

In the Journals (November Part II)

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By

November closed with the publication of many very interesting journal articles. Abstracts and links to complete articles are below!

Cultural Anthropology

[Ethnography in the Way of Theory](#)

João Biehl

In this article, I return to my engagements with people in the field not only to address the specific circumstances and trajectories I encountered there, but to make a case for allowing our engagement with Others to determine the course of our thinking about them and to reflect more broadly upon the agonistic and reflexive relations between anthropology and philosophy. I do so in order to suggest that through ethnographic rendering, people's own theorizing of their conditions may leak into, animate, and challenge present-day regimes of veridiction, including philosophical universals and anthropological subjugation to philosophy. I am interested in how ethnographic realities find their way into theoretical work. Using the mutual influence between Pierre Clastres and Gilles Deleuze and Félix Guattari as a case study, I argue against reducing ethnography to proto-philosophy. The relationship, in fact, may be more productively seen as one of creative tension and cross-pollination. This sense of ethnography in the way of (instead of to) theory—like art—aims at keeping interrelatedness, precariousness, curiosity, and unfinishedness in focus. In resisting synthetic ends and making openings rather than absolute truths, ethnographic practice allows for an emancipatory reflexivity and for a more empowering critique of the rationalities, interventions, and moral issues of our times. I conclude with a literal return to the field and reflect on how the story of lives continues.

[Traveling Technologies: Infrastructure, Ethical Regimes, and the Materiality of Politics in South Africa](#)

Antina Schnitzler

In this article, I explore the politics of infrastructure in South Africa by focusing on the “travels” of a small technical device. Since the end of apartheid, prepaid meters have been widely deployed in South Africa’s townships to curb the nonpayment of service charges. Yet many residents have bypassed their meters, enabling them to illicitly access electricity or water. I track the micro-political battle between residents tinkering with the technology and engineers trying to secure it, arguing that infrastructure itself becomes a political terrain for the negotiation of central ethical and political questions concerning civic virtue and the shape of citizenship. To investigate this techno-political terrain, I trace a genealogy of the meter from Victorian Britain, when it was invented as a tool of working-class “moral improvement,” to the late-apartheid period, when it was re-assembled as a device of counterinsurgency against the anti-apartheid “rent boycotts.” In each moment, I suggest, the meter was harnessed to distinct ethical regimes and political projects. Drawing on my ethnographic fieldwork with engineers in contemporary South Africa, I explore the semiotic-material work required to make the device functional in the post-apartheid moment. Tracing the travels of a small technical device across time and space, I argue, opens up conceptual space to rethink the relationship between ethics, politics, and technics.

[Governing Disaster: The Political Life of the Environment during the BP Oil Spill](#)

David Bond

This article presents an embedded analysis of how scientists and federal officials scrambled to get a handle on the deepwater blowout in the Gulf of Mexico. Taking the environment as a compelling ethnographic question, it shows how the oil spill and the environment are not given objects that then collide during a disaster, as is commonly assumed in “disaster studies.” Rather, crude oil and the environment are unstable fields instantiated and made politically operable in relationship to one another. The BP Oil Spill went from a sprawling mess into a manageable problem by being lodged within a refined deployment of the environment. The ocean was, in a way, transformed into a scientific laboratory within which the true size and scope of diffuse hydrocarbons could finally be mastered. Such placement not only objectified the oil spill, it also quietly defined what knowledge of the disaster and what relations to it could have credibility. The revised environment fully contained the disaster, insulating the biological reach of this oil spill from human considerations and rendering personal accounts of sickness implausible and illegible. Techniques of sequestering and inspecting the oil spill came to underwrite a new regime of disconnection between the disaster and the public.

