

In the Journals... September 2012, Part 2

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By

Following up Melanie's post from a few days ago, here is the second part of the journal round-up for September.

First, we had several special issues, many of which were detailed in other posts on Somatosphere:

[***Anthropology and Medicine***](#), "Irrational reproduction: new intersections of politics, gender, race, and class across the north-south divide" ([Somatosphere link](#))

[***Body & Society***](#), "Medicine, Bodies, Politics: Experimentation and Emergence" ([Somatosphere link](#))

[***Science in Context***](#), "The Varieties of Empathy in Science, Art, and History" — Since this issue is not as closely tied to Somatosphere interests, it hasn't been discussed elsewhere. Instead, I want to point to two articles here and encourage readers to check out the rest at SiC's website:

[**Empathy in Translation: Movement and Image in the Psychological Laboratory**](#)

Susan Lanzoni

The new English term "empathy" was translated from the German *Einfühlung* in the first decade of the twentieth century by the psychologists James Ward at the University of Cambridge and Edward B. Titchener at Cornell. At Titchener's American laboratory, "empathy" was not a matter of understanding other minds, but rather a projection of imagined bodily movements and accompanying feelings into an object, a meaning that drew from its rich nineteenth-century aesthetic heritage. This rendering of "empathy" borrowed kinaesthetic meanings from German sources, but extended beyond a contemplation of the beautiful to include a variety of experimental stimuli and everyday objects in the laboratory. According to Titchener's structural psychology, all higher thought could be reduced to more elemental aspects of

mind, and experimental introspection showed empathy to be constituted of kinaesthetic images. The existence of kinaesthetic images, Titchener argued, formed an incisive critique of the view that thought could take place without images, held by one of Titchener's major psychological rivals, the school of thought-psychologists in Würzburg, Germany. The new term "empathy" in early American academic psychology therefore delineated a kinaesthetic imaginative projection that took place on the basis of ontological difference between minds and things.

[The Social Brain and the Myth of Empathy](#)

Allan Young

Neuroscience research has created multiple versions of the human brain. The "social brain" is one version and it is the subject of this paper. Most image-based research in the field of social neuroscience is task-driven: the brain is asked to respond to a cognitive (perceptual) stimulus. The tasks are derived from theories, operational models, and back-stories now circulating in social neuroscience. The social brain comes with a distinctive back-story, an evolutionary history organized around three, interconnected themes: mind-reading, empathy, and the emergence of self-consciousness. This paper focuses on how empathy has been incorporated into the social brain and redefined via parallel research streams, employing a shared, imaging technology. The concluding section describes how these developments can be understood as signaling the emergence of a new version of human nature and the unconscious. My argument is not that empathy in the social brain is a myth, but rather that it is served by a myth consonant with the canons of science.

[Social History of Medicine](#), "Emotions, Health, and Well-Being" ([Somatosphere link](#))

In other offerings, **[Culture, Medicine and Psychiatry](#)** has several interesting articles:

[Everyday Life, Culture, and Recovery: Carer Experiences in Care Homes for Individuals with Severe Mental Illness](#)

Javier Saavedra, Mercedes Cubero and Paul Crawford

Supported homes or Care Homes (CHs) have become in-services that play a fundamental role in social-health systems, particularly in

mental health systems in Europe and the United States. They provide settings where residents' day-to-day routines are supervised by in-house non-clinician professional carers. Ten semi-structured in-depth interviews were conducted by expert professional carers of persons with schizophrenia to explore interactions and activities between carers and users living in special "Care Homes". Analysis focused primarily on the functions of everyday life and daily routines in the recovery process. Social positioning analysis was used to investigate meanings and subjective experiences of professionals. The analysis revealed the importance of personal interactions in daily routines for recovery. We identified two main concerns guiding professionals' interactions with users: "Bring [users] to the here and now" and "give them the initiative to start actions". We suggest that CHs promote the construction of privileged identity in western urban societies, forming part of the process towards recovery and better social integration.

