

## In the Journals, November Part 2

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By

For those of you who think that time is moving too quickly this holiday season, welcome back to November! Here is the belated second “In the Journals” post for November 2014. Enjoy!

### [Annual Review of Anthropology](#)

#### [On the Verge of Death: Visions of Biological Vulnerability](#)

*Carlo Caduff*

This article considers how anthropologists and other social scientists examine biosecurity as an object in the making. It suggests that scholars encountered this object in research projects concerned with questions of global health, capitalism, neoliberalism, humanitarianism, citizenship, science, medicine, technology, ecology, surveillance, and risk. This growing body of work explores emerging modes of government that are characteristic for the post–Cold War period of global capitalism. Ethnographic accounts demonstrate how actors and institutions located in the Global North and the Global South perceive the spread of dangerous biological things as a threat to the health of individuals and populations. This article aims to review this literature and supplement the current approach with a theory of security performativity.

#### [Native American DNA: Ethical, Legal, and Social Implications of an Evolving Concept](#)

*Jessica Bardill*

This review examines the emerging concept of “Native American DNA” utilized by genetic scientists and anthropologists to denote a connection via nucleotide bases between ancient and contemporary peoples of the Americas. This concept is problematic on conceptual and practical levels; this review highlights its use in various disciplines, focusing on ongoing disputes about its meaning and applicability and concluding with a call to attention for all who utilize such concepts. The ethical, legal, and social implications of Native American DNA have to be taken into account because the label itself is still under construction: Contemporary Native

American peoples should not be confounded with the past or ancestral remains, but instead must actively be brought into research conversations at all stages.

### [Selective Reproductive Technologies](#)

*Tine M. Gammeltoft and Ayo Walberg*

From a historical perspective, selective reproduction is nothing new. Infanticide, abandonment, and selective neglect of children have a long history, and the widespread deployment of sterilization and forced abortion in the twentieth century has been well documented. Yet in recent decades selective reproduction has been placed under the aegis of science and expertise in novel ways. New laboratory and clinical techniques allow for the selective fertilization of gametes, implantation of embryos, or abortion of fetuses. Although they will often overlap with assisted reproductive technologies (ARTs), what we term selective reproductive technologies (SRTs) are of a more specific nature: Rather than aiming to overcome infertility, they are used to prevent or allow the birth of certain kinds of children. This review highlights anthropological research into SRTs in different parts of the world, discussing how selective reproduction engages with issues of long-standing theoretical concern in anthropology, such as politics, kinship, gender, religion, globalization, and inequality.

### [Transnational Humanitarianism](#)

*Miriam Ticktin*

This review traces anthropological studies of humanitarianism starting in the late 1980s, when humanitarianism began to take shape as a particular moral and political project through the formation of transnational nongovernmental organizations (NGOs). It follows both the evolving relationship of anthropologists to humanitarianism—initially as allies, then as critics, alternately embracing and challenging their conjoined humanist legacy—and the growing field of the anthropology of humanitarianism.

### [Health, Risk, and Resilience: Interdisciplinary Concepts and Applications](#)

*Catherine Panter-Brick*

Risk and resilience research articulates major explanatory frameworks regarding the persistence of health disparities. Specifically, scholars have advocated a sophisticated knowledge of risk, a more grounded understanding of resilience, and comprehensive and meaningful measurements of risk and resilience pathways across cultures. The goal is to operationalize research issues into sustainable health practice and

equity-focused policy. This article synthesizes current understandings on risk and resilience from the lens of medical anthropology: It reviews key insights gained from the standpoint of cultural narratives, political economy, and life history theory, as well as current shortcomings. The emergent literature on health-related risk and resilience is breathing new life into collaboration and dialogue across diverse fields of research and policy.

### [Transcultural Psychiatry](#)

Note the special section on global mental health, edited by Laurence J. Kirmayer and Duncan Pederson. For a Somatosphere post on the special section, see <http://somatosphere.net/?p=9539>.