[Speculative Matter: Secular Bodies, Minds, and Persons](#)

Abou Farman

The relationship between life, death, and personhood is articulated by the body, without which there would be no such relationship to begin with. How do secular institutions and modes of knowledge understand, produce, and manage this relationship? What can this tell us about the secular and the body in its purview? As part of a larger ethnography of “American Immortalism,” I tackle these issues through a case study of “neuropreservation” in cryonics, the practice of preserving people at very low temperatures at the time of legal death with the hope that they might be revived in the future. Cryonicists are scientifically oriented secularists, and yet find themselves in frequent conflict with secular medical and legal institutions over the categories of life, death, and personhood. Whilst recent critical reevaluations of secularism focus on its entanglements with religion, these differences serve to highlight some tensions internal to the secular as they are played out in the United States. I will use the figure of the cryopreserved patient to focus on the secular body as a body produced institutionally in the interplay between law and medicine, suspended in the indeterminacies of the mind–body problem and caught in the tensions between two secular epistemologies, rationalism and materialism. What appears in this midst is speculative matter, matter that has indeterminate speculative status, but serves as a medium for speculation.

International Journal for Social Psychiatry

[How therapeutic communities work: Specific factors related to positive outcome](#)

Steve Pearce and Hanna Pickard

Background: Therapeutic communities (TCs) are becoming increasingly widespread as a form of treatment for entrenched mental health problems, particularly addictions and personality disorders, and are equally used in educational, prison and learning disability settings. Despite growing evidence for their effectiveness, little research has been conducted to establish how TCs work to produce positive outcomes. We hypothesize that there are two specific factors that in combination contribute to TC effectiveness: the promotion of a sense of belongingness and the capacity for responsible agency. Although both factors are found in other

therapeutic approaches and are important to the psychosocial aspects of psychiatric care more generally, we argue that their combination, extent and emphasis are unique to TCs.

Material: Drawing on social and experimental psychology, we: (1) review research on a sense of belongingness and the capacity for responsible agency; (2) establish the mechanisms by which TCs appear to promote them; (3) draw lessons for TC practice; and (4) suggest why they may contribute to positive outcome.

Discussion: A sense of belongingness is correlated with improved self-esteem and overall well-being. The capacity for responsible agency is central to behavioural change. TCs are typically used in fields where positive outcome requires both personal growth and behavioural change. We suggest that TCs are uniquely placed to demand such growth and change of their members because the sense of belongingness engendered by TC methods protects against the risks engendered by this demand.

Conclusion: Empirically informed, evidence-driven research is necessary to understand how TCs work and how TC practice can be improved. This understanding may offer lessons for the improvement of psychosocial aspects of psychiatric care more generally.

[Risk factors for psychological distress in Northern Ireland](#)

Liam Mahedy, Flora Todaro-Luck, Brendan Bunting, Samuel Murphy, and Karen Kirby

Background: Stress-related mental ill health and its disorders are considered by the World Health Organization (WHO) to be the new world epidemic and their prevalence rates seem to be increasing worldwide.

Aims: To examine and identify sub-populations at risk for psychological discomfort in Northern Ireland and map the relative impact of potential predictors.

Methods: A sample of 4,638 respondents to the NIHSW-2001 survey was analysed with latent class analysis and latent class factorial analysis. Latent class multinomial logistic regression assessed the impact of a range of predictors on class membership.

Results: Five sub-populations were differentiated. All subgroups at risk for anxiety and depression were characterized as being younger and female.

Disability and adverse life events were strong predictors of risk. Long-standing illness and housing worries were predictors of medium and high risk membership. The effect of civil unrest was significant only for the medium-risk subgroup; marital status and income did not affect group membership.

Conclusions: Because all five subgroups showed a different probability, but a similar profile of endorsing GHQ-12 items, it could be hypothesized that an underlying continuum dimension of anxiety and depression is present in the Northern Irish population.

[Characteristics of Chinese rural young suicides by pesticides](#)

Jie Zhang and Ziyao Li

Background: The major suicide method in rural China today is ingestion of agricultural pesticides.

Aim: This study is to investigate the characteristics of Chinese rural young suicides who died of pesticide ingestion.

