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## In the Journals, May 2014 -- Part II

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By Aaron Seaman

This is the second part of May's journal roundup:

### [Health, Risk & Society](#)

[Why the transformation of the risk message is a healthy sign: a model of the reception of warning messages](#)

*Maie Kiisel and Triin Vihalemm*

In this article, we examine the communication of health risks caused by technological and natural disasters to the public. Contrary to the commonly accepted view, we argue that in the context of the risk society, the transformation and multiplication of risk messages among the public is a healthy sign. We aim to show how the recipients of risk communication can overcome the confusion that emanates from the inevitable contradictions of warning messages. We used Luhmann's communication theory to develop a model of the analysis of personal interpretations of warning messages and examined how this explained the variations in the personal sense of risk that shaped the reception of a warning message. Our model developed Luhmann's concepts of first- and second-order observations: direct and reflective approaches to risk messages. Using data derived from seven focus groups conducted in four Estonian cities in 2009–2010, we examined how the choice between direct and reflective approaches to risk messages was dependent on recipient's reflection of social relations in the messages and the channels of their delivery. We found that the first response to the warning message depended on whether the information could be dealt with by first-order observation. When members of the focus group realised they needed to use a second-order observation strategy, they tended to use emotions to respond to risk messages. Our data show that defining risks and legitimising solutions in a collective discussion tended to be more important for an individual than accessing the one-dimensional official constructions of risks.

[Examining intuitive risk perceptions for cancer in diverse populations](#)

*Jennifer L. Hay, Raymond Baser, Neil D. Weinstein, Yuelin Li, Louis Primavera, and Margaret M. Kemeny*

In this article, we examine intuitive dimensions of personal cancer risk likelihood, which theory and empirical evidence indicate may be important elements in the risk perception process. We draw on data from a study of risk perceptions in three social groups: university students, men living in the community, and primary care patients living in an urban area. The study took place from 2007 to 2011, in Garden City and New York City, NY and Boston, MA. This study used items developed from categories identified in prior qualitative research specifying emotions and attitudes activated in cancer risk determination to examine perception of cancer risks. Across three samples – university students (N= 568); community men (N= 182); and diverse, urban primary care patients (N= 127) – we conducted exploratory factor and construct analyses. We found that the most reliable two factors within the five-factor solution were cognitive causation, tapping beliefs that risk thoughts may encourage cancer development, and negative affect in risk, assessing negative feelings generated during the risk perception process. For these factors, there were high levels of item endorsement, especially in minority groups, and only modest associations with established cancer risk perception and worry assessments, indicating novel content. These items may prove useful in measuring and comparing intuitive cancer risk perceptions across diverse population subgroups.

[International Journal of Social Psychiatry](#)[Does training practice nurses to carry out physical health checks for people with severe mental illness increase the level of screening for cardiovascular risk?](#)

*Sheila Hardy, Philippa Hinks, and Richard Gray*

**Background:** Compared to the general population, people with severe mental illness (SMI) have a higher risk of developing cardiovascular disease (CVD). Authors of clinical guidelines advise annual screening for CVD risk factors with appropriate lifestyle counselling. There are seven recommended elements of this health check: blood pressure, body mass index (or waist

circumference), blood glucose, serum cholesterol, diet advice, exercise recommendations and smoking cessation guidance. **Aim:** To establish whether training practice nurses increases the proportion of patients with SMI who are screened for CVD risk factors and given lifestyle advice in primary care. **Method:** A before-and-after audit of 400 patients on the SMI registers in five primary care centres in Northampton, England. **Results:** Following the training, the proportion of patients with SMI who received all elements of the health check significantly increased (pre-training:  $n = 33$ , 8%, 95% CI = 6–11; post-training:  $n = 60$ , 15%, 95% CI = 12–19; RR = 1.82, 95% CI = 1.22–2.72,  $p = .01$ ). **Conclusion:** Training practice nurses about CVD prevention in people with SMI may be effective in increasing the proportion of patients in this group who receive a comprehensive health check.”

### [Causal attribution of mental illness in south-eastern Nigeria](#)

*Ugo Ikwuka, Niall Gailbraith, and Lovemore Nyatanga*

**Background:** Understanding of mental illness in sub-Saharan Africa has remained under-researched in spite of the high and increasing neuropsychiatric burden of disease in the region. **Aims:** This study investigated the causal beliefs that the Igbo people of south-eastern Nigeria hold about schizophrenia, with a view to establishing the extent to which the population makes psychosocial, biological and supernatural attributions. **Method:** Multi-stage sampling was used to select participants ( $N = 200$ ) to which questionnaires were administered. **Results:** Mean comparison of the three causal models revealed a significant endorsement of supernatural causation. Logistic regressions revealed significant contributions of old age and female gender to supernatural attribution; old age, high education and Catholic religious denomination to psychosocial attributions; and high education to biological attributions. **Conclusions:** It is hoped that the findings would enlighten, augment literature and enhance mental health care service delivery.

Thank you to Todd Meyers, who pointed us to the most recent issue of [Republics of Letters](#), which has a forum entitled “[Conflict of the Faculties](#),” which is edited by Stefanos Geroulanos and Richard Baxstrom. The forum’s seven articles are as follows:

[Writing the Case: Pinel as Psychiatrist](#)

*By Philippe Huneman*

What does a close analysis of the clinical case study in Philippe Pinel's writing tell us about institutional psychiatry's inauguration? How does it revise the Foucauldian narrative of the birth of psychiatry?

