http://somatosphere.net/?p=10824

In the Journals, August 2015

2015-09-02 08:13:39

By Aaron Seaman

In addition to special issues highlighted earlier this month on Somatosphere — **Limn** (on "Ebola's Ecologies"), the **Annals of Anthropological Practice** (on "Community Health Workers and Social Change: Global and Local Perspectives"), and **Social Theory & Health** (entitled "Theorising Health Inequalities" — the month provided, as always, a bevy of good reading, including a special section of **Social Studies of Science** on the ontological turn (see below). Enjoy!

American Ethnologist

Biomedicine, the whiteness of sleep, and the wages of spatiotemporal normativity in the United States
Matthew Wolf-Meyer

> The racialization of individuals in the contemporary United States is increasingly accomplished through institutional actors, including scientists and physicians. As genetic health risks, chronic disease treatments, and pharmaceuticals come to define Americans' understanding of themselves, a fundamental shift is occurring in the way medicine is practiced and its role in the production of subjectivity. Underlying these changes is an expectation of orderly bodies—of "white" bodies that exemplify social and cultural norms of biology and behavior. Fundamental to U.S. medical ideas of normativity is that the white heteronormative subject is the standard against which disorderly and nonwhite subjects are to be judged. I explore these ideas through the history and contemporary world of sleep: the clinical production and interpretation of related scientific data, advertising use of images of sleep-disordered patients who have been "cured," and experiences of nonwhite Americans within mainstream sleep medicine.

The doctor's political body: Doctor–patient interactions and sociopolitical belonging in Venezuelan state clinics
Amy Cooper

> Patients of Venezuelan state clinics ascribe meanings to

doctor–patient interactions that reverberate beyond the immediacy of the clinical encounter to shape political subjectivities. They seek not just medical goods and services from clinical interactions but also expressions of recognition, respect, care, and solidarity from doctors. I argue that patients who had long resented what they saw as the Venezuelan state's broken promises to use national oil wealth to provide for its citizens now read its efforts to address sociopolitical inequalities in the bodily dispositions of its medical workers. Combining anthropological approaches to doctor–patient interactions and to medical embodiment, I show how doctors' embodied practices can render biomedical encounters politically significant for patients, activating or foreclosing a sense of sociopolitical belonging. In doing so, I demonstrate how sociopolitical orders are constructed and challenged through the intimacies of biomedical practice.

Cultural Anthropology (*Open Access*)

Attuning to the Chemosphere: Domestic Formaldehyde, Bodily Reasoning, and the Chemical Sublime
Nicholas Shapiro

Chronic domestic chemical exposures unfold over protracted timelines and with low velocity. In this article I argue that such microscopic encounters between bodies and toxicants are most readily sensed by less nameable and more diffuse sensory practices. The apprehension of conventionally insensible toxic exposures is informed by sustained attention to barely perceptible alterations of somatic function and atmosphere. Slight biochemical impressions, which at first appear simply meaningless or puzzling, accumulate in the bodies of the exposed and reorient them to the molecular constituents of the air and the domestic infrastructure from which such chemicals emanate. Through the articulation of these small corrosive happenings, residents of contaminated homes can accumulate minute changes to body and atmosphere across time and space in a process I call the "chemical sublime," which elevates minor enfeebling encounters into events that stir ethical consideration and potential intervention. The chemical sublime is a late industrial experience that inverts an Enlightenment-era, yet still dominant, conception of the sublime. Across authoritative and questioned bodies, companion species and humans, this essay asks: in what ways do diffuse sensory practices generate knowledge of, attention to, and engagements with the chemical world?