Methods: A sample of 392 suicides from rural China was studied using the psychological autopsy method, and data were analysed for demographic characteristics, the suicide method used, mental disorder and psychological characteristics.

Results: Suicides by pesticide ingestion were enacted more because of impulsiveness and tended to demonstrate less mental illness than those suicides using other means in rural China.

Conclusions: Accessibility, high toxicity and lethality of the pesticides were risk factors for the suicides of people without a mental disorder in rural China. The use of pesticides is a rational choice and the safe storage of these kinds of farming chemicals should be controlled to prevent certain suicides.

[Continuity of care for careers of people with severe mental illness: Results of a longitudinal study](#)

Tom Burns, Jocelyn Catty, Kate Harvey, Sarah White, Ian Rees Jones, Susan McLaren, Til Wykes

Introduction: Continuity of care has been demonstrated to be important for service users and carer groups have voiced major concerns over disruptions of care. We aimed to assess the experienced continuity of care in carers of patients with both psychotic and non-psychotic disorders and explore its association with carer characteristics and psychological well-being.

Methods: Friends and relatives caring for two groups of service users in the care of community mental health teams (CMHTs), 69 with psychotic and 38 with non-psychotic disorders, were assessed annually at three and two time points, respectively. CONTINUES, a measure specifically designed to assess continuity of care for carers themselves, was utilized along with assessments of psychological well-being and caregiving.

Results: One hundred and seven carers participated. They reported moderately low continuity of care. Only 22 had had a carer's assessment and just under a third recorded psychological distress on the GHQ. For those caring for people with psychotic disorders, reported continuity was higher if the carer was male, employed, lived with the user and had had a carer's assessment; for those caring for people with non-psychotic disorders, it was higher if the carer was from the service user's immediate family, lived with them and had had a carer's assessment.

Conclusion: The vast majority of the carers had not had a carer's assessment provided by the CMHT despite this being a clear national priority and being an intervention with obvious potential to increase carers' reported low levels of continuity of care. Improving continuity of contact with carers may have an important part to play in the overall improvement of care in this patient group and deserves greater attention.

[Adaptation and translation of mental health interventions in Middle Eastern Arab countries: A Systemic review of barriers to and strategies for effective treatment implementation](#)

Robin E Gearing, Craig S Schwalbe, Michael J Mackenzie, Kathryn B Brewer, Rawan W Ibrahim, Hmoud S Olimat, Sahar S Al-Makhamreh, Irfan Mian, and Alean Al-Krenawi

Aim: All too often, efficacious psychosocial evidence-based interventions fail when adapted from one culture to another. International translation requires a deep understanding of the local culture, nuanced differences within a culture, established service practices, and knowledge of obstacles and promoters to treatment implementation. This research investigated the following objectives to better facilitate cultural adaptation and translation of

psychosocial and mental health treatments in Arab countries: (1) identify barriers or obstacles; (2) identify promoting strategies; and (3) provide clinical and research recommendations.

Methods: This systematic review of 22 psychosocial or mental health studies in Middle East Arab countries identified more barriers (68%) than promoters (32%) to effective translation and adaptation of empirically supported psychosocial interventions.

Results: Identified barriers include obstacles related to acceptability of the intervention within the cultural context, community and system difficulties, and problems with clinical engagement processes. Whereas identified promoter strategies centre on the importance of partnering and working within the local and cultural context, the need to engage with acceptable and traditional intervention characteristics, and the development of culturally appropriate treatment strategies and techniques.

Conclusions: Although Arab cultures across the Middle East are unique, this article provides a series of core clinical and research recommendations to assist effective treatment adaptation and translation within Arab communities in the Middle East.

[Social relationships and postpartum depression in South Asia: A systematic review](#)

Eleri Jones and Ernestina Coast

Background: Evidence suggests a much higher prevalence of postpartum depression in South Asia than in 'western' contexts.