[Predictors of Chronic Trauma-Related Symptoms in a Community Sample of New Zealand Motor Vehicle Accident Survivors](#)

Nikolaos Kazantzis, James Kennedy-Moffat, Ross A. Flett, Alexandra M. Petrik, Nigel R. Long and Bronwyn Castell

This study examined 1,500 New Zealand community-residing adults for involvement in serious motor vehicle accident (MVA) and the development of trauma-related symptomatology. The incidence of MVA was 11 %. More than 50 % of the accident victim sub-sample reported hyperarousal, with exaggerated startle, intrusive recollections, situational avoidance, emotional reactivity, and cognitive avoidance. The high incidence of trauma-related symptoms is noteworthy given 59 % of victims reported sustaining no or mild accident injury, and only 27 % were admitted to hospital for severe injury. Trauma-related symptoms were related to measures of injury severity, psychological and social functioning, and persistent medical problems. Pre- and post-accident factors, that is, experience of additional trauma, experience of stressful life events and post-accident social contact were the most important predictors of trauma-related symptoms severity. This study discusses the importance of examining trauma-related symptoms rather than using categorical diagnostic criteria (i.e., post-traumatic stress disorder, PTSD) as a sole means of characterizing the psychological impact of MVA.

[Starting from Scratch: The Development of the Adolescent](#)

Quality of Life-Mental Health Scale (AQOL-MHS)

Ligia Chavez, Karen Mir and Glorisa Canino

This article documents the initial development of a Spanish mental health quality of life (QOL) instrument based on the adolescents' own assessment of important domains to their QOL. Using a grounded theory approach, we targeted five mental health disorders: attention deficit hyperactivity disorder, conduct disorder, oppositional defiant disorder, generalized anxiety disorder, and major depressive disorder. In-depth interviews (n = 40) and three focus groups (n = 20) were conducted and analyzed using qualitative methods to guide the development of items. A convenient sample of island Puerto Rican adolescents aged 12–18 was recruited from outpatient mental health clinics. Qualitative analysis revealed a total of 87 themes. They were distributed based on core QOL domains such as (1) Self, (2) Peers, (3) Family, (4) School, and (5) Environment. Items were written based on prevailing themes and using as closely as possible, words and phrases used by the adolescents to describe their views and perceptions of QOL. The goal for the AQOL-MHS is to pinpoint specific areas of health-related QOL for each psychiatric diagnostic group that will provide valuable information to assist both patients and providers set, define and evaluate adequate mental health treatment goals.

Susto, Coraje, and Abuse: Depression and Beliefs About Diabetes

Emily Mendenhall, Alicia Fernandez, Nancy Adler and Elizabeth A. Jacobs

Mexican immigrants in the US often incorporate folk beliefs into diabetes etiologies but little is known about the relationship between such beliefs and depression. This study examines the relationship of diabetes beliefs and depression among 404 first- and second-generation Mexican immigrants seeking diabetes care in safety-net clinics in Chicago and San Francisco. We used multivariate linear regression to compare the association of depression with beliefs that susto (fright), coraje (anger), and/or interpersonal abuse cause diabetes, adjusting for gender, age, income, education, diabetes duration, co-morbidities, language preference, and acculturation. We incorporated the belief that abuse causes diabetes based on previous ethnographic research. Individuals reporting belief that abuse contributes to diabetes were significantly more likely to report symptoms of depression before (?)

= 1.37; p

[The Zone of Social Abandonment in Cultural Geography: On the Street in the United States, Inside the Family in India](#)

Jocelyn Marrow and Tanya Marie Luhrmann

This essay examines the spaces across societies in which persons with severe mental illness lose meaningful social roles and are reduced to “bare life.” Comparing ethnographic and interview data from the United States and India, we suggest that these processes of exclusion take place differently: on the street in the United States, and in the family household in India. We argue that cultural, historical, and economic factors determine which spaces become zones of social abandonment across societies. We compare strategies for managing and treating persons with psychosis across the United States and India, and demonstrate that the relative efficiency of state surveillance of populations and availability of public social and psychiatric services, the relative importance of family honor, the extent to which a culture of psychopharmaceutical use has penetrated social life, and other historical features, contribute to circumstances in which disordered Indian persons are more likely to be forcefully “hidden” in domestic space, whereas mentally ill persons in the United States are more likely to be expelled to the street. However, in all locations, social marginalization takes place by stripping away the subject’s efficacy in social communication. That is, the socially “dead” lose communicative efficacy, a predicament, following Agamben, we describe as “bare voice.”