Philosophy, Ethics, and Humanities in Medicine (*Open Access*)

Medical professionalism: what the study of literature can contribute to the conversation
Johanna Shapiro, Lois L. Nixon, Stephen E. Wear, and David J. Doukas

Medical school curricula, although traditionally and historically dominated by science, have generally accepted, appreciated, and welcomed the inclusion of literature over the past several decades. Recent concerns about medical professional formation have led to discussions about the specific role and contribution of literature and stories. In this article, we demonstrate how professionalism and the study of literature can be brought into relationship through critical and interrogative interactions based in the literary skill of close reading. Literature in medicine can question the meaning of "professionalism" itself (as well as its virtues), thereby resisting standardization in favor of diversity method and of outcome. Literature can also actively engage learners with questions about the human condition, providing a larger context within which to consider professional identity formation. Our fundamental contention is that, within a medical education framework, literature is highly suited to assist learners in questioning conventional thinking and assumptions about various dimensions of professionalism.

Social History of Medicine

Medical Condition, Demon or Undead Corpse? Sleep Paralysis and the Nightmare in Medieval Europe
Stephen Gordon

The aim of this article is to analyse the popular perception of the nightmare in medieval Europe. The first section will explore the ways in which the base experience of the nightmare (as documented in neuropsychological research) was interpreted according to Church doctrine, classical dream theories and Galenic medicine. Then, with reference to the remedies used to protect the body against the mara found in Anglo-Saxon medical manuals and the tales of demonic/ghostly assault from twelfth-century Anglo-Norman literature, it will be seen how the authoritative interpretations of the nocturnal assault were replicated, rejected or interpolated in the rhythms of daily life. Ultimately, this article will argue that the nightmare experience can be read as an independent 'text'; a universal function of the human body that is given substance and coherence depending on the habits,

experiences and fears of the percipient.

'I would not feel the pain if I were with you': Catalina Micaela and the Cycle of Pregnancy at the Court of Turin, 1585–1597
Magdalena S. Sánchez

Using the correspondence of Catalina Micaela (1567–97), Duchess of Savoy, with her husband, Carlo Emanuele I as evidence, this article examines an early modern aristocratic woman's experience of and attitudes about pregnancy, childbirth, lactation and menstruation. Her letters reveal that some early modern women closely monitored their bodies and from their observations were able to detect pregnancy early—earlier than many scholars have thought—and to calculate their delivery dates with some precision. Her example also shows that their husbands and fathers could be closely involved in the world of pregnancy and childbirth and that, while other scholars have argued that the lying-in period empowered and liberated women, Catalina remained tied to her political responsibilities and was expected to return to her duties immediately after giving birth. Catalina's well-documented experience thus both enlarges and in some cases challenges the scholarly understanding of early modern pregnancy, childbirth and the confinement period.

'Nature Concocts & Expels': The Agents and Processes of Recovery from Disease in Early Modern England (*open access*)
Hannah Newton

The 'golden saying' in early modern medicine was 'Nature is the healer of disease'. This article uncovers the meaning and significance of this forgotten axiom by investigating perceptions of the agents and physiological processes of recovery from illness in England, c.1580–1720. Drawing on sources such as medical texts and diaries, it shows that doctors and laypeople attributed recovery to three agents—God, Nature and the practitioner. While scholars are familiar with the roles of providence and medicine, the vital agency of Nature has been overlooked. In theory, the agents operated in a hierarchy: Nature was 'God's instrument', and the physician, 'Nature's servant'; but in practice the power balance was more ambivalent. Nature was depicted both as a housewife who cooked and cleaned the humours, and as a warrior who defeated the disease. Through exploring these complex dynamics, the article sheds fresh light on concepts of gender, disease and bodies.