Aim: To conduct a rapid systematic review of evidence on the association between social relationships and postpartum depression in South Asia.

Methods: Five databases were searched to identify relevant studies. Studies meeting the selection and quality criteria were analysed and integrated in a narrative review.

Results: Nine mostly quantitative studies were included in the review. Low support and poor relationships with the husband and parents-in-law were associated with postpartum depression, although associations were weakened in multivariate analyses. The different dimensions of support have not yet been systematically investigated and the likely complex interrelationships between social relationship risk factors are not yet well understood.

Conclusions: Findings mirror those from 'western' contexts, showing the key role of social relationships in the aetiology of postpartum depression. Yet, they also reinforce the hypothesis that the social and cultural context influences the association. The importance of relationships with the extended family, as well as the husband, in South Asia is highlighted. Further research is recommended to develop an understanding of these relationships to better inform interventions.

[Who cares for it? How to provide psychosocial interventions in the community](#)

Luca Piagani, Andrea Fiorillo, Mario Luciano, Sara Catellani, Vera Vinci, Silvia Ferrari, and Marco Rigatelli

Background: Since the Mental Health Reform Law 1978/180, in Italy mental hospitals have been progressively closed and a community-centred psychiatric care oriented to rehabilitation began. After almost 35 years, the de-institutionalization process is now complete. However, psychosocial interventions in the community are provided only rarely, although a specific mental health professional, the psychiatric rehabilitation technician, has been established in Italy.

Material: Training courses and the education of psychosocial rehabilitation technicians have been analysed and the university degree has been described. Moreover, the practical and theoretical skills needed at the end of the training course have been discussed.

Discussion: Psychiatric rehabilitation technicians are trained to perform multidisciplinary rehabilitative and educational interventions for people with severe mental disorders and their carers. They represent an innovative professional workforce in mental health care, not yet established outside Italy, whose role and activities are essential in a community-based mental health system model.

Conclusion: The skills needed for properly performing psychosocial interventions are not available in other mental health professionals and it is not possible that these interventions, which require in-depth training, are performed by professionals with a different background. It is advisable that psychiatric rehabilitation technicians become an integral and permanent component of an efficient community psychiatric staff.

[Victimization of the severely mentally ill in Greece: The extent of the](#)

[problem](#)

Magdalini Katsikidou, Maria Samakouri, Maria Fotiadou, Aikaterini Arvanti, Theofanis Vorvolakos, Kiriakos Xenitidis, and Miltos Livaditis

Background: In contrast to extensive research on psychiatric patients' dangerousness, very few studies have examined their victimization.

Aim: The aim of our study is to record reported victimization of seriously mentally ill outpatients in Greece and compare them with healthy controls.

Method: We interviewed 150 severely mentally ill outpatients and a matched group of healthy controls using a semi-structured interview. This recorded incidents of victimization and perceived discrimination during the previous year. Logistic regression models were used to examine the influence of demographic parameters on both victimization and discrimination.

Results: In this study 59.3% of patients and 46.0 % of controls ($p = .02$) reported being victims of a criminal act at least once and 52.0% of patients and 24.0 % of controls (p

Conclusions: Patients with serious mental illness are more likely than the general population to report being victims of criminal acts and experiencing discrimination.

Science, Technology and Human Values

[Road Safety as a Shared Responsibility and a Public Problem in Swedish Road Safety Policy](#)

Carolyn McAndrews

Sweden's road safety policy, Vision Zero, seeks to eliminate deaths and serious injuries from traffic crashes, and it recognizes that the bottleneck in improving road safety is displacing mobility as the main priority of the road transportation system. This analysis considers the theory and practice of Vision Zero, first interpreting its proposed changes to responsibility for road safety, and then examining how it has been implemented. The research methods include document analyses, field observations, and interviews with Swedish safety practitioners. This study found that Vision Zero's main innovation is its explicit call for experts to have causal responsibility for injuries. Moreover, Vision Zero expands the responsibility attributed to road users, who are called on to voice demand for safety

improvements to civil servants and elected officials. However, Vision Zero also needed to create institutions through which experts could be accountable for their new causal responsibility, and it needed to support popular organizing around traffic injury prevention. I suggest that a major limitation to increasing the status of road safety as a public problem is that it is generally understood as a private problem and changing this perception through policy requires a more deeply engaged public process.