### [Cultural Anthropology](#)

#### [“Too Fat to Be an Orphan”: The Moral Semiotics of Food Aid in Botswana](#)

*Bianca Dahl*

The iconography of the African AIDS orphan, captured in National Geographic– style images of half-starved toddlers with distended bellies, inspires humanitarian aid for the continent. In Botswana, stereotypes underlying both foreign-funded and governmental programs for orphaned children—which imply that orphans are underfed and underloved—initially resonated with Tswana people’s anxieties that neglect by overburdened kin results in parentless children going hungry. However, during the past decade international feeding projects began to evolve into elaborate day-care complexes in which village orphans gained exclusive access to swimming pools, DVDs, trendy clothing, and daily meat rations. This article traces the shifting moral semiotics of orphans’ fat and skinny bodies, explaining why new discourses protesting the over-fattening of orphans arose in a southeastern village. Metaphors of fat and feeding have become a scale on which the excesses of humanitarian aid and the perceived shortcomings of local kinship practices are weighed. A new kind of “politics of the belly” calls into question relations of patronage around metaphors of fleshiness and dependence on foreign support. In the process, contestations over children’s skinny and fat bodies lead to reconfigurations of the idea of orphanhood.

### [Social Science and Medicine](#)

#### [Right to health, essential medicines, and lawsuits for access to medicines- A scoping study](#)

*Claudia Marcela Vargas-Peláez, Marina Rajiche Mattozo Rover, Silvana*

*Nair Leite, Francisco Rossi Buenaventura, Marení Rocha Farias*

Despite countries' efforts to ensure access to essential medicines, some people do not have their needs met, and often resort to the Judiciary to get access to the medicines they need. This phenomenon, known as "judicialization of access to medicines", has aroused the academia's interest in law, health and social fields. In this context, this scoping study investigates, through qualitative thematic analysis, the approach to judicialization of access to medicines (normative or social) and its possible impacts (positive or negative) described in articles published in scientific journals indexed in the main health databases prior to July 2012. 65 of 384 papers met the inclusion criteria of focusing on lawsuits for access to medicines or judicialization of access to medicines as a phenomenon; empiric studies, review articles or theoretical discussions, written in English, Portuguese or Spanish; most of them were about Brazil, Colombia and England. Results show that judicialization is a complex phenomenon that involves technical-scientific, legal and social aspects. The judicialization impacts mentioned have changed over time. In the late 1990s and early 2000s the emphasis of positive impacts predominated both on the normative and social approaches, having as main reference the movements that claimed from the States the guarantee of access to HIV/AIDS treatment. In the mid-2000s, however, there was an emphasis of the negative effects of judicial intervention, when lawsuits for access to medicines became a problem in some countries. Few studies used the social approach to judicialization. For this reason, there is not enough information about whether lawsuits for access to medicines are related to a real recognition of the right to health as an exercise of citizenship. Such aspects need to be further studied.

[In search of links between social capital, mental health and sociotherapy: A longitudinal study in Rwanda](#)

*Femke Verduin, Geert E. Smid, Tim R. Wind, and Willem F. Scholte*

To date, reviews show inconclusive results on the association between social capital and mental health. Evidence that social capital can intentionally be promoted is also scarce. Promotion of social capital may impact post-conflict recovery through both increased social cohesion and better mental health. However, studies on community interventions and social capital have mostly relied on cross-sectional study designs. We present a longitudinal study in Rwanda on the effect on social capital and mental health of sociotherapy, a community-based psychosocial group intervention consisting of fifteen weekly group sessions. We hypothesized that the intervention would impact social capital and, as a result of that, mental health. We used a quasi-experimental study design with measurement points pre- and post-intervention and at eight months

follow-up (2007–2008). Considering sex and living situation, we selected 100 adults for our experimental group. We formed a control group of 100 respondents with similar symptom score distribution, age, and sex from a random community sample in the same region. Mental health was assessed by use of the Self Reporting Questionnaire, and social capital through a locally adapted version of the short Adapted Social Capital Assessment Tool. It measures three elements of social capital: cognitive social capital, support, and civic participation. Latent growth models were used to examine whether effects of sociotherapy on mental health and social capital were related. Civic participation increased with 7% in the intervention group versus 2% in controls; mental health improved with 10% versus 5% (both: p