[Ignored Disease or Diagnostic Dustbin? Sudden Infant Death Syndrome in the British Context](#) (*open access*)
Angus H. Ferguson

Sudden Infant Death Syndrome (SIDS) was defined in 1969 and incorporated into the International Classification of Diseases a decade later. To advocates of SIDS as a diagnosis, medical interest in sudden infant death was long overdue. However, the definition of SIDS lacked positive diagnostic criteria, provoking some to view it as a 'diagnostic dustbin' for the disposal of problematic cases where cause of death was unclear. This paper examines the development of medical interest in sudden infant death in Britain during the middle decades of the twentieth century. It highlights the importance of recognising the historicity of SIDS as a diagnosis facilitated by changes in law and medicine over the course of the nineteenth and twentieth centuries. It suggests that SIDS provides a definitive case study of the medicalisation of life and death, and a unique example of an officially recognised disease that had no symptoms, signs, pathology or patients.

[Inhaling Democracy: Cigarette Advertising and Health Education in Post-war West Germany, 1950s–1975](#) (*open access*)
Rosemary Elliot

In the late 1960s and early 1970s, the West German government was faced with the challenge of addressing a damaging health behaviour, smoking, in the context of an emerging late modern democracy, when the precedent for addressing that behaviour was set in the Nazi past. This paper details the two-pronged approach which the government took: seeking restrictions on cigarette advertising, whilst educating young people to adopt positive health behaviours in the face of pressure to smoke. This approach can be understood in the social and economic context of the time: an economic commitment to the social market economy worked against restrictions on the sale of cigarettes; whilst concerns about past authoritarian structures prompted the health authorities to seek novel ways of addressing smoking, emphasising choice. In a nuanced way, post-war anti-smoking strategies were a response to West Germany's National Socialist past, but more importantly, a signal of an increasingly international outlook.

[The Poison of Touch: Tracing Mercurial Treatments of Venereal Diseases in Tibet](#)

Barbara Gerke

Robert Saunders was a surgeon on the British Turner expedition to Tibet in 1783–85. In 1789, Saunders published a description of a mercury processing method for treating 'the venereal disease' that he witnessed at Tashilhunpo. Since Saunders himself used mercury for his patients, the question arises whether he described a Tibetan method of processing mercury or projected his own experiences on what he saw. This paper traces parallels of his description and analyses venereal diseases in Tibetan medical texts. The symptoms described in these texts cannot be easily equated with modern syphilis. This article explores the following questions: How were venereal diseases classified in Tibetan medical texts? Were mercurials mentioned to treat them? Were they intended to cause salivation? In answering these questions, the heterogeneity and exchange of medical practices in Tibet from the seventeenth to the early twentieth century, involving the use of mercury for venereal treatments, becomes apparent.

Prostitutes, Penicillin and Prophylaxis: Fighting Venereal Disease in the Commonwealth Division during the Korean War, 1950–1953
K. Meghan Fitzpatrick

Historically, venereal disease (VD) has represented a significant manpower problem for the armed forces and the Korean War (1950–53) was no exception. Amongst British, Australian, Canadian and New Zealand troops deployed to the Far East, rates of VD peaked at 387 cases per 1,000. Levels of infection far exceeded those recorded during the Second World War. Over the past several decades, historians have explored the intimate lives of fighting men throughout the twentieth century in great detail. Be that as it may, the Korean War has received little attention. This article represents the first analysis of the Commonwealth experience of VD. It examines how widespread the problem became, as well as the efforts to which officials went to reduce levels of infection. It also explores the reasons why venereal disease was so prevalent at this time and place, and why the Commonwealth Division, and the Canadians in particular, were so affected by it.

The Quiet Time? Pay-beds and Private Practice in the National Health Service: 1948–1970
Clifford Williamson

The study of the history of private practice in the NHS has generally been focused on either the introduction or the abolition of pay-beds. This article looks at the period characterised as the 'Quiet Time' when a political consensus seemingly emerged to retain some form of private provision within the service. This piece argues that rather than 'a quiet time' it was a period of intense activity and controversy as to the place and contribution of pay-beds when there were multiple attempts to rationalise and to make them cost effective. This article is an original study of a much-neglected subject in public policy history.