[Unheeded Science: Taking Precaution out of Toxic Water Pollutants Policy](#)

Karen Hoffman

In the early 1970s, the idea of precaution—of heeding rather than ignoring scientific evidence of harm when there is uncertainty, and taking action that errs on the side of safety—was so appealing that the US Congress used it as the basis of the toxics provisions of the Clean Water Act of 1972, the federal Environmental Protection Agency (EPA) based its proposals for implementing those provisions on it, and the courts frequently tended toward it when resolving conflicts over the implementation of pollution control law. In other words, precaution was written into toxic water pollutant control law and was beginning to be written into policy and regulations. By 1976, the tables were completely turned. The EPA abandoned the safety-providing approach in the implementation of the law, even though the law required it, and adopted a risk-taking approach in the creation of standards for the vast majority of toxic water pollutants. The article examines how this change was brought about. It builds on recent work on undone science as an obstacle to regulation and contributes to the development of an account of the creation of the regulatory system, with both its achievements and its limitations.

Transcultural Psychiatry

[At the crossroads of anthropology and epidemiology: Current research in cultural psychiatry in the UK](#)

Simon Dein

Cultural psychiatry research in the UK comprises a broad range of diverse methodologies, academic disciplines, and subject areas. Methodologies range from epidemiological to anthropological/ethnographic to health services research; mixed methods research is becoming increasingly

popular, as are public health and health promotional topics. After briefly outlining the history of cultural psychiatry in the UK we will discuss contemporary research. Prominent themes include: the epidemiology of schizophrenia among Africans/Afro-Caribbeans, migration and mental health, racism and mental health, cultural identity, pathways to care, explanatory models of mental illness, cultural competence, and the subjective experiences of healthcare provision among specific ethnic groups such as Bangladeshis and Pakistanis. Another strand of research that is attracting increasing academic attention focuses upon the relationship between religion, spirituality, and mental health, in particular, the phenomenology of religious experience and its mental health ramifications, as well as recent work examining the complex links between theology and psychiatry. The paper ends by appraising the contributions of British cultural psychiatrists to the discipline of cultural psychiatry and suggesting promising areas for future research.

[Aborigines, colonizers, and newcomers: The landscape of transcultural psychiatry research in Australia](#)

Carlos Zubaran, Katia Foresti, and Gregory de Moore

The authors present an analysis of transcultural psychiatry research in relation to three main population groups in Australia: Aboriginal Australians, documented immigrants, and refugees. The pioneering reports produced by Western psychiatrists in Aboriginal communities are examined in this article. Additional quantitative and qualitative studies developed with Aboriginal people in the context of a traumatic acculturation process are also reviewed. Subsequently, the authors examine the challenges faced by immigrants with mental disorders in a health care system still unequipped to treat a new array of clinical presentations unfamiliar to the clinical staff. The authors also highlight the development of policies aimed at providing quality mental health care to a mosaic of cultures in an evolving multicultural society. Lastly, the psychiatric manifestations of refugees and asylum seekers are analysed in the context of a series of vulnerabilities and deprivations they have experienced, including basic human rights.

