Thorat

This article will address the shortcomings of western medicine when faced with diseases of warm or 'tropical' countries broadly conceived, the influence of non-European medicine on French medicine and the borrowing from non-European remedies and drugs by French practitioners in the nineteenth century. It will focus on three specific colonial campaigns (Egypt from 1798 to 1801, Saint Domingue from 1802 to 1803, Algeria from 1830 to the 1860s) which illustrate particularly well the evolution of 'medical encounters' between French and non-European medicine in the nineteenth century. French medical encounters then went into three stages: exploration (in Egypt), appropriation (in Saint Domingue) and finally (in Algeria), assimilation and exploitation.

[Trypanosomes, Toxicity and Resistance: The Politics of Mass Therapy in French Colonial Africa](#)

Noémi Tousignant

Drug toxicity and resistance were prominent topics in the annual reports of the Service Autonome General de la Maladie du Sommeil (SAGMS), the sleeping sickness service that operated in French West Africa (AOF) from 1939 to 1944. This article closely examines the expression and meaning of the reports' vigilance to unintended drug effects. Reading these reports alongside the scholarly literature on French colonial public health as well as hagiographies of Eugene Jamot, I suggest that this vigilance is best situated within the history of contests over the powers, ethics and value of the French model of sleeping sickness medicine. This reading reveals the ways in which reporting on unintended drug effects served to legitimate the powers and practices of the SAGMS. Like Jamot's biographers, the authors of SAGMS reports drew trypanocide toxicity as well as resistance into the defence of a particular relationship between politics and public health.

[The Influenza Epidemic of 1918 and the Adivasis of Western India](#)

David Hardiman

The influenza epidemic of 1918 was the single worst outbreak of this disease known in history. This article examines an area of western India that was affected very badly—that of a tract inhabited by impoverished indigenous peoples, who are known in India as adivasis. The reasons for this are discussed. Some oral accounts help to bring out the enduring memory of that terrible time. The general health of the adivasis and the existing medical facilities in this area are examined. Attempts to check and treat the disease by the colonial government and its doctors, as well as missionary doctors and other non-governmental agencies, are considered to see why they had so little overall impact. Some comparisons are made with the fate of indigenous people in other parts of the world during the epidemic, in particular with the Inuits of Alaska.

[We Demand 'Unconditional Surrender': Making and Unmaking the Blackfoot Hospital, 1890s to 1950s](#)

Maureen Lux

The Siksika (Blackfoot) in southern Alberta, along with other western Canadian Aboriginals in the post-Treaty (1870s) period, bore the brunt of the destruction of the bison economy and the nascent state's colonial policies intended to marginalise them to encourage white settlement. Canada's policy to assimilate Aboriginal people through missionary-run residential schools extended to financial support in 1896 for the reserve's rudimentary Queen Victoria Jubilee Hospital where Anglican missionaries treated schoolchildren made ill by overcrowded dormitories and poor food. In 1924 the Siksika built and maintained their own 16-bed Blackfoot Hospital, but its subsequent demise at the hands of the government in the post-World War II period in favour of detention in bureaucrat-controlled institutions marked the outlines of the emerging welfare state. Aboriginal people's segregation and isolation in Indian Hospitals defined and protected the 'national health' of universal access to bright, modern hospitals for white Canadians.

[In Full Possession of Her Powers: Researching and Rethinking Menopause in early Twentieth-century England and Scotland](#)

J.-M. Strange

This essay examines the attempts by the Medical Women's Federation, founded in 1917, to challenge a medical narrative of menopausal malaise. A survey begun in 1926 of 1,000 women's menopausal experience concluded that, contrary to dominant paradigms of menopause as a dangerous or critical time, the common symptoms of menopause did not interfere with women's lives or general well-being to any significant degree. Despite numerous references to the survey in the critical literature on women's health as evidence of a shift in medical paradigms of menopause, little analysis of the research questions, conclusions or its context exists. This essay examines the survey, the context in which it was conducted and the desire of its authors to use healthy women's experiences of physiological changes for political and cultural ends.