### [Self-assessed health: What does it mean and what does it hide?](#)

*Nicole Au and David W. Johnston*

Self-assessed general health (SAH) is one of the most frequently employed health measures in social science research. Its generic nature means it captures elements of health that more guided measures cannot, and its brevity makes it possible for health information to be included in crowded multifaceted surveys. However, a shortcoming of SAH is that it provides little guidance to researchers as to what individuals are thinking of when they assess their health – when a survey respondent reports that their health is “poor”, is it because they are in pain, tired, depressed, unable to climb stairs, or something else entirely? This limits the possible inference from empirical research. It also means that important determinants and consequences of health can be missed if they are only weakly reflected in SAH. Given the continued use of SAH, it is important to better understand its structure. In this paper we use household panel data from Australia to answer two related questions: (i) what components of health does SAH most strongly represent? and (ii) does the use of SAH conceal important health effects? To answer the first question, we use a detailed health instrument and take a rigorous econometric approach to identify the health dimensions most strongly reflected in SAH. To answer the second question, we estimate the causal effects of income on SAH and on disaggregated health measures using instrumental-variables models. We find that some health dimensions – especially vitality – are consistently important to an individual when they assess their health, while other dimensions are inconsequential. We demonstrate that this fact provides insight in to why some studies find weak income gradients in SAH. Instrumental-variable regression results show that shocks to household income have no effect on SAH, but strongly improve several dimensions of health that are less commonly measured.

### [“Scaling-up is a craft not a science”: Catalysing scale-up of health](#)

[innovations in Ethiopia, India, and Nigeria](#)

*Neil Spicer, Dipankar Bhattacharya, Ritgak Dimka, Felenke Fanta, Lindsay Mangham-Jefferies, Joanna Schellenberg, Addis Tamire-Woldermariam, Gill Walt, Deepthi Wickremasinghe*

Donors and other development partners commonly introduce innovative practices and technologies to improve health in low and middle income countries. Yet many innovations that are effective in improving health and survival are slow to be translated into policy and implemented at scale. Understanding the factors influencing scale-up is important. We conducted a qualitative study involving 150 semi-structured interviews with government, development partners, civil society organisations and externally funded implementers, professional associations and academic institutions in 2012/13 to explore scale-up of innovative interventions targeting mothers and newborns in Ethiopia, the Indian state of Uttar Pradesh and the six states of northeast Nigeria, which are settings with high burdens of maternal and neonatal mortality. Interviews were analysed using a common analytic framework developed for cross-country comparison and themes were coded using Nvivo. We found that programme implementers across the three settings require multiple steps to catalyse scale-up. Advocating for government to adopt and finance health innovations requires: designing scalable innovations; embedding scale-up in programme design and allocating time and resources; building implementer capacity to catalyse scale-up; adopting effective approaches to advocacy; presenting strong evidence to support government decision making; involving government in programme design; invoking policy champions and networks; strengthening harmonisation among external programmes; aligning innovations with health systems and priorities. Other steps include: supporting government to develop policies and programmes and strengthening health systems and staff; promoting community uptake by involving media, community leaders, mobilisation teams and role models. We conclude that scale-up has no magic bullet solution – implementers must embrace multiple activities, and require substantial support from donors and governments in doing so.

[Retaining rural doctors: Doctors' preferences for rural medical workforce incentives](#)

*Jinhu Li, Anthony Scott, Matthew McGrail, John Humphreys, and Julia Witt*

Many governments have implemented incentive programs to improve the retention of doctors in rural areas despite a lack of evidence of their effectiveness. This study examines rural general practitioners' (GPs') preferences for different types of retention incentive policies using a discrete choice experiment (DCE). In 2009, the DCE was administered to

a group of 1720 rural GPs as part of the “Medicine in Australia: Balancing Employment and Life (MABEL)” study. We estimate both a mixed logit model and a generalized multinomial logit model to account for different types of unobserved differences in GPs’ preferences. Our results indicate that increased level of locum relief incentive, retention payments and rural skills loading leads to an increase in the probability of attracting GPs to stay in rural practice. The locum relief incentive is ranked as the most effective, followed by the retention payments and rural skills loading payments. These findings are important in helping to tailor retention policies to those that are most effective.