[Current research on transcultural psychiatry in the Anglophone Caribbean: Epistemological, public policy, and epidemiological challenges](#)

Frederick W. Hickling, Roger C. Gibson, and Gerard Hutchinson

In this article, we review recent research on mental health in the Caribbean. Three major themes emerge: (a) the effects of colonialism on the Caribbean psyche; (b) decolonization of psychiatric public policy, including innovative treatment approaches, deinstitutionalization, and community and policy responses to mental health issues; and (c) the nature and epidemiology of psychiatric pathology among contemporary Caribbean people, with particular focus on migration, genetic versus social causation of psychosis and personality disorders, and mechanisms of resilience and social capital. Caribbean transcultural psychiatry illustrates the principles of equipoise unique to developing countries that protect the wellness and continued survival of postcolonial Caribbean people.

[Current research in transcultural psychiatry in the Nordic Countries](#)

Solvig Ekblad and Marianne Carisius Kastrup

This article discusses major themes in recent transcultural psychiatric research in the Nordic countries from 2008 to 2011: (a) epidemiological studies of migration, (b) indigenous populations, and (c) quality of psychiatric care for migrants. Over the past several decades, the populations of the Nordic countries, Denmark, Finland, Norway, and Sweden, which were relatively homogeneous, have become increasingly culturally diverse. Many migrants to Nordic countries have been exposed to extreme stress, such as threats of death and/or torture and other severe social adversities before, during, and after migration, with potential effects on their physical, mental, social, and spiritual health. Growing interest in transcultural issues is reflected in the level of scientific research and clinical activity in the field by Nordic physicians, psychologists, social scientists, demographers, medical anthropologists, as well as other clinicians and policy planners. Research includes work with migrants and indigenous minorities in the Nordic countries, as well as comparisons with mental health in postconflict countries. We conclude by suggesting future directions for transcultural psychiatry research and providing guidelines for the education and training of future clinicians in the Nordic countries.

[From Kraepelin to a modern and integrative scientific discipline: The development of transcultural psychiatry in Germany](#)

Wielant Machleidt and Marcel Sieberer

The roots of transcultural psychiatry in Germany can be traced back to Emil Kraepelin, who made the first culturally comparative observations on

mental disorders in Southeast Asia at the start of the 20th century. Since the beginning of the 1970s, contributors to the literature of transcultural psychiatry in Germany have been predominantly concerned with the mental health of migrant workers from Mediterranean countries, particularly the practical difficulties and therapeutic implications of inpatient psychiatric treatment of these migrant groups. The inauguration of the Section on Transcultural Psychiatry of the German Association for Psychiatry and Psychotherapy 20 years ago reflected an increasing scientific interest in this topic. In addition to the psychic impact of migration, research into transcultural care is currently focused on disparities in the utilization of health care and conjectured barriers to access to health and mental health care among migrants. Furthermore, studies based on epidemiological approaches have been carried out in order to resolve the question of whether migrants are as affected by mental disorders as the ethnic German population, and which issues contribute to the so-called “healthy migrant” effect. Other topics that have been explored in the last 10 years are the particular psychosocial situation of asylum seekers and refugees in Germany, and the effects of inadequate integration and discrimination on their mental health. In summary, after a short historical and theoretical overview, this article reviews the current major themes in transcultural research in German contemporary psychiatry, and concludes with an overview of future developments in this field.

[Main topics in transcultural psychiatric research in the Netherlands during the past decade](#)

Dornelis J. Laban and Rob van Dijk

The population of the Netherlands has become increasingly diverse in terms of ethnicity and religion, and anti-immigrant attitudes have become more apparent. At the same time, interest in issues linked to transcultural psychiatry has grown steadily. The purpose of this article is to describe the most important results in Dutch transcultural psychiatric research in the last decade and to discuss their relationship with relevant social and political developments in the Netherlands. All relevant PhD theses ($N = 27$) between 2000 and 2011 were selected. Screening of Dutch journals in the field of transcultural psychiatry and medical anthropology and a PubMed query yielded additional publications. Forensic and addiction psychiatry were excluded from this review. The results of the review indicate three main topics: (a) the prevalence of psychiatric disorders and their relation to migration issues as social defeat and ethnic density, showing considerable intra- and interethnic differences in predictors and prevalence rates, (b) the social position of refugees and asylum seekers,

and its effect on mental health, showing especially high risk among asylum seekers, and (c) the patterns of health-seeking behaviour and use of mental health services, showing a differentiated picture among various migrant groups. Anthropological research brought additional knowledge on all the above topics. The overall conclusion is that transcultural psychiatric research in the Netherlands has made a giant leap since the turn of the century. The results are of international importance and invite redefinition of the relationship between migration and mental health, and reconsideration of its underlying mechanisms in multiethnic societies.