[Working Together? Medical Professionals, Gay Community Organisations and the Response to HIV/AIDS in Australia, 1983–1985](#)

Shirleene Robinson and Emily Wilson

This article provides an in-depth analysis of the relationship between gay men, community organisations and the medical profession between 1983 and 1985 in Australia, a period when the key features of that nation's HIV/AIDS public health policy were determined. It charts the continuing acceptance of a medical mode of understanding homosexual behaviour. The article uses a range of original sources to investigate the relationship and tensions between medical professionals and gay men. The conservative state of Queensland is used as a case study. The article argues that while some gay men were resistant to what they saw as continuing medical surveillance of their sexual behaviour, the Australian gay male community overwhelmingly were prepared to accept medical expertise and to play a central role in educating and informing homosexual men. It also shows the crucial role leaders of gay community organisations played by acting as intermediaries between medical professionals and the gay community, empowering homosexual men to make informed choices about prevention.

The most recent issue of **[Social Theory & Health](#)** contains the Social Theory & Health Annual Lecture, this year by sociologist *Carol Thomas*:

[Theorising disability and chronic illness: Where next for perspectives in medical sociology?](#)

The proposal in this article is that the time is ripe for a distinct sociology of disability to come into being as a new sub-discipline within mainstream sociology. This sociology of disability would be a variant of equality and diversity studies in the discipline – located alongside the now familiar engagements with gender, ‘race’, sexuality, age and social class. The sociology of disability would encompass the study of disablism and impairment effects, with the former taking centre stage. This means that disability would cease to be located almost exclusively in a specialized sub-field of interpretative medical sociology – known for several decades as the sociology of chronic illness and disability. Rather, disability – like gender – would become a key dimension of global social divisions and inequity that can be approached from a multiplicity of analytical directions, using a rich mix of theoretical perspectives, methodologies and research techniques. This article will unpack some of the arguments in favour of such a move – dividing these into three argumentative threads for presentational purposes. Of course, no one can determine the direction taken by a discipline – it is a matter of argument, debate and initiative.

Additional articles in the issue include:

[M-health and health promotion: The digital cyborg and surveillance society](#)

Deborah Lupton

The new mobile wireless computer technologies and social media applications using Web 2.0 platforms have recently received attention from those working in health promotion as a promising new way of achieving their goals of preventing ill-health and promoting healthy behaviours at the population level. There is very little critical examination in this literature of how the use of these digital technologies may affect the targeted groups, in terms of the implications for how individuals experience embodiment, selfhood and social relationships. This article addresses these issues, employing a range of social and cultural theories to do so. It is argued that m-health technologies produce a digital cyborg body. They are able to act not only as prostheses, but also as interpreters of the body. The subject produced through the use of m-health technologies is constructed as both an object of surveillance and persuasion, and as a responsible citizen who is

willing and able to act on the health imperatives issuing forth from the technologies and to present their body/self as open to continual measurement and assessment. The implications of this new way of monitoring and regulating health are discussed.

[Space, place and temporality in stem cell and cancer tissue banking: Mediating between patient-donors and biomedical research](#)

Neil Stephens

This article reports on two qualitative studies of tissue banks in the United Kingdom: the onCore UK Cancer Tissue Bank and the UK Stem Cell Bank. I use the language of Waldby and Mitchell's tissue economies to interrogate the shared ground between the two institutions as collators, moral guardians and distributors of human tissue. The article articulates the key ontological and ethical differences between cancer tissue taken directly from patients and embryonic stem cell material taken from 'spare' IVF embryos donated by couples undergoing treatment. In this context, a key focus of the article is the spatial and temporal formations both constraining and produced by each bank to demonstrate the ways in which both institutions are engaged in bringing stable modes of exchange to socially complex human tissue, to both control temporal multiplicity and tame geographical spread. I take seriously the spaces and places of each bank, and the movement and flows of tissue through them to demonstrate how tissue banks operate as 'moral refineries' supplying healthcare research.