[Food as people: Teenagers’ perspectives on food personalities and implications for healthy eating](#)

*Charlene Elliott*

In light of its influence on food preferences, purchase requests and consumption patterns, food marketing—particularly for unhealthy foods—has been increasingly recognized as a problem that affects the health of young people. This has prompted both a scrutiny of the nutritional quality of food products and various interventions to promote healthy eating. Frequently overlooked by the public health community, however, is the symbolic and social meaning of food for teenagers. Food has nutritive value, but it has symbolic value as well—and this qualitative study explores the meaning of non-branded foods for teenagers. Inspired by the construct of brand personality, we conduct focus groups with 12–14 year olds in to probe their perspectives on the “food personalities” of unbranded/commodity products and categories of food. Despite the lack of targeted marketing/promotional campaigns for the foods discussed, the focus groups found a remarkable consensus regarding the characteristics and qualities of foods for young people. Teenagers stigmatize particular foods (such as broccoli) and valorize others (such as junk food), although their discussions equally reveal the need to consider questions beyond that of social positioning/social status. We suggest that public health initiatives need to focus greater attention on the symbolic aspects of food, since a focus on nutritional qualities does not unveil the other significant factors that may make foods appealing, or distasteful, to young people.

[The impending globalization of ADHD: Notes on the expansion and growth of a medicalized disorder](#)

*Peter Conrad and Meredith R. Bergey*

Attention Deficit Hyperactivity Disorder (ADHD) has been medicalized in the United States since the 1960s. Primarily used in North America until the 1990s, ADHD diagnosis and treatment have increasingly been applied

internationally. After documenting the expansion of ADHD in a global context, this paper presents five brief international examples examining ADHD usage and expansion: the United Kingdom, Germany, France, Italy and Brazil. We then identify and describe several vehicles that facilitate the migration of the ADHD diagnosis: the transnational pharmaceutical industry; the influence of western psychiatry; moving from ICD to DSM diagnostic criteria; the role of the Internet including the related advent of easily accessible online screening checklists; and advocacy groups. Finally, we discuss what this globalization of a diagnosis reflects about the potential global medicalization of other conditions.

[“Every bone of my body”: Domestic violence and the diagnostic body](#)

*Paige L. Sweet*

Diagnostic categories for domestic violence have shifted over time, transforming from a disorder of psychological passivity and acute injury into a chronic and somatically invasive condition. This paper links these changing diagnoses to constructions of the abused body and to victim-blaming narratives. Based on an analysis of medical journal articles, this research identifies two logics that undergird domestic violence diagnoses, the body, and victim-blaming: 1) the logic of injury (1970s–1980s); and 2) the logic of health (late 1980s–present). The logic of injury is associated with overt victim-blaming, a temporally bounded and injured body, and psychological passivity. Once the feminist anti-violence movement gained mainstream credibility, however, the logic of injury fell out of favor as an explanation for domestic violence. What surfaced next was the logic of health, which is associated with chronic diagnoses and what the author calls a temporally extended body. The temporally extended body is flexible and layered, linking up past, present, and future states of disordered embodiment. The author suggests that, rather than ushering in hope and possibility via the logic of health’s somatic flexibility, this abused body creates spaces into which new forms of blame and self-responsibility can take shape.

[Contextualizing online human milk sharing: Structural factors and lactation disparity among middle income women in the U.S.](#)

*Aunchalee E.L. Palmquist and Kirsten Doehler*

Women in the U.S. face significant structural constraints in attempting to breastfeed as recommended in the first six months of their child’s life. Internet-facilitated human milk sharing is an emergent response to breastfeeding challenges. Little is known about the demographic characteristics of milk sharing donors and recipients and the ways structural factors circumscribe the biocultural context of lactation in milk

sharing practices. Data regarding demographic characteristics, reproductive history, lactation history, and levels of social support and health care provider support for breastfeeding were collected via an online survey September 2013–March 2014. Statistical tests were executed to ascertain whether significant differences exist between donors and recipients. A total of 867 respondents (661 donors, 206 recipients) met the eligibility criteria for the study. Respondents were U.S. residents and primarily White, middle-class, well educated, and employed women. Both donors and recipients reported higher than the national average for household income, maternal educational attainment, breastfeeding exclusivity 0–6 months, and breastfeeding duration. Differences in lactation sufficiency and breastfeeding outcomes between donors and recipients were associated with both structural and biocultural factors. Donors reported significantly higher income, education, and support for breastfeeding from spouse/partner, other family, employers, and pediatricians. Donors also reported significantly higher rates of full term birth for child of most recent lactation. This study provides a foundation for understanding how milk sharing reflects a broader political economy of breastfeeding in the U.S.