[Explanatory Models and Mental Health Treatment: Is Vodou an Obstacle to Psychiatric Treatment in Rural Haiti?](#)

Nayla M. Khoury, Bonnie N. Kaiser, Hunter M. Keys, Aimee-Rika T. Brewster and Brandon A. Kohrt

Vodou as an explanatory framework for illness has been considered an impediment to biomedical psychiatric treatment in rural Haiti by some scholars and Haitian professionals. According to this perspective, attribution of mental illness to supernatural possession drives individuals to seek care from houngan-s (Vodou priests) and other folk practitioners, rather than physicians, psychologists, or psychiatrists. This study investigates whether explanatory models of mental illness invoking supernatural causation result in care-seeking from folk practitioners and resistance to biomedical treatment. The study comprised 31

semi-structured interviews with community leaders, traditional healers, religious leaders, and biomedical providers, 10 focus group discussions with community members, community health workers, health promoters, community leaders, and church members; and four in-depth case studies of individuals exhibiting mental illness symptoms conducted in Haiti's Central Plateau. Respondents invoked multiple explanatory models for mental illness and expressed willingness to receive treatment from both traditional and biomedical practitioners. Folk practitioners expressed a desire to collaborate with biomedical providers and often referred patients to hospitals. At the same time, respondents perceived the biomedical system as largely ineffective for treating mental health problems. Explanatory models rooted in Vodou ethnopsychology were not primary barriers to pursuing psychiatric treatment. Rather, structural factors including scarcity of treatment resources and lack of psychiatric training among health practitioners created the greatest impediments to biomedical care for mental health concerns in rural Haiti.

[Interactions and Relationships in Long Term Care: Photography and Narratives by Direct Care Workers](#)

Dena Shenk

The challenge of hiring and retaining well-trained caregivers for the growing numbers of elders in need of care is a global concern. This study was designed to understand the views of direct care workers and included 15 nurse aides and med techs working in an assisted living and special care assisted living community for people with dementia. Each participant was provided with a digital camera and asked to take photographs "to show what caregiving means to you." Analysis is based on group discussions about the full set of photographs created by the direct care workers and individual written and oral narratives about four photographs chosen by each participant. The categories generated from these data represent the direct care workers' perceptions of the approaches to quality caregiving and the relationships involved in doing their jobs well. By focusing on the essential relationships and interactions, rather than primarily on the required care, we can begin to imagine the caregiving experience in terms of a communal rather than an institutional experience. We can then productively turn our focus to the people involved rather than emphasize their roles as providers or recipients of care.

[Scissors as Symbols: Disputed Ownership of the Tools of Biomedical Obstetrics in Rural Indonesia](#)

Vanessa M. Hildebrand

In the hands of both traditional and clinic midwives in rural Indonesia a simple biomedical tool, umbilical cord scissors, has come to develop a social life that symbolizes potential futures. In rural Indonesian villages resources are limited, maternal and infant mortality rates are high, and there is robust competition for both patients and status between traditional and clinic midwives, all set against nationalist pressure to “modernize.” The perceived right to use the umbilical cord scissors in a professional setting is contested. The folk midwives use the umbilical cord scissors to publically reference access to biomedical obstetric knowledge, a domain claimed by clinic midwives. This paper explores the way that the traditional midwives construct a hybrid modern identity by marking a place for traditional and biomedical obstetric systems in the treatment of childbirth. Further, this paper argues that traditional midwives use the symbolically laden umbilical cord scissors in their attempt to remain locally relevant and to circumvent the mission of the clinic programs to eradicate their practice.

The annual issue of [***Philosophy, Ethics, and Humanities in Medicine***](#) has available a full three-part series, begun online in April, in which they consider questions involving: “1) the nature of a mental disorder; 2) the definition of mental disorder; 3) the issue of whether, in the current state of psychiatric science, DSM-5 should assume a cautious, conservative posture or an assertive, transformative posture; 4) the role of pragmatic considerations in the construction of DSM-5; 5) the issue of utility of the DSM – whether DSM-III and IV have been designed more for clinicians or researchers, and how this conflict should be dealt with in the new manual; and 6) the possibility and advisability, given all the problems with DSM-III and IV, of designing a different diagnostic system.” In addition, there are a series of articles further discussing specific aspects of the forthcoming DSM-5 (see details in the [Somatosphere post for the online edition from April](#)).