[Theorizing the obesity epidemic: Health crisis, moral panic and emerging hybrids](#)

Matt Patterson and Josée Johnston

The academic literature on obesity frequently bifurcates into two poles: a realist pole that treats obesity as a biomedical fact, a health risk and an 'epidemic', and a second, constructionist pole that adopts a critical view of obesity as a moral panic driven by political interests and cultural values. Drawing on a wide range of literature from epidemiology, medical sociology, public health, political economy, cultural studies and popular journalism, this article maps out a realist-constructionist divide within academia and the public sphere, and examines the insights and limitations of these perspectives. After mapping the main 'silos' within obesity studies, we examine two key questions: (1) is the obesity epidemic based on medical fact or political interest, and (2) is obesity a

disease or a social identity. Drawing from the metatheoretical principles of critical realism, we argue that obesity scholarship can be advanced by conceptualizing the obesity epidemic as a 'hybrid' construction that arises out of the interaction of biophysical, socio-economic and cultural forces. This analysis demonstrates the useful role of social theory integrating diverse analytic perspectives, and bringing clarity to a heated public debate that characteristically points the finger of blame at obese individuals.

[The objectifying discourse of doctors' questions. Qualitative analysis of psychiatric interviews](#)

Justyna Ziolkowska

In the article I am interested in grammatical structures of doctors' questions posed during the first psychiatric interview. Applying the linguistic concept of nominalisation I aim to analyse how interviewing doctors fulfil the process of adjusting impersonal, formal and abstract discourses of clinical disorders in psychiatry to a non-specialised target group of patients, which is assumed in the literature. The data come from initial psychiatric interviews with patients with a preliminary diagnosis of the depressive disorder, recorded by 16 doctors in three psychiatric hospitals in Poland. I shall demonstrate that in the doctors' questions processes and properties were constructed as abstract and impersonal objects, and thus the patients' agency and social and temporal contexts of their behaviours were obscured. Consequently, I shall argue that the doctors cannot reach the important information about the patients' functioning, and, moreover, that the practice 'professionalises' the patients' role. Explaining the roots of the questioning practices in the corpus I refer to the diagnostic manuals as the lingua franca of mental health professionals.

Rounding out the month, **[Sociology of Health & Illness](#)** brings us the following nine articles:

[Blogging for weight loss: personal accountability, writing selves, and the weight-loss blogosphere](#)

Chez Leggatt-Cook and Kerry Chamberlain

Body weight is a key concern in contemporary society, with large proportions of the population attempting to control their weight. However, losing weight and maintaining weight loss is notoriously

difficult, and new strategies for weight loss attract significant interest. Writing about experiences of weight loss in online journals, or blogging, has recently expanded rapidly. Weight-loss bloggers typically write about daily successes and failures, report calorie consumption and exercise output, and post photographs of their changing bodies. Many bloggers openly court the surveillance of blog readers as a motivation for accountability to their weight-loss goals. Drawing from a sample of weight-loss blogs authored by women, we explore three issues arising from this practice of disclosing a conventionally private activity within an online public domain. First, we examine motivations for blogging, focusing on accountability. Secondly, we consider the online construction of self, exploring how weight-loss bloggers negotiate discourses around fatness, and rework selves as their bodies transform. Finally, we consider the communities of interest that form around weight-loss blogs. This 'blogosphere' provides mutual support for weight loss. However, participating in online social spaces is complicated and bloggers must carefully manage issues of privacy and disclosure.

[Creating the socially marginalised youth smoker: the role of tobacco control](#)

Katherine L. Frohlich, Eric Mykhalovskiy, Blake D. Poland, Rebecca Haines-Saah, and Joy Johnson

We discuss how the tobacco control discourse on youth smoking in Canada appears to be producing and constituting socially marginalised smokers. We analyse material from a study on social inequalities in Canadian youth smoking. Individual interviews were conducted in 2007 and 2008 with tobacco control practitioners specialising in youth smoking prevention in British Columbia and Quebec. We found that the discourse on youth smoking is creating a set of divisive practices, separating youths who have a capacity for self-control from those who do not, youths who are able to make responsible decisions from those who are not – with these distinctions often framed as a function of social class. Youths who smoke were not described simply as persons who smoke cigarettes but as individuals who, through their economic and social marginalisation, are biologically fated and behaviourally inclined to be smokers. This 'smokers' risk' discourse obscures the social structural conditions under which people smoke and reproduces the biological and behavioural reductionism of biomedicine. The collision of risk and class in the discourse on poor youth who smoke may not only be doubly burdening but may intensify social inequalities in youth smoking by forming

subcultures of resistance and risk-taking.