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

#### [Epistemic and Technological Determinism in Development Aid](#)

*Jan Cherlet*

Since the turn of the millennium, the major development agencies have been promoting “knowledge for development,” “ICT for development,” or the “knowledge economy” as new paradigms to prompt development in less-developed countries. These paradigms display an unconditional trust in the power of Western technology and scientific knowledge to trigger development—they taste of epistemic and technological determinism. This article probes, by means of a genealogy, how and when development cooperation began adhering to epistemic and technological determinism, and which forms this adhesion has taken over time. The genealogy shows, first, that knowledge and technology have always been integrally part of the very “development” idea since this idea was shaped during enlightenment. Second, while the genealogy reveals that epistemic and technological determinism were embedded in the development idea from the very beginning, it also illustrates that the determinism has always been challenged by critical voices.

#### [Between Purity and Hybridity: Technoscientific and Ethnic Myths of Brazil](#)

*Raoni Rajão and Ricardo B. Duque*

This article examines the foundation myths of Brazil in the last two centuries, paying particular attention to the relationship between these myths and governmental attitudes toward the hybridity of Northern and Southern ethnic and technoscientific entities. Based upon this examination, the article argues that it is important to consider both the wider temporal frames and the shifts and sedimentations that have formed current foundation myths and shaped their relation to science and technology. Postcolonial science technology studies theories illuminate aspects of this trajectory, but our analysis suggests a more complex scenario that involves internal political dynamics and the work of local intellectuals. We argue that the example of Brazilian social scientists should encourage scholars to go beyond the current focus on breaking the myths of technoscience and undertake mythmaking initiatives with wider societal resonances.

### [International Journal of Social Psychiatry](#)

#### [Primary care physicians' and psychiatrists' willingness to refer to religious mental health providers](#)

*Ryan E. Lawrence, Kenneth A. Rasinski, John D. Yoon, and Farr A. Curlin*

**Background:** Recent decades have witnessed some integration of mental health care and religious resources.

**Aim:** We measured primary care physicians' (PCPs) and psychiatrists' knowledge of religious mental health-care providers, and their willingness to refer there.

**Methods:** A national survey of PCPs and psychiatrists was conducted, using vignettes of depressed and anxious patients. Vignettes included Christian or Jewish patients, who regularly or rarely attended services. We asked whether physicians knew of local religious mental health providers, and whether they would refer patients there.

**Results:** In all, 896/1427 PCPs and 312/487 psychiatrists responded. Half of PCPs (34.1%–44.1%) and psychiatrists (51.4%–56.3%) knew Christian providers; fewer PCPs (8.5%–9.9%) and psychiatrists (15.8%–19.6%) knew Jewish providers. Predictors included the following: patients were Christian (odds ratio (OR) = 2.2–2.9 for PCPs, 2.3–2.4 for psychiatrists), respondents were Christian (OR = 2.1–9.3 for PCPs) and respondents frequently attend services (OR = 3.5–7.0 for PCPs). Two-thirds of PCPs (63.3%–64%) and psychiatrists (48.8%–52.6%) would refer to religious providers. Predictors included the following: patients regularly attend services OR = 1.2 for PCPs, 1.6 for Psychiatrists, depression vignette only), respondents were Christian (OR = 2.8–18.1 for PCPs, 2.3–9.2 for

psychiatrists) and respondents frequently attend services (OR = 5.1–6.3 for PCPs).

Conclusion: Many physicians would refer patients to religious mental health providers. However, less religious PCPs are less knowledgeable about local religious providers.

#### [Debt and depression among the Dibao population in northwestern China](#)

*Yanhong Gong, Xiulan Zhang, Hong Zou, Donghua Tian, Zhiyong Qu, Weijun Zhang, Yongqiang Chu*

Background: With the rapid development of economy, depression disorder is not only a public health issue but also a socioeconomic problem and attracting more and more attention in China.