[Sources and Resources Into the Dark Domain: The UK Web Archive as a Source for the Contemporary History of Public Health](#) (*open access*)
Martin Gorsky

With the migration of the written record from paper to digital format, archivists and historians must urgently consider how web content should be conserved, retrieved and analysed. The British Library has recently acquired a large number of UK domain websites, captured 1996–2010, which is colloquially termed the Dark Domain Archive while technical issues surrounding user access are resolved. This article reports the results of an invited pilot project that explores methodological issues surrounding use of this archive. It asks how the relationship between UK public health and local government was represented on the web, drawing on the 'declinist' historiography to frame its questions. It points up some difficulties in developing an aggregate picture of web content due to duplication of sites. It also highlights their potential for thematic and discourse analysis, using both text and image, illustrated through an argument about the contradictory rationale for public health policy under New Labour.

[Finding Historical Records at the National Institutes of Health](#)
David Cantor

This paper provides a guide to finding historical records of the National Institutes of Health (NIH), the US biomedical research agency funded by the federal government, and one of the world's largest research funding bodies. Such records are important to an understanding of the development of medicine and biomedicine after the Second World War, yet they can be difficult to find in the organizational maze that is the NIH. This article provides information on where records might be found, the ways in which such records might be obtained, and how the NIH manages the

vast quantity of records it produces.

Social Science & Medicine

Divergence and convergence of commercial and scientific priorities in drug development: The case of Zelmid, the first SSRI antidepressant
Shai Mulinari

Based on a realist conceptualization of interests, this paper explores how commercial and scientific priorities appear to have converged and diverged during the development of the antidepressant Zelmid. The drug represents the first of the selective serotonin reuptake inhibitors (SSRIs) to reach the market. Zelmid was synthesized in 1971 and launched by the Swedish firm Astra in 1982, but subsequently withdrawn the next year because of adverse neurological effects. This paper draws on in-depth interviews with scientists representing both industry and academia who had high-level involvement in various phases of the project (experimental, pre-clinical and clinical), as well as on textual sources such as scientific articles and memoirs. Zelmid was a product of mechanism-based or "rational" drug discovery from the early 1960s and the associated intermingling of science and commerce. It is argued that both scientists and the pharmaceutical company shared an interest in embracing mechanism-based drug discovery because it simultaneously promised medico-scientific advances and profits. However, the intermingling of science and commerce also strained the relationship between scientific and commercial priorities further along the trajectory of the drug; for example, concerning issues such as dosage strategy and drug use in primary care, where corporate management allegedly took decisions contrary to the recommendations of both academic and company scientists. On such occasions the asymmetry in power became apparent in scientists' narratives: commercial considerations trumped those of science since, ultimately, decisions rest with management, not with scientists. In addition, temporality appears to be associated with the divergence of commercial and scientific priorities. While rare during experimental and pre-clinical phases, divergence was concentrated downstream to the clinical testing and post-marketing phases. It is hypothesized that a similar pattern of convergence and divergence of commercial and scientific priorities may exist in the trajectory of other drugs.

Ready to give up on life: The lived experience of elderly people who feel

[life is completed and no longer worth living](#)
Els van Wijngaarden, Carlo Leget, and Anne Goossensen

In the Netherlands, there has been much debate on the question whether elderly people over 70 who are tired of life and who consider their life to be completed, should have legal options to ask for assisted dying. So far there has been little research into the experiences of these elderly people. In order to develop deliberate policy and care that targets this group of elderly people, it is necessary to understand their lifeworld. The aim of this paper is to describe the phenomenon 'life is completed and no longer worth living' from a lifeworld perspective, as it is lived and experienced by elderly people. Between April to December 2013, we conducted 25 in-depth interviews. A reflective lifeworld research design, drawing on the phenomenological tradition, was used during the data gathering and data analysis. The essential meaning of the phenomenon is understood as 'a tangle of inability and unwillingness to connect to one's actual life', characterized by a permanently lived tension: daily experiences seem incompatible with people's expectations of life and their idea of whom they are. While feeling more and more disconnected to life, a yearning desire to end life is strengthened. The experience is further explicated in its five constituents: 1) a sense of aching loneliness; 2) the pain of not mattering; 3) the inability to express oneself; 4) multidimensional tiredness; and 5) a sense of aversion towards feared dependence. This article provides evocative and empathic lifeworld descriptions contributing to a deeper understanding of these elderly people and raises questions about a close association between death wishes and depression in this sample.