[‘Chaos, restitution and quest’: one woman’s journey through menopause](#)

Marcianna Nosek, Holly Powell Kennedy, and Maria Gudmundsdottir

Menopause, a natural stage in a woman’s reproductive life, is not an illness; yet some women experience severe enough symptoms to cause a breakdown in the body similar to illness or other major health disruptions. As part of a larger narrative analysis investigation of distress during menopause, this case study presents one woman’s transformational journey through menopause, analysed through Frank’s health and illness narratives – chaos, restitution and quest. The narratives were retranscribed using Labov’s elements of a true story and Gee’s poetic restructuring. This report of one woman’s experience of distress during the menopause transition describes a poetic chaos narrative of incessant night sweats resulting in a loss of physicality and a deep-rooted belief in self-healing; a restitution narrative of restored health that mandated the surrender to a new healing discourse, experienced simultaneously as a victory and a defeat; and a quest narrative of seeking meaning, insight and new-found values and identities.

[Legitimising and rationalising in talk about satisfaction with formal healthcare among bereaved family members](#)

Laura M. Funk, Kelli I. Stajduhar, S. Robin Cohen, Daren K. Heyland, and Allison Williams

While there is a fair amount of knowledge regarding substantive features of end of life care that family members desire and appreciate, we lack full understanding of the process whereby family members formulate care evaluations. In this article we draw on an analysis of interview data from 24 bereaved family members to explicate how they interpret their experiences and formulate evaluations of end of life care services. Most participants wove between expressing and legitimising dissatisfaction, and qualifying or diffusing it. This occurred through processes of comparisons against prior care experiences and expectations, personalising (drawing on personal situations and knowledge), collectivising (drawing on conversations with and observations of others) and attempting to understand causes for their negative care experiences and to attribute responsibility. The findings suggest

that dissatisfaction might be diffused even where care is experienced negatively, primarily through the acknowledgement of mitigating circumstances. To a lesser extent, some participants attributed responsibility to the 'system' (policy and decision-makers) and individual staff members. The findings are discussed in relation to the theoretical understanding of satisfaction and evaluation processes and how satisfaction data might inform improvements to care quality.

[The negotiation of the sick role: general practitioners' classification of patients with medically unexplained symptoms](#)

Nanna Mik-Meyer and Anne Roelsgaard Obling

In encounters between general practitioners (GPs) and patients with medically unexplained symptoms (MUS), the negotiation of the sick role is a social process. In this process, GPs not only use traditional biomedical diagnostic tools but also rely on their own opinions and evaluations of a patient's particular circumstances in deciding whether that patient is legitimately sick. The doctor is thus a gatekeeper of legitimacy. This article presents results from a qualitative interview study conducted in Denmark with GPs concerning their approach to patients with MUS. We employ a symbolic interaction approach that pays special attention to the external validation of the sick role, making GPs' accounts of such patients particularly relevant. One of the article's main findings is that GPs' criteria for judging the legitimacy of claims by those patients that present with MUS are influenced by the extent to which GPs are able to constitute these patients as people with social problems and problematic personality traits.

[Ethical review from the inside: repertoires of evaluation in Research Ethics Committee meetings](#)

Jean Philippe de Jong, Myra C.B. van Zwieten, and Dick L. Willems

Evaluating the practice of ethical review by Research Ethics Committees (REC) could help protect the interests of human participants and promote scientific progress. To facilitate such evaluations, we conducted an ethnographic study of how an REC reviews research proposals during its meetings. We observed 13 meetings of a Dutch REC and studied REC documents. We coded this material inductively and categorised these codes in two repertoires of evaluation: a repertoire of rules and a repertoire of

production. In the repertoire of rules the REC applies rules, weighs scientific value and burdens to the participants and makes a final judgment on a research proposal in a meeting. In the repertoire of production, REC members check documents and forms and advise researchers on how to improve their proposals and can use informal communication. Based on these findings, we think that evaluations of the practice of ethical review should take into account the fact that RECs can use a repertoire of rules and a repertoire of production to evaluate research proposals. Combining these two repertoires can be a viable option so that the REC gives researchers advice on how to improve their proposals to prevent rejection of valuable research.