Aims: The target of this study is to examine the prevalence of depression and the related risk factors in the Dibao population in northwestern China.

Method: A cross-sectional analysis in a random sample survey conducted in three northwestern Chinese cities in 2007. The data from 4459 respondents with completed Center for Epidemiological Studies–Depression (CES-D) scales were evaluated to explore the key risk factors for depression. Using depression as a binary variable according to the cutoff of the CES-D score and then as a continuous variable, multiple logistic and line regression analysis were performed to compare the odds ratio and the weight of different risk factors for depression.

Results: The prevalence of depression in non-Dibao population was 34.7% but that in the Dibao population was 50.0% ( $p$

Conclusions: It was not surprising, as proved by other studies, that gender, obesity and social network were risk factors associated with depression in the Dibao population. Our findings indicated that a small amount of indebtedness was also closely related to depression in the Dibao population.

#### [The relationship between working status and symptoms, quality of life and self-esteem in patients with schizophrenia in Turkey](#)

*Munevver Hacioglu Yildirim, Zeynep Alantar, and Ejder A. Yildirim*

Background: Schizophrenia is a severe mental disorder with substantial socioeconomic burden associated with poorer psychosocial functioning during the course of illness. In schizophrenia patients, multiple factors play

a role in occupational functioning.

**Aim:** It was aimed to investigate the relationship between different working conditions and quality of life and self-esteem on patients with schizophrenia in Turkey.

**Methods:** A total of 100 patients diagnosed as schizophrenic were divided into three groups: competitive working, supported working and unemployed.

**Results:** The groups did not differ significantly with regard to psychotic symptoms, self-esteem and illness history. Working was associated with higher scores on quality of life subscales especially in supported working group, whereas unemployed patients had more depressive symptoms and autonomic drug side effects.

**Conclusion:** Structured working programs which may improve social life of patients with schizophrenia in many aspects is warranted in Turkey.

[Religiosity, health and happiness: Significant relations in adolescents from Qatar](#)

*Ahmed M. Abdel-Khalek*

**Background:** Several studies have revealed positive associations between religiosity, health and happiness. However, the vast majority of these studies were carried out on native English-speaking participants.

**Aims:** The objective of this study was to estimate the relations between religiosity, health and happiness among a sample (N = 372) of Qatari adolescents (M age = 15.2).

**Method:** The students responded to five self-rating scales to assess religiosity, mental health, physical health, happiness and satisfaction with life.

**Results:** Boys obtained a higher mean score on mental health than did their female counterparts. All the correlations between the rating scales were significant and positive. Principal component analysis disclosed one component and labelled 'Religiosity, health and happiness' in both sexes. The multiple stepwise regression indicated that the predictors of religiosity were the self-ratings of satisfaction with life and happiness in boys, whereas the predictors among girls were satisfaction with life and physical health.

**Conclusions:** On the basis of the responses of the present sample, it was

concluded that those who consider themselves as religious were more happy, satisfied with their life and healthy.

[Do newspaper reports of suicides comply with standard suicide reporting guidelines? A study from Bangalore, India](#)

*Prabha S. Chandra, Padmavathy Doraiswamy, Anuroopa Padmanabh, and Mariamma Philip*

**Background:** Several countries have prescribed standard guidelines for media professionals on suicide reporting. However, the implementation of these guidelines has been varied. Suicide rates in South Asia are one of the highest in the world, and it is known that media guidelines for suicide reporting are not followed adequately. However, there are no published reports available from this region.

**Aim:** This study aimed at assessing newspaper reports of suicide for quality of reporting based on standard reporting guidelines and to study differences between English and vernacular (Kannada) newspapers in Bangalore, South India.

**Methods:** A total of 341 newspaper reports of suicide from 550 newspapers (3 English and 3 Kannada) over 3 months were systematically assessed for compliance with reporting guidelines. Each report was evaluated on 2 domains and 36 parameters. Data were analyzed for frequency of inappropriate reporting and patterns compared between vernacular and English newspapers.