Social Science and Medicine

[Negotiating last-minute concerns in closing Korean medical encounters: the use of gaze, body and talk](#)

Yujong Park

Although patients may raise new concerns during any time of the medical visit, the closing phase of the consultation is a critical locus for the negotiation of the topicalization of additional concerns. Using conversation analysis as the primary method of analysis, this study provides an analysis of the structure of consultation “closings” in Korean primary-care encounters and the way in which the organization of closings in this context discourages patients’ presentation of additional concerns. Data are drawn from 60 videotaped primary-care encounters collected from Korea, between 2007 and 2008. The rare occasions in which last-minute concerns are raised are closely analyzed to reveal that the organization of gaze and body orientation play an important role in foreclosing the presentation of additional concerns. The results contribute to our understanding of closings in the primary-care interview by investigating a non-western setting that includes an investigation of an understudied subject – that of embodied resources – and shows how these closings serve the doctor’s purpose of bringing closure in the face of last-minute concerns broached by the patient. The cultural meaning of gaze in the Korean medical care context is also discussed. The findings have implications for research on nonverbal communication, cultural differences, and interactions in medical care.

[Compassionate Containment? Balancing technical safety and therapy in the design of psychiatric wards](#)

Sarah Curtis, Wilbert Gesler, Victoria Wood, Ian Spencer, James Mason,

Helen Close, and Joseph Reilly

This paper contributes to the international literature examining design of inpatient settings for mental health care. Theoretically, it elaborates the connections between conceptual frameworks from different strands of literature relating to therapeutic landscapes, social control and the social construction of risk. It does so through a discussion of the substantive example of research to evaluate the design of a purpose built inpatient psychiatric health care facility, opened in 2010 as part of the National Health Service (NHS) in England. Findings are reported from interviews or discussion groups with staff, patients and their family and friends. This paper demonstrates a strong, and often critical awareness among members of staff and other participants about how responsibilities for risk governance of 'persons' are exercised through 'technical safety' measures and the implications for therapeutic settings. Our participants often emphasised how responsibility for technical safety was being invested in the physical infrastructure of certain 'places' within the hospital where risks are seen to be 'located'. This illuminates how the spatial dimensions of social constructions of risk are incorporated into understandings about therapeutic landscapes. There were also more subtle implications, partly relating to 'Panoptical' theories about how the institution uses technical safety to supervise its own mechanisms, through the observation of staff behaviour as well as patients and visitors. Furthermore, staff seemed to feel that in relying on technical safety measures they were, to a degree, divesting themselves of human responsibility for risks they are required to manage. However, their critical assessment showed their concerns about how this might conflict with a more therapeutic approach and they contemplated ways that they might be able to engage more effectively with patients without the imposition of technical safety measures. These findings advance our thinking about the construction of therapeutic landscapes in theory and in practice.

[Subsidized childcare and child development in Colombia: Effects of Hogares Comunitarios de Bienestar as a function of timing and length of exposure](#)

Raquel Bernal and Camila Fernández

Rigorous evidence regarding the impact of early care and education on children's development comes primarily from high-income nations. A few studies from Latin America and the Caribbean have identified benefits of conditional cash transfer and home visiting programs on children's development. However, there is still controversy around the impact and cost-effectiveness of childcare approaches. Further research is needed to

understand how scaled-up childcare settings may support the development of low-income children in Latin America.