[Protocols and participatory democracy in a 'North-South' product development partnership](#)

Catherine M. Montgomery

Global product development partnerships (PDPs) for new health technologies have become an increasingly important part of the science and development landscape over the past two decades. Polarised positions are adopted by those scrutinising the power and governance of these public-private formations; on the one hand, they are seen as successful social technology innovations, on the other as regressive and imperialistic regimes of neo-colonialism. Answering recent calls for research to examine the actors, governance, context and dynamics of PDPs, this article presents a sociological case study of one particular partnership, the Microbicides Development Programme (MDP). Interviews were conducted with a cross-section of programme staff in the UK and Zambia, and discourses analysed through a Foucauldian lens of governmentality. This article suggests that two tools of government were central to MDP's cohesiveness: institutional discourses of participatory democracy and capacity building and scientific protocols. Through these material-semiotic tools, the scientific community, junior operational researchers and the funder were successfully enrolled into the programme and governed by a central body based in the UK. This article draws on Nikolas Rose's work to discuss these socio-scientific discourses as technologies of government, and provides a non-dualistic account of power and governance in a North-South PDP.

[The British welfare state and mental health problems: the continuing relevance of the work of Claus Offe](#)

David Pilgrim

It is now over thirty years since Claus Offe theorised the crisis tendencies of the welfare state in late capitalism. As part of that work he explored ongoing and irresolvable forms of crisis management in parliamentary democracies: capitalism cannot live with the welfare state but also cannot live without it. This article examines the continued relevance of this analysis by Offe, by applying its basic assumptions to the response of the British welfare state to mental health problems, at the turn of the twenty first century. His general theoretical abstractions are tested against the empirical picture of mental health service priorities, evident since the 1980s, in sections dealing with: re-commodification tendencies; the ambiguity of wage labour in the mental health workforce; the emergence of new social movements; and the limits of legalism.

[Sex and the community: the implications of neighbourhoods and social networks for sexual risk behaviours among urban gay men](#)

Brian C. Kelly, Richard M. Carpiano, Adam Easterbrook, and Jeffrey T. Parsons

Gay neighbourhoods have historically served as vital places for gay socialising, and gay social networks are important sources of social support. Yet, few studies have examined the influence of these forms of community on sexual health. Informed by theoretical frameworks on neighbourhoods and networks, we employ multi-level modelling to test hypotheses concerning whether gay neighbourhoods and social network factors are associated with five sexual risk behaviours: receptive and insertive unprotected anal intercourse (UAI), barebacking identity, recent internet use for finding sexual partners, and 'Party and Play' (PnP). Our analyses of a community-based sample of gay men in New York City reveal little evidence for the direct effect of gay enclaves on sexual risk with the exception of PnP, which was more likely among gay enclave residents. Having a network composed predominantly of other gay men was associated with insertive UAI, PnP, and internet use for meeting sexual partners. This network type also mediated the association between gay neighbourhoods and higher odds of insertive UAI as well as PnP. Our findings highlight the sexual health implications of two important facets of gay community and, in doing so, indicate the need to better contextualise the sexual health risks faced by gay men.

[The effects of a psychosocial dimension of socioeconomic position on survival: occupational prestige and mortality](#)

among US working adults

Sharon L. Christ, Lora E. Fleming, David J. Lee, Carles Muntaner, Peter A. Muennig, and Alberto J. Caban-Martinez

The association between education or income and mortality has been explored in great detail. These measures capture both the effects of material disadvantage on health and the psychosocial impacts of a low socioeconomic position on health. When explored independently of educational attainment and income, occupational prestige – a purely perceptual measure – serves as a measure of the impact of a psychosocial phenomenon on health. For instance, a fire-fighter, academician or schoolteacher may carry the social benefits of a higher social status without actually having the income (in all cases) or the educational credentials (in the case of the fire-fighter) to match. We explored the independent influence of occupational prestige on mortality. We applied Cox proportional hazards models to a nationally representative sample of over 380,000 US workers who had worked at any time between 1986 and 1994 with mortality follow up through 2002. We found that occupational prestige is associated with a decrease in the risk of all-cause, cancer, cardiovascular and respiratory-related mortality after controlling for household income and educational attainment. We further investigated the question of whether the effects of prestige are moderated by sex and broader occupational groupings. Prestige effects operate in white-collar occupations for men only and within service occupations for all workers.

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