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In the Journals - July 2015 Part II

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By Michelle Pentecost

Here's comes the second round of what you'll find 'In the Journals' from July. For the [Special Issue on HIV Criminalisation and Public Health](#) in the latest edition of [Critical Public Health](#), see this week's earlier [post](#).

To start us off, the latest issue of [Medical Anthropology](#) focuses on 'exploring bodies in Southern and East Africa.' In their [editorial](#), Emilie Venables and Lenore Manderson introduce articles that 'examine how an analytical lens of corporeality can offer new ways to examine and understand linkages and dissonances between migration, violence, and health in the lives of people across the Southern and Eastern African region'.

[Images of Place: Visuals from Migrant Women Sex Workers in South Africa](#)

Elsa Oliveira & Jo Vearey

Many migrants in inner-city Johannesburg survive through unconventional and sometimes criminalized livelihood activities. In this article, we draw on data from a study that applied a participatory visual methodology to work with migrant women who sell sex, and explored the suitability of this approach as a way to engage with a presumed 'hard to reach' urban population. The lived experiences of migrant women sex workers were documented by combining participatory visual methods with a more traditional ethnographic approach, and this approach led us to new ways of seeing their worlds. This methodological approach raises important considerations for working with marginalized and criminalized urban groups.

["Once a Soldier, a Soldier Forever": Exiled Zimbabwean Soldiers in South Africa](#)

Godfrey Maringira & Lorena Núñez Carrasco

Through military training, soldiers' bodies are shaped and prepared for war and military-related duties. In the context these

former Zimbabwean soldiers find themselves—that of desertion and ‘underground life’ in exile in South Africa—their military-trained bodies and military skills are their only resource. In this article, we explore the ways in which former soldiers maintain and ‘reuse’ their military-trained bodies in South Africa for survival, in a context of high unemployment and a violent, inner-city environment. We look at their social world and practices of *soldiering*—a term that refers to the specific forms of their social interaction in exile, through which they keep their memories of their military past alive. By attending to their subjectivities and the endurance of their masculine military identities and bodies, we aim to contribute to the discussion on demilitarization, which has largely focused on the failure of models of intervention to assist ex-combatants in postconflict contexts.

[“It’s All About the Body”: The Bodily Capital of Armed Response Officers in South Africa](#)

Tessa Diphoom

In this article, I analyze the role of bodily capital in the daily policing practices of armed response officers, a specific type of private security officers, in Durban, South Africa. Based on 20 months of ethnographic fieldwork, I argue that the masculinized bodily capital of armed response officers is a key source of their sovereign power; it plays a central role in how they acquire and exert authority. Furthermore, I argue that an analysis of bodily capital should not solely analyze the actual flesh of the body, but must include particular equipment (such as bulletproof vests and firearms) that is experienced as a part of the body.

[Magical Empiricism and ‘Exposed Being’ in Medicine and Traditional Healing](#)

Robert Thornton

Southern African traditional healers often generalize too broadly from discrete (‘accidental’) instances of success, partly to recruit a clientele, while biomedicine frequently reasons incorrectly from the general to the specific. Both logics are based on empirical observations, but are inversions of each other; these I characterize as ‘magical empiricism.’ ‘Magic’ functions as a metapragmatic discourse to recruit a clientele from a skeptical public that doubts the efficacy of any therapeutic interventions, and it acts in parallel

with other practical (and efficacious) healing acts. I introduce the concept of 'exposed beings' to describe locally specific constructions of the person as patient and healer. This helps to explain the existence and enduring appeal of many different medical practices and beliefs in South Africa, but I suggest that 'medical parallelism' rather than 'pluralism' might be more accurate.

[Circumcising Circumcision: Renegotiating Beliefs and Practices among Somali Women in Johannesburg and Nairobi](#)

Zaheera Jinnah & Lucy Lowe

Female circumcision among Somalis is a deeply personal and subjective practice, framed within traditional norms and cultural practices, but negotiated within contemporary realities to produce a set of processes and practices that are nuanced, differentiated, and undergoing change. Based on ethnographic research among Somali women in Johannesburg and Nairobi, we argue that the context of forced migration provides women with opportunities to renegotiate and reinvent what female circumcision means to them. The complex, subjective, and diverse perceptions and experiences of circumcision as embedded processes, within the context of migration, we argue has been overlooked in the literature, which has tended to be framed within a normative discourse concerned with the medical effects of the practice, or in anthropological studies, counter to the normative discourse based on personal narratives.