To that end, the present study sought to identify the effects of exposure to a subsidized childcare program in Colombia on children's nutritional status, cognitive and socioemotional development. This community-based program, known as *Hogares Comunitarios de Bienestar* (HCB), serves 800 thousand low-income children under age 6, delivering home-based childcare, supplementary nutrition, and psychosocial stimulation. We analyzed data on 10,173 program beneficiary children (ages 3–6) collected in 2007. We compared beneficiary children who had been in the program for a long time with beneficiary children who had been in the program for a month or less, by age group, to estimate program exposure effects. We used a matching estimator to correct for self-selection into different exposure levels.

Results indicated that cognitive development improved 0.15 to 0.3 of a standard deviation (SD) after at least 15 months of exposure for children between 3 and 6 years of age. Socioemotional skills improved 0.12 to 0.3 SD for children older than 3 after at least 15 months of program exposure. No significant gains were found for nutritional status. The estimated benefit-cost ratio ranged from 1.0 to 2.7, depending upon varying discount rates. Findings lend support for a potentially effective strategy to promote the development of low-income children in Colombia and other developing nations.

[Effectiveness of a parenting program in Bangladesh to address early childhood health, growth, and development](#)

Frances E. Aboud, Daisy R. Singla, Md Imam Hanil, and Ivelina Borisova

A stratified cluster design was used to evaluate a 10-month parenting program delivered to mothers of children in rural Bangladesh. Intervention mothers through a combination of group meetings and home visits received messages along with an illustrative card concerning hygiene, responsive feeding, play, communication, gentle discipline, and nutritious foods. Control mothers received the standard government care. Three months prior, 463 children between 4 and 14 months in a subdistrict of western Bangladesh were administered the cognitive, receptive language and expressive language Bayley III subtests, their length was taken and past week illness recorded. Gross motor milestones were reported by the mother and verified through observation. Mothers were interviewed concerning their practices: preventive health practices, dietary diversity, home stimulation, and knowledge about development milestones.

Maternal depressive symptoms were assessed as a measure of emotional availability. Family sociodemographic variables included maternal education, family assets, decision-making and mobility autonomy. One month after the end of the program, mothers and their children were again assessed. Comparisons were made between intervention and control children who were under-12 months vs. 12 months and older at the start of the program. This may be a critical age, when children begin to be upright and mobile enough to explore on their own and be less dependent on parenting stimulation. Analyses yielded strong intervention effects on the three Bayley subtests and on parenting practices related to stimulation and knowledge of development milestones. Age effects were found only for dietary diversity in that younger children in the program benefited more than older ones. However, all children became more stunted. Findings are discussed in terms of theories of behaviour change and parenting, critical ages for parenting programs, and implications for program delivery.

[Media representations of early human development: Protecting, feeding and loving the developing brain](#)

Clíodhna O'Connor and Helene Joffe

The public profile of neurodevelopmental research has expanded in recent years. This paper applies social representations theory to explore how early brain development was represented in the UK print media in the first decade of the 21st century. A thematic analysis was performed on 505 newspaper articles published between 2000 and 2010 that discussed early brain development. Media coverage centred around concern with 'protecting' the prenatal brain (identifying threats to foetal neurodevelopment), 'feeding' the infant brain (indicating the patterns of nutrition that enhance brain development) and 'loving' the young child's brain (elucidating the developmental significance of emotionally nurturing family environments). The media focused almost exclusively on the role of parental action in promoting optimal neurodevelopment, rarely acknowledging wider structural, cultural or political means of supporting child development. The significance of parental care was intensified by deterministic interpretations of critical periods, which implied that inappropriate parental input would produce profound and enduring neurobiological impairments. Neurodevelopmental research was also used to promulgate normative judgements concerning the acceptability of certain gender roles and family contexts. The paper argues that media representations of neurodevelopment stress parental responsibility for shaping a child's future while relegating the contributions of genetic or wider societal factors, and examines the consequences of these representations for society and family life.

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