['Healthy anorexia': The complexity of care in disordered eating](#)
Connie Musolino, Megan Warin, Tracey Wade, and Peter Gilchrist

This paper examines how contemporary understandings of 'health' and 'care' are engaged with and practiced by women with disordered eating. Based on findings from an Australian study investigating why people with disordered eating are reluctant to engage with treatment services (March 2012 to March 2015), we demonstrate how young women use elements of a 'health habitus' and 'care' to rationalise and justify their practices. Moving beyond Foucauldian theories of self-discipline and individual responsibility we argue that Bourdieu's concept of habitus and ethnographic concepts of care provide a deeper understanding of the ways in which people with disordered eating embody health practices as a form of care and distinction. We

demonstrate how eating and bodily practices that entail 'natural', medical and ethical concerns (in particular, the new food regime known as orthorexia) are successfully incorporated into participants' eating disorder repertoires and embodied as a logic of care. Understanding how categories of health and care are tinkered with and practiced by people with disordered eating has important implications for health professionals, family members and peers engaging with and identifying people at all stages of help-seeking.

Social Studies of Science

The little death: Rigoni-Stern and the problem of sex and cancer in 20th-century biomedical research
Natalie B. Aviles

Approaches to the organization and conduct of cancer research changed dramatically throughout the 20th century. Despite marked differences between the epidemiological approaches of the first half of the century and molecular techniques that gained dominance in the 1980s, prominent 20th-century researchers investigating the link between sexual activity and anogenital cancers continuously invoked the same 1842 treatise by Italian surgeon Domenico Rigoni-Stern, who is said to originate the problem of establishing a causal link between sex and cancer. In this article, I investigate 20th-century references to Rigoni-Stern as a case of a broader phenomenon: scientists situating their work through narratives of venerated ancestors, or originators. By explaining shifting versions of originator narratives in light of their authors' cultural context and research practices, we can reimagine as meaningful cultural symbols the references that previous scholars have treated as specious rhetorical maneuvers. In this case, references to Rigoni-Stern provide an interpretive anchor for American scientists to construct continuity between their work and a diverse historical legacy of cancer research.

The ontological turn: Responses and reply

Ontological turns, turnoffs and roundabouts
Sergio Sismondo

There has been much talk of an 'ontological turn' in Science and Technology Studies. This commentary explores some recent work on multiple and historical ontologies, especially articles published

in this journal, against a background of constructivism. It can be tempting to read an ontological turn as based and promoting a version of perspectivism, but that is inadequate to the scholarly work and opens multiple ontologies to serious criticisms. Instead, we should read our ontological turn or turns as being about multiplicities of practices and the ways in which these practices shape the material world. Ontologies arise out of practices through which people engage with things; the practices are fundamental and the ontologies derivative. The purchase in this move comes from the elucidating power of the verbs that scholars use to analyze relations of practices and objects – which turn out to be specific cases of constructivist verbs. The difference between this ontological turn and constructivist work in Science and Technology Studies appears to be a matter of emphases found useful for different purposes.

Performing ontology
Patrik Aspers

Ontology, and in particular, the so-called ontological turn, is the topic of a recent themed issue of Social Studies of Science (Volume 43, Issue 3, 2013). Ontology, or metaphysics, is in philosophy concerned with what there is, how it is, and forms of being. But to what is the science and technology studies researcher turning when he or she talks of ontology? It is argued that it is unclear what is gained by arguing that ontology also refers to constructed elements. The 'ontological turn' comes with the risk of creating a pseudo-debate or pseudo-activity, in which energy is used for no end, at the expense of empirical studies. This text rebuts the idea of an ontological turn as foreshadowed in the texts of the themed issue. It argues that there is no fundamental qualitative difference between the ontological turn and what we know as constructivism.