Finally, [***Social Science in Medicine***](#) has been industriously producing bi-monthly issues, as always. Some interesting articles from the most recent ones include the following from Issues [9](#) and [10](#) of this most recent volume:

[**Personalizing medicine: Futures present and past**](#)

Richard Tutton

Since the 1990s, 'personalized medicine' has become a powerful language in which to imagine significant change in medicine from a 'one size fits all' model to one that tailors prediction, diagnosis and treatment to the individual. Two decades on, personalized medicine remains a contested vision of the future. Drawing on work in the sociology of expectations, I argue that expectations about genomics to bring about a personalized medicine are 'prefigured' by other ways in which knowledge about individual specificity and variability have been at the centre of claims and counterclaims about the future of medicine since the 19th century. Examining how and why medical universalism or a 'one size fits all' model of medicine has been contested over time, I conclude by considering the limits of what genomics has to offer for personalizing medicine.

[From bodies to lives, complainers to consumers: Measuring menstrual excess](#)

Katie Ann Hasson

Feminist research has shown repeatedly the extent to which medical accounts pathologize menstruation, yet there has been very little examination of how clinicians and medical researchers actually study and assess menstruation. This paper analyzes 30 US medical journal articles to examine how researchers work to distinguish the specific menstrual disorder of menorrhagia, or excessive bleeding, from normal menstruation. I focus specifically on measurement as a key process in diagnosing menstrual pathology, arguing that measurement practices construct women's bodies as appropriate objects of medical attention in ways that also shape women's positions as participants in knowledge production. I begin with the alkaline hematin method's narrow focus on physical proof of bleeding that proves or disproves women's complaints and trace the emergence of new methods that incorporate women's own assessments of bleeding. Changing ways of measuring menstruation point to shifts in understandings of the body as the object of medical treatment and of patients as medical subjects.

[Paying for performance and the social relations of health care provision: An anthropological perspective](#)

Priscilla Magrath and Mark Nichter

Over the past decade, the use of financial incentive schemes has become a popular form of intervention to boost performance in the health sector. Often termed "paying for performance" or P4P, they

involve "...the transfer of money or material goods conditional upon taking a measurable action or achieving a predetermined performance target" (Eldridge & Palmer, 2009, p.160). P4P appear to bring about rapid improvements in some measured indicators of provider performance, at least over the short term. However, evidence for the impact of these schemes on the wider health system remains limited, and even where evaluations have been positive, unintended effects have been identified. These have included: "gaming" the system; crowding out of "intrinsic motivation"; a drop in morale where schemes are viewed as unfair; and the undermining of social relations and teamwork through competition, envy or ill feeling. Less information is available concerning how these processes occur, and how they vary across social and cultural contexts.

While recognizing the potential of P4P, the authors argue for greater care in adapting schemes to particular local contexts. We suggest that insights from social science theory coupled with the focused ethnographic methods of anthropology can contribute to the critical assessment of P4P schemes and to their adaptation to particular social environments and reward systems. We highlight the need for monitoring P4P schemes in relation to worker motivation and the quality of social relations, since these have implications both for health sector performance over the long term and for the success and sustainability of a P4P scheme. Suggestions are made for ethnographies, undertaken in collaboration with local stakeholders, to assess readiness for P4P; package rewards in ways that minimize perverse responses; identify process variables for monitoring and evaluation; and build sustainability into program design through linkage with complementary reforms.