[Striating Difference: From "Ceremonies and Customs" to World Religions](#)

*By Tomoko Masuzawa*

How might a closer look at images of religious diversity since the eighteenth century upend our understanding of modern pluralism?

[Psychology and Classifications of the Sciences](#)

*By Fernando Vidal*

How psychology's gradual emergence as an autonomous field concerned with the production of knowledge also tells an important story about the systematic ordering of the sciences more generally.

[Tableaux Morts: Execution, Cinema, and Galvanistic Fantasies](#)

*By Alison Griffiths*

On the conjoining of cinematography and electrocution in execution films.

[Knowing Primitives, Witches, and the Spirits: Anthropology and the Mastery of Nonsense](#)

*By Richard Baxstrom*

How early anthropology legitimated itself through a purported

mastery of the unknown and the irrational.

[The Plastic Self and the Prescription of Psychology: Ethnopsychology, Crowd Psychology, and Psychotechnics, 1890–1920](#)

*By Stefanos Geroulanos*

How the advent of the “new psychology” in the late 19th century comes to shape and name the individual as the privileged site for sociocultural diagnosis and intervention.

[From the Vital to the Social: Canguilhem and Foucault—Reflections on Vital and Social Norms](#)

*By Maria Muhle*

A closer look at the origins and structure of “synthesized life” at the heart of biopolitics.

[Science, Technology, & Human Values](#)

A write up by Aaron Seaman on this journal's recent special issue can be found [here](#).

### **Social Science & Medicine**

#### **Born at the right time? Childhood health and the business cycle**

*Viola Angelini and Jochen O. Mierau*

We analyze the relationship between the state of the business cycle at birth and childhood health. We use a retrospective survey on self-reported childhood health for ten Western European countries and combine it with historically and internationally comparable data on the Gross Domestic Product. We validate the self-reported data by comparing them to realized illness spells. We find a positive relationship between being born in a recession and childhood health. This relationship is not driven by selection effects due to heightened infant mortality during recessions. Placebo regressions indicate that the observed effect is not spurious.

#### **Is breast truly best? Estimating the effects of breastfeeding on long-term child health and wellbeing in the United States using sibling comparisons**

*Cynthia G. Colen and David M. Ramey*

Breastfeeding rates in the U.S. are socially patterned. Previous research has documented startling racial and socioeconomic disparities in infant feeding practices. However, much of the empirical evidence regarding the effects of breastfeeding on long-term child health and wellbeing does not adequately address the high degree of selection into breastfeeding. To address this important shortcoming, we employ sibling comparisons in conjunction with 25 years of panel data from the National Longitudinal Survey of Youth (NLSY) to approximate a natural experiment and more accurately estimate what a particular child's outcome would be if he/she had been differently fed during infancy. Results from standard multiple regression models suggest that children aged 4 to 14 who were breast- as opposed to bottle-fed did significantly better on 10 of the 11 outcomes studied. Once we restrict analyses to siblings and incorporate within-family fixed effects, estimates of the association between breastfeeding and all but one indicator of child health and wellbeing dramatically decrease and fail to maintain statistical significance. Our results

suggest that much of the beneficial long-term effects typically attributed to breastfeeding, per se, may primarily be due to selection pressures into infant feeding practices along key demographic characteristics such as race and socioeconomic status.

## [Sociology of Health & Illness](#)

### [Caring for persons with schizophrenia at home: examining the link between family caregivers' role distress and quality of life](#)

*Stella Quah*

This article re-examines the link between role distress and quality of life of family caregivers of a loved one with schizophrenia by exploring the impact of role overload (defined as spending 7 or more hours daily looking after the care recipient). Role theory and symbolic interactionism provide the conceptual background to this study. The research question is: under what conditions does role distress reduce quality of life? The answer helps us identify circumstances under which caregivers may be able to carry out their stressful caregiving role while minimising a decline in their quality of life. The data are from a purposive sample of 47 family caregivers in Singapore who were interviewed in person using a semi-structured questionnaire. The data analysis includes non-parametric tests, exploratory factor analysis and relative risks estimates. The findings show that the inverse association between role distress and quality of life found in most studies of family caregivers changes when hours of care are taken into consideration. While role distress is found among all family caregivers it only reduces the family caregiver's quality of life in situations of role overload. The implications for the situation of family caregivers are discussed.

### [Health journalism in the service of power: 'moral complacency' and the Hebrew media in the Gaza-Israel conflict](#)

*Daphna Birenbaum-Carmeli*

The power of health news as a vehicle in the production of meaning in the service of power is the core of this article. Tracking the media coverage of a medical service, it shows how a routine

practice can be invoked at a time of armed conflict so as to enhance a benevolent state image. The case at hand is the medical treatment of Gaza children in Israeli hospitals. A series of Internet searches revealed a group of publications on the subject in the Hebrew media, during and shortly after Israel's assault on Gaza in the winter of 2008-2009. In the press articles the treatments were invariably constituted as the epitome of Israel's compassion towards the enemy's children. This image relied, however, on a simultaneous silencing of other aspects of these treatments, which would have challenged this image. The monolithic depictions give rise to the notion of reversed moral panic or 'moral complacency', wherein the media amplifies a little-known social phenomenon into an epitome of societal values and charges it with significance on a national scale. The article ends with considering some features that possibly render health news an especially convenient domain for state-supportive media presentations.

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