Stuck with/in a 'turn': Can we metaphorize better in Science and Technology Studies?
Bistra Vasileva

This contribution encourages loosening the cast-iron mould of the 'turn' metaphor that the practices of general and ontology-related turn-talking/making in Science and Technology Studies forge and fortify. Could framing novel themes and thinking in terms of 'turn' be as good as fettering? Not specific to the 'ontological turn' or 'turn to ontology', but haunting Science and Technology Studies

across the board to signify supposed tidal change, the metaphor warrants dissection. Thus, this commentary expounds four distinct yet not unrelated versions of 'turn' – rotation, change of course/direction, change in general and occasion/opportunity to act – together with the worlds they beget. Then, the operation of these 'turns' in the debates on the 'ontological turn' is pursued. Enactments of the first three modes/moulds of 'turn', all entailing and tainted by the inexorable directedness of change the coupled 'turn to' framing imparts, either debunk or qualify the extent of the professed 'turn', with the effect of betraying its conceptual and methodological offerings. The fourth version, less substitutable with 'turn to' and thus less infected by intransigent directedness, escapes the rigidity that diminishes the value of ontology-minded studies. Clear of either a resolution to the debate or an alternative trope to cure the maladies of 'turn', the conclusion wishes to open space for pondering how to metaphorize more consciously and judiciously evolution and innovation in Science and Technology Studies.

Missing the (question) mark? What is a turn to ontology?
Steve Woolgar and Javier Lezaun

Our introductory essay in this journal's 2013 Special Issue on the 'turn to ontology' examined the shift from epistemology to ontology in science and technology studies and explored the implications of the notion of enactment. Three responses to that Special Issue argue that (1) there is no fundamental qualitative difference between the ontological turn and social constructivism, (2) we need to be wary of overly generic use of the term 'ontology' and (3) the language of 'turns' imposes constraints on the richness and diversity of science and technology studies. In this brief reply, we show how each of those critiques varies in its commitment to circumspection about making objective determinations of reality and to resisting reification. We illustrate our point by considering overlapping discussions in anthropology. This brings out the crucial difference between the science and technology studies slogan 'it could be otherwise' and the multinaturalist motto 'it actually is otherwise'.

Sociology of Health & Illness

Disorder and disconnection: parent experiences of liminality when caring for their dying child
Joanne Jordan, Jayne Price, and Lindsay Prior

Parents caring for a child with a life threatening or life limiting illness experience a protracted and largely unknown journey, as they and their child oscillate somewhere between life and death. Using an interpretive qualitative approach, interviews were conducted with parents (n = 25) of children who had died. Findings reveal parents' experiences to be characterised by personal disorder and transformation as well as social marginalisation and disconnection. As such they confirm the validity of understanding these experiences as, fundamentally, one of liminality, in terms of both individual and collective response. In dissecting two inter-related dimensions of liminality, an underlying tension between how transition is subjectively experienced and how it is socially regulated is exposed. In particular, a structural failure to recognise the chronic nature of felt liminality can impede parents' effective transition.