**Results:** In all, 87% of the reports were those of completed suicide. Non-compliant reporting – method of suicide was reported in 89% and 32% of reports were in prominent pages of the newspaper, 95% mentioned gender, 90% reported the name, 80% reported age and suicide location, 75% reported life events related to suicide, 70% reported occupation, 69% had headline explicit on suicide and 61% reported monocausality. Only 16% reported mental disorder related to suicide, and less than 3% included information on suicide prevention and helplines. Vernacular papers showed significantly better compliance in 16 of the 20 areas. However, protective characteristics were better reported in English newspapers.

**Conclusion:** Majority of reports on suicides in newspapers from Bangalore did not comply with standard guidelines of reporting. There is a strong need to evolve local guidelines and mechanisms for ensuring responsible reporting which have important implications in prevention of suicide.

[“Difficulties come to humans and not trees and they need to be faced”](#): A

### [study on resilience among Indian women experiencing intimate partner violence](#)

*R. Shobitha Shanthakumari, Prabha S. Chandra, Ekaterina Riazantseva, and Donna E. Stewart*

**Background:** Not much is known about factors that contribute to resilience among women facing intimate partner violence (IPV), particularly from countries where patriarchy predominates. This qualitative study aimed to gather the perspectives of Indian women self-identified as resilient in the face of IPV and tried to understand the strategies and resources that helped them to maintain or regain resilience.

**Materials:** Data were collected from 16 consenting women who reported IPV and whose husbands were being treated for alcohol problems at a psychiatric centre in Bangalore, India. A semi-structured guided interview format that aimed at understanding factors that enabled them to feel resilient despite IPV in their challenging circumstances was used to gather narratives from the participants.

**Discussion:** Six themes were identified using QSR NVivo software. They were as follows: the support of women, men and family; personal attributes; dignity and work; being strong for the children; and faith in God. Among these women, supportive social networks, personal attributes and aspirations were major clusters contributing to resilience.

**Conclusion:** Attention to these factors may provide an important, strengths-based perspective for interventions to enhance women's resilience when facing IPV.

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

#### [Prediabetic categorisation: the making of a new person](#)

*Anette Lykke Hindhede*

The increasing global prevalence of type 2 diabetes has given rise to numerous trials designed to preventing diabetes. Most of these trials focus on encouraging individuals, especially 'high-risk' individuals to make lifestyle changes to reduce their chance of developing diabetes. Based on group interviews with health care professionals and qualitative in-depth interviews with participants in a diabetes preventive intervention with a biomedical aim to reduce risk of diabetes, in this article I critically explore the transformative potential of the medical classification prediabetes. My analysis of these data was informed by Bourdieu's theory of practice and his concept of habitus which he defined as 'systems of durable,

transposable dispositions, structured structures predisposed to function as structuring structures, that is, as principles which generate and organise practices and representations'. Health professionals especially doctors saw the categorisation of patients as prediabetic in biomedical terms as a technical exercise that made visible information that already existed. In contrast, I found that patients saw the categorisation as creating a more fundamental change, the making of a new 'high-risk' person who had to take action based on a dialectical interplay between freedom and constraint in their everyday life, to manage these risk factors. They defined themselves as having a medical condition, a 'lifestyle disease'. For these individuals, the precise meaning of and potential course of action depended on context, for example being diagnosed with prediabetes, could lead to personal benefits for those who were able to lower their blood glucose level. However, for some, there were circumstances, such as genetics, age or race, which could be neither influenced nor controlled. In this article, I note that screening-based preventive interventions that fail to consider embodied social knowledge and lived experiences will not achieve their desired outcomes.

#### [The role of the media in the construction and presentation of food risks](#)

*Julie Henderson, Annabelle Wilson, Samantha B. Meyer, John Coveney, Michale Cainan, Dean McCullum, Sue Lloyd, and Paul R. Ward*

In this article we examine how and why the media construct food risks, from the perspective of 'media actors' (people involved in different types of media) using data from 30 interviews conducted in 2013 with media actors from Australia and the United Kingdom. In modern society, many risks are invisible and are brought to the attention of the public through representations in the mass media. This is particularly relevant for food safety, where the widening gap between producers and consumers in the developed world has increased the need for consumer trust in the food supply. We show the importance of newsworthiness in construction of media stories about food risk using Beck's ideas on cosmopolitan risk to interpret the data. We note the ways in which the strategies that media actors use to construct stories about food risk amplify the risk posed potentially creating consumer anxiety about the safety of the food system. It is important for food regulators and public health professionals to be aware of this anxiety when presenting information about a food incident so that they can target their message accordingly to decrease anxiety.