[How families of children with complex care needs participate in everyday life](#)

Roberta Lynn Woodgate, Marie Edwards, and Jacquie Ripat

While we have some understanding of the impact caring for children with complex care needs has on families, little is known about how these families experience participation. This longitudinal qualitative study aimed to extend our limited understanding of how the changing geographies of care influence the ways that Canadian families with children with complex care needs participate in everyday life. The findings in this article focus on parents' conceptualizations of participation including their perspectives of participation involving themselves, their children,

and their family unit. Sixty-eight parents from 40 families took part in the study. Conradson's (2005) conceptualization of therapeutic landscapes that focuses on the relational dimensions of the self-landscape encounter guided the study. Data collection methods included ethnographic methods of interviewing and photovoice. As a summary of their views, parents within this study described participation as a dynamic and reciprocal social process of involvement in being with others. For participation in everyday life to be meaningful, the attributes of choice, safety, acceptance, accessibility, and accommodation had to be present. Participation was valued by parents because it resulted in positive outcomes. Overall, meaningful participation contributed to them and their children having a life. Having a life referred to being involved in a place where families feel that they belong, are accepted, and are able to contribute to the landscape they participate in. The decision to choose to participate became contingent upon the availability of resources and the parents' ability to harness them. Harnessing resources referred to the work parents must do to get the necessary resources to make it possible for them and their children to have a life. Having a life for parents required significant physical, mental, psychological and spiritual work by parents. At times the personal resources of parents were so taxed that the possibility for meaningful participation was something less than what they desired. The families' stories raise questions of societal obligations to promote meaningful participation. This study lends support for further improvements that may enrich the lives of families with children with complex care needs.

[The mental health gender-gap in urban India: Patterns and narratives](#)

Jishnu Das, Ranendra Kumar Das, Veena Das

Women report significantly higher levels of mental distress than men in community studies around the world. We provide further evidence on the origins of this mental health gender-gap using data from 789 adults, primarily spousal pairs, from 300 families in Delhi, India. These data were collected between 2001 and 2003. We first confirm that, like in other studies, women report higher levels of mental distress and that gender differences in education, household expenditures and age do not explain the mental health gender-gap. In contrast, women report significantly higher levels of distress than men in families with adverse reproductive outcomes, particularly the death of a child. Controlling for adverse reproductive outcomes sharply reduces the mental health gender-gap. Finally, mental health is strongly correlated with

physical health for both men and women, but there is little evidence of a differential response by sex. We complement this empirical description with anthropological analysis based on ethnographic interviews with 100 men and 100 women. With the help of these ethnographic interviews we show how adverse life events for women are experienced as the inability to maintain the domestic, which seems to be at stake within their life worlds. We raise issues for further research on the apparent finding that the mental health of women and men are differentially affected by adverse reproductive events in the family in this sample.

[Heavy agricultural workloads and low crop diversity are strong barriers to improving child feeding practices in the Bolivian Andes](#)

Andrew D. Jones, Yesmina Cruz Agudo, Lindsay Galway, Jeffery Bentley, Per Pinstrup-Andersen

Most nutrition initiatives to date aimed at improving infant and young child feeding (IYCF) have emphasized addressing knowledge gaps through behavior change messaging with less focus on addressing the underlying environmental barriers that may shape these behaviors. This research integrates an analysis of longitudinal dietary data with qualitative data on barriers to improved child feeding to identify the nature and extent of the barriers caregivers face to improving IYCF practices in a farming region of the Bolivian Andes, and to determine the relative influence of these barriers on caregivers' abilities to improve IYCF practices. Sixty-nine caregivers were selected from a sample of 331 households that participated in a longitudinal survey assessing changes in IYCF practices among caregivers with children aged 0–36 months from March 2009 to March 2010. Forty-nine barriers within 12 categories of barriers were identified through semi-structured interviews with the 69 caregivers. The most frequently reported barriers were those related to women's time dedicated to agricultural labor, the limited diversity of household agricultural production, and lack of support for child feeding from spouses and mothers-in-law. In multivariate analyses controlling for several variables that could potentially influence IYCF practices, these barriers were negatively associated with changes to the diversity of child diets, child dietary energy intake, and child meal frequency. While knowledge gaps and individual-level influences affected IYCF practices, physical and social caregiving environments in this region of Bolivia were even more important. Behavior change communication alone will likely not address the social and environmental barriers to improved child feeding that

often prevent translation of improved knowledge into action. Particularly in rural regions, agriculture may strongly influence child feeding, not only indirectly through household food security, but also directly by affecting women's caregiving capacity.

And I believe that's it for this month. Hope everyone's semesters, quarters, and Autumns are beginning well, and we'll see you again in October!

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