[Constructing the meaning of ultrasound viewing in abortion care](#)
Katrina Kimport and Tracy A. Weitz

As ultrasound scanning becomes increasingly routine in abortion care, scholars and activists have forwarded claims about how viewing the ultrasound image will affect pregnant women seeking abortion, speculating that it will dissuade them from abortion. These accounts, however, fail to appreciate how viewing is a social process. Little research has investigated how ultrasound workers navigate viewing in abortion care. We draw on interviews with twenty-six ultrasound workers in abortion care for their impressions and practices around ultrasound viewing. Respondents reported few experiences of viewing dissuading women from abortion, but did report that it had an emotional effect on patients that they believed was associated with gestational age. These impressions informed their practices, leading many to manage patient viewing based on the patient's gestational age. Other aspects of their accounts, however, undercut the assertion that the meaning of ultrasound images is associated with gestation and show the pervasiveness of cultural ideas associating developing foetal personhood with increasing gestational age. Findings demonstrate the social construction of ultrasound viewing, with implications in the ongoing contestation over abortion rights in the US.

[Explanations and expectations: drug narratives among young cannabis users in treatment](#) (*open access*)
Margaretha Järvinen and Signe Ravn

This article analyses how young people enrolled in drug addiction treatment in Copenhagen, Denmark, explain their cannabis careers and how they view their possibilities for quitting drug use again. Inspired by Mead and narrative studies of health and illness, the article identifies four different drug use 'aetiologies' drawn upon by the interviewees. These cover childhood experiences, self-medication, the influence of friends and cannabis use as a specific lifestyle. A central argument of the article is that these explanations not only concern the past but also point towards the future by assigning the interviewee a more or less agential position in relation to drugs. Further, the drug narratives are viewed as interactional achievements, related to the social context in which they were produced, namely, the institutional setting of the treatment centres. The article is based on 30 qualitative interviews with young people in drug addiction treatment.

Risk and self-managing chronic joint pain: looking beyond individual lifestyles and behaviour

Andrew Morden, Clare Jinks, and Bie Nio Ong

Self-managing chronic musculoskeletal pain is predominantly framed within a discourse of modifying behaviour, or lifestyle risk factors such as diet, weight loss and exercise by policymakers, researcher and clinicians. Little research has been conducted which explores how 'risk' is understood or encountered by those with joint pain and how it may relate to self-management. Drawing from serial interviews and a diary study with 22 participants, the findings demonstrate that people with chronic pain engage in a process of assessing and adapting to hazardous or pain conferring situations in relation to daily activities. 'Risks' are embedded within a dialectic between corporeal experience and the design features of everyday social environments. Self-management, in this context, is not necessarily solely related to following clinical advice, rather it includes dealing with 'risks' of pain, hazards relating to bodily limitations and the environment, and ensuring the ability to continue with valued activities. Findings contribute to sociological understandings of self-management and risk while demonstrating the limits of viewing self-management as an individualised endeavour of changing behaviour.

'The problem here is that they want to solve everything with pills': medication use and identity among Mainland Puerto Ricans

Wallis E. Adams, Irina L. G. Todorova, Mariana T. Guzzardo, and Luis M. Falcón

Taking medications are complex symbolic acts, infused with diverse meanings regarding body and identity. This article focuses on the meanings of medications for older Puerto Ricans living on the United States mainland, a population experiencing stark health disparities. We aim to gain an understanding of the way multiple cultural and personal meanings of medications are related to and integrated in identity, and to understand how they are situated within Puerto Rican culture, history and circumstance on the US mainland. Data is drawn from thirty qualitative interviews, transcribed and translated, with older Puerto Ricans living on mainland United States. Thematic Analysis indicated four prevalent themes: embodiment of medication use; medications redefining self through the fabric of daily life; healthcare experience defined through medication; and medicine dividing the island and the mainland. While identity is impacted by experience of chronic illness, the experience of medication prescription and consumption is further related to the construction of the sense of self in distinct ways. For these individuals, medication use captures the dilemma of immigration. While cultural belonging and well-being remains on the island of Puerto Rico, the mainland hosts both easier access to and excess reliance on medication.