[Critical Public Health](#)

[Re:living the body mass index: How A Lacanian autoethnography can inform public health practice](#)

Andrew Dickson

In this paper, I demonstrate how autoethnography can be utilized as a methodology to conduct public health research. My argument is structured around an application of Jacques Lacan's psychoanalytic theory which I see as supporting and extending a critical understanding of the so-called obesity epidemic and related issues. I argue that the body mass index (BMI) measure has achieved an unconscious position as a 'Sovereign Good' and, as such, provides the moral and ethical mechanism through which

state-sanctioned science, via the wider weight-loss industry, prescribes people into a state of weight anxiety. I conclude that public health practitioners who find themselves promoting weight loss towards the 'healthy' range of the BMI are in an unethical position, one that should be entirely rejected. Instead I point to the ethics of desire as an alternative position that might help public health practitioners who are interested in actually improving public health.

[Evading and embracing normality: estrangement and ambivalence in the accounts of methamphetamine consumers](#)

Cameron Duff & David Moore

While much has been made of the governmentality evinced in drug policy, its effects on people who use drugs have received less attention. Scholars who have investigated these effects commonly focus on the views and experiences of individuals receiving treatment for their drug use, often reporting an explicit desire among individuals in treatment for a return to a normal, healthy life. Many authors trace this desire to the normalisation inherent in drug policy, and the governmentality involved in the delivery of drug treatment more directly. This article adds to these discussions by shifting focus from the experience of individuals in treatment to those out of treatment settings. In so doing, we aim to develop a more nuanced understanding of how heavy drug users negotiate power, governmentality and the modulations of health and illness in the course of everyday life. We ground our discussion in qualitative research conducted in Melbourne, Australia, with 31 current methamphetamine consumers. We argue that regular methamphetamine consumption involves a complex and ambivalent relationship with the ideas of health and normal life, imposing as well as reflecting a form of estrangement between its consumers and mainstream (or normal) society. This ambivalence has important implications for the delivery of health and social services among methamphetamine consumers, insofar as the restoration of normal health and the reintegration of former drug users into mainstream society are typical health service goals. We address some of these policy implications by way of conclusion.

[Health](#)

[Resilient moves: Tinkering with practice theory to generate new ways of thinking about using resilience](#)

Kay Aranda and Angie Hart

Recent public health policies have re-endorsed the key role all health and social care professionals have in tackling the social determinants of health inequalities. With inequalities firmly entrenched, and much theorising focused on reproduction rather than transformation, sustaining practitioner commitment and engagement with this work and maintaining confidence in achieving change is challenging. One increasingly popular way to intervene in practice to begin to address inequalities has been the use of resilience, even though resilience is frequently critiqued for its collusion with neoliberal imperatives in favouring individualised rather than socio-political responses. This article examines these concerns through the use of the practice turn and specifically 'slim-line' practice theory and 'tinkering' to explore the potential for reframing resilience theory and practice. Using an original data set derived from evaluations of resilience-based programmes, held with parents and practitioners between 2008 and 2012, this article re-examines participants' understandings of resilience. We show how practice theory reveals entangled and emergent meanings, competencies and materials that constitute resilience as a social practice comprised of resilient moves. The implications of this reframing are discussed in relation to ontology, agency and change; but also for resilience theory and practice and public health practices more generally. In conclusion, we argue practice theory's attention to context as more than mere backdrop to action helps shift inequality theorising beyond the individual and reproduction towards deeper, detailed social understandings of transformation and change.