#### [The risk of users' choice: exploring the case of direct payments in German social care](#)

*Jaromir Junne and Christian Huber*

In this article, we explore the risks associated with direct payments to users enabling them to purchase social care. These payments are intended to enable people with disabilities to make choices and increase their autonomy. However, there is little evidence in the existing literature about the risks involved in direct payments as seen by service users. In this paper, we draw on data from a qualitative study of direct payments for people with disabilities in a federal state of Germany. We interviewed 37 individuals involved in direct payment schemes including individuals receiving payments, care assistants, members of organisations providing care and the administrative officers of the local authorities between December 2011 and January 2014. In this article, we use a governmentality perspective to explore how individuals who received the payments saw and sought to manage the risks associated with the scheme. We found that while users reported that direct payments reduced the risk associated with being directly dependent on the care providers and hence increased their desired self-determination, they identified new risks linked to their liability for the transferred money, problems associated with their liquidity and cash flow, challenges presented by budget cuts, and sanctions resulting from violation of norms of 'appropriate use' and the difficulties of negotiating with the funders. To manage these perceived risks users indicated that they had subjected themselves to a new way of active self-control and self-management, normalising their behaviour. We note that risk to service users has been neglected in policy design and should be acknowledged more explicitly.

### **[Health and Place](#)**

#### [Dwelling within political violence: Palestinian women's narratives of home, mental health, and resilience](#)

*Cindy A. Sousa, Susan Kemp, and Mona El-Zuhairi*

Political violence is increasingly played out within everyday civilian environments, particularly family homes. Yet, within the literature on political violence and mental health, the role of threats to home remains under-explored. Using focus group data from 32 Palestinian women, this paper explores the implications of violations to the home within political violence. Threats to the privacy, control, and constancy of the family home – key dimensions of ontological security (Giddens, 1990) emerged as central themes in women's narratives. Surveillance, home invasions, and actual or threatened destruction of women's home environments provoked fear, anxiety, grief, humiliation, and helplessness, particularly as women struggled to protect their children. Women also described how they mobilized the home for economic, familial and cultural survival. Study findings illuminate the impact of threats to intimate environments on the well-being of women and their families living with chronic political violence,

and underscore the importance of attention to violations of place and home in research on civilian experiences of and responses to political violence.

[The experiential impact of hospitalisation in early psychosis: Service-user accounts of inpatient environments](#)

*Kelly Fenton, Michael Larkin, Zoë V.R. Boden, Jessica Thompson, Gareth Hickman, and Elizabeth Newton*

Early Intervention in Psychosis services aim to keep young people out of hospital, but this is not always possible. This research used in-depth interviews to explore the experience of hospitalisation amongst young people with psychosis. Findings describe fear and confusion at admission, conflicting experiences of the inpatient unit as both safe and containing, and unsafe and chaotic, and the difficult process of maintaining identity in light of the admission. We discuss the need to move from construing psychiatric hospitals as places for 'passive seclusion', to developing more permeable and welcoming environments that can play an active role in recovery.

["I think that Polish doctors are better": Newly arrived migrant children and their parents' experiences and views of health services in Scotland](#)

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Understanding users' perceptions and expectations of health care provision is key to informing practice, policy and health-related measures. In this paper, we present findings from a qualitative study conducted with recently migrated Eastern European children and their parents, reporting on their experiences of accessing health services post-migration. Unlike the case of adults, the experiences of newly migrated children have rarely been explored in relation to health services. We pay particular attention to three key areas: (1) migrant families' views of health service provision; (2) barriers to health service use; and (3) transnational use of health services. By using a social capital approach, we show how concerns about the Scottish health care practices enacted by migrant parents are adopted by children and are likely to impact on families' health beliefs and behaviours. The study highlights the important role of migrants' active participation as users of health services. We conclude that appropriate health services need to consider more carefully migrants' expectations and complex health care activities, in order to be fully inclusive and patient-centred.

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