[Medical constructions of long-term exhaustion, past and present](#) (*open access*)
Olaug S. Lian and Hilde Bondevik

Culture and history affect the ways in which medical knowledge is shaped, sustained and changed. The less knowledge we have, the larger the space for the cultural imprint becomes. Based on these assumptions, we ask: how have medical constructions of long-term exhaustion changed over time, and how are changing constructions related to societal change? To discuss these questions we conducted a comparative study of medical texts from two historical periods: 1860–1930 and 1970–2013. Our data are limited to two diagnoses: neurasthenia and encephalomyelitis. After comparing the two periods by identifying diverging and converging aspects, we interpreted observed continuities and interruptions in relation to historical developments. We found that in the medical literature, long-term exhaustion became transformed from a somatic ailment bred by modern civilisation to a self-inflicted psychiatric ailment. At the same time, it changed from being a male-connoted high-status condition to a female-connoted low-status condition. We interpret these changes as contingent upon culturally available modes of interpretations. Medical knowledge thereby becomes infused with cultural norms and

values which give them a distinct cultural bias. The historical controversies surrounding this medically contested condition neatly display the socially contingent factors that govern the social construction of medical knowledge.

Pathways to suicide attempts among male offenders: the role of agency
Richard Byng, Amanda Howerton, Christabel V. Owens, and John Campbell

Suicide is common among offenders, who are at increased risk of homelessness, unemployment and mental illness and are prone to impulsivity. Release from prison is a particularly vulnerable time. This qualitative study investigated the views of 35 offenders in South-West England prior to and after release from prison, enquiring into their previous suicide attempts and how they saw their future. Semi-structured interviews were analysed thematically, comparing individuals who had made one, more than one, and no suicide attempts. Multiple attempters were often in despair and enmeshed in substance misuse, with little control over their lives. Most of those with one-off or no previous attempts portrayed themselves as having more mastery. One-off attempters described using particularly violent means. The role of different types of agency in pathways to and from suicide is discussed. Iterational agency, the selective reactivation of past patterns of behaviour, appeared to dominate in individuals who were choosing between further suicide attempts and substance use. Projective agency, having a more future orientation, appeared more prominent in some single attempters and in those individuals with plans to escape crime and social exclusion.

Expanding the conceptual toolkit of organ gifting
Rhonda M. Shaw

In jurisdictions where the sale of body tissue and organs is illegal, organ transplantation is often spoken of as a gift of life. In the social sciences and bioethics this concept has been subject to critique over the course of the last two decades for failing to reflect the complexities of organ and tissue exchange. I suggest that a new ethical model of organ donation and transplantation is needed to capture the range of experiences in this domain. The proposed model is both analytical and empirically oriented, and draws on research findings linking a series of qualitative sociological studies undertaken in New Zealand between 2007 and 2013. The studies were based on document analysis, field notes and 127

semi-structured in-depth interviews with people from different cultural and constituent groups directly involved in organ transfer processes. The aim of the article is to contribute to sociological knowledge about organ exchange and to expand the conceptual toolkit of organ donation to include the unconditional gift, the gift relation, gift exchange, body project, and body work. The rationale for the proposed model is to provide an explanatory framework for organ donors and transplant recipients and to assist the development of ethical guidelines and health policy discourse.

AMA citation
Seaman A. In the Journals, August 2015. *Somatosphere*. 2015. Available at: http://somatosphere.net/?p=10824. Accessed September 2, 2015.

APA citation
Seaman, Aaron. (2015). *In the Journals, August 2015*. Retrieved September 2, 2015, from Somatosphere Web site: http://somatosphere.net/?p=10824

Chicago citation
Seaman, Aaron. 2015. In the Journals, August 2015. Somatosphere. http://somatosphere.net/?p=10824 (accessed September 2, 2015).

Harvard citation
Seaman, A 2015, *In the Journals, August 2015*, Somatosphere. Retrieved September 2, 2015, from <http://somatosphere.net/?p=10824>

MLA citation
Seaman, Aaron. "In the Journals, August 2015." 2 Sep. 2015. Somatosphere. Accessed 2 Sep. 2015.<http://somatosphere.net/?p=10824>