[Medications, youth therapeutic cultures and performance consumptions: A sociological approach](#)

Noémia Lopes, Telmo Clamote, Elsa Pegado, and Carla Rodrigues

This article analyses performance consumptions among young people. The theme is explored along two main axes. The first concerns the social heterogeneity in this field, considered on two levels: the different purposes for those investments – cognitive/mental and physical performance; and the different social contexts – university and work – where performance practices and dispositions may be fostered. The second axis explores the roles of pharmacological and natural consumptions, and their interrelationship, in the dissemination of these practices. The empirical data for this analysis were drawn from an ongoing

research project on performance consumptions among young people (aged 18-29 years) in Portugal, including both university students and young workers without university education. The results correspond to the stage of extensive research, for which a questionnaire was organised at a national level, using non-proportional quota sampling. On the one hand, they show that (a) there is a hierarchy of acceptance of consumptions according to their purposes, with cognitive/mental performance showing higher acceptance and (b) both pharmaceuticals and natural products are consumed for every type of performance investment. On the other, the comparison between students and workers introduces a certain heterogeneity in this general backdrop, both in terms of the purposes for their consumptions and their opting for natural or pharmacological resources. These threads of heterogeneity will prompt a discussion of the dynamics of pharmaceuticalisation within the field of performance, in particular how therapeutic cultures may be changing in terms of the way individuals relate to medications, expanding their uses in social life.

[Health and Place](#)

[Mapping U.S. long-haul truck drivers' multiplex networks and risk topography in inner-city neighborhoods](#)

Yorghos Apostolopoulos, Sevil Sönmez, Michael Kenneth Lemke, and Richard B. Rothenberg

This article illustrates how urban inner-city trucking milieux may influence STI/BBI/HIV acquisition and transmission risks for U.S. long-haul truckers, as well as their social and risk relationships. Using mixed methods, we collected ethnoepidemiological and biological data from long-haul truck drivers and their risk contacts in inner-city trucking milieux in Atlanta, Georgia, United States. Key findings indicate that within the risk-endemic environment of distressed inner-city areas, diverse trucking risk milieux can amplify STI/BBI/HIV risk for multiplex networks of truckers. Inner-city neighborhood location, short geographic distance among risk contacts, and trucker concurrency can potentially exacerbate transmission via bridging higher-risk individuals with lower-risk populations at disparate geographic and epidemiological locations.

[Built environment and obesity by urbanicity in the U.S](#)

Yanqing Xu and Fahui Wang

Based on the data from the Behavioral Risk Factor Surveillance System 2012, this study examines the association of neighborhood built environments with individual physical inactivity and obesity in the U.S. Multilevel modeling is used to control for the effects of individual socio-demographic characteristics. Neighborhood variables include built environment, poverty level and urbanicity at the county level. Among the built environment variables, a poorer street connectivity and a more prominent presence of fast-food restaurants are associated with a higher obesity risk (especially for areas of certain urbanicity levels). Analysis of data subsets divided by areas of different urbanicity levels and by gender reveals the variability of effects of independent variables, more so for the neighborhood variables than individual variables. This implies that some obesity risk factors are geographically specific and vary between men and women. The results lend support to the role of built environment in influencing people's health behavior and outcome, and promote public policies that need to be geographically adaptable and sensitive to the diversity of demographic groups.

[Associations between neighborhood perceptions and mental well-being among older adults](#)

Anna Toma, Mark Hamer and Aparna Shankar

This study examined whether perceived neighborhood factors were associated with positive well-being in older adults using data from the English Longitudinal Study of Ageing. Neighborhood perceptions were assessed at baseline (2006/2007) and three measures of well-being – hedonic, eudaimonic and evaluative – were assessed at baseline and follow-up (2010/2011) for 6134 participants. In cross-sectional and longitudinal analyses, negative neighborhood perceptions were associated with poorer well-being on all three measures. These associations remained significant after adjusting for a range of sociodemographic and health status variables and depressive symptoms.

[Development of the good food planning tool: A food system approach to food security in indigenous Australian remote communities](#)

Julie Brimblecombe, Christel van den Boogaard, Beverley Wood, Selma C Liberato, Jacqui Brown, Adam Barnes, Alison Rogers, John Coveney, Jan Ritchie, and Ross Baillie

Few frameworks exist to assist food system planning, especially for Indigenous Australian remote communities. We developed a Good Food Planning Tool to support stakeholders to collectively plan and take action for local food system improvement. Development occurred over a four-year period through an evolving four phase participatory process that included literature review, several meetings with representatives of various organisations and communities and application of the Tool with multi-sector groups in each of four Indigenous Australian remote communities. A diverse range of 148 stakeholders, 78 of whom were Indigenous, had input to its development. Five food system domains: (i) Leadership and partnerships; (ii) Traditional food and local food production; (iii) Food businesses; (iv) Buildings, public places and transport; (v) Community and services and 28 activity areas form the framework of the Tool. The Good Food Planning Tool provides a useful framework to facilitate collective appraisal of the food system and to identify opportunities for food system improvement in Indigenous Australian remote communities, with potential for adaptation for wider application.

["Nature is there; its free": Urban greenspace and the social determinants of health of immigrant families](#)

Shawn Renee Hordyk, Jill Hanley and Eric Richard

In this article, we draw on a 2012 Montreal-based study that examined the embodied, every day practices of immigrant children and families in the context of urban greenspaces such as parks, fields, backyards, streetscapes, gardens, forests and rivers. Results suggest that activities in the natural environment serve as a protective factor in the health and well-being of this population, providing emotional and physical nourishment in the face of adversity. Using the Social Determinants of Health model adopted by the World Health Organization (WHO, 1998), we analyze how participants accessed urban nature to minimize the effects of inadequate housing, to strengthen social cohesion and reduce emotional stress. We conclude with a discussion supporting the inclusion of the natural environment in the Social Determinants of Health Model.

[Integrating paid work and chronic illness in daily life: A space-time approach to understanding the challenges](#)

Julia McQuoid, Jennifer Welsh, Lyndall Strazdins, Amy L. Griffin, and

Cathy Banwell

The upward trend of chronic illness in working age populations calls for better understanding of the difficulties chronically ill people face with workforce participation. Existing research focuses primarily on physical limitations and employer attitudes about chronic illness. Here we use a space-time approach to illuminate the importance of negotiating logistical challenges and embodied rhythms when balancing work and chronic illness. We draw from time geography and rhythm analysis in analysing interviews from a qualitative case study of 26 individuals living with chronic kidney disease in Australia. Difficulties with paid work arise from: (1) competition for space-time resources by employers and health services; (2) arrhythmias between the body, work and health services; and (3) the absence of workplace rhythms on which to 'hook' health activities. Implications for workplaces and health services design are discussed.

[Place memory and dementia: Findings from participatory film-making in long-term social care](#)

Andrea Capstick and Katherine Ludwin

A participatory film-making study carried out in long-term social care with 10 people with Alzheimer-type dementia found that places the participants had known early in life were spontaneously foregrounded. Participants' memories of such places were well-preserved, particularly when photo-elicitation techniques, using visual images as prompts, were employed. Consistent with previous work on the 'reminiscence bump' in dementia, the foregrounded memories belonged in all cases to the period of life between approximately 5 and 30 years. Frequently the remembered places were connected with major life events which continued to have a strong emotional component. The continuing significance of place in the context of long-term dementia care is considered from a psycho-geographical perspective.

["Too much moving...there's always a reason": Understanding urban Aboriginal peoples' experiences of mobility and its impact on holistic health](#)

Marcie Snyder and Kathi Wilson

Urban Indigenous peoples face a disproportionate burden of ill

health compared to non-Indigenous populations, and experience more frequent geographic mobility. However, most of what is known about Indigenous health is limited to rural, northern, or in the case of Canada, reserve-based populations. Little is known about the complexities of urban Indigenous health, and the differential impacts of residential mobility and urban migration remain poorly understood. Drawing upon interviews with Aboriginal movers and service providers in Winnipeg, Canada, we apply a critical population health lens, informed by holistic health, to examine these impacts. The results demonstrate mobility is an intergenerational phenomenon, influenced by colonial practices. While migration can contribute to positive health experiences, residential mobility, which is largely involuntary, and linked to stressors such as neighborhood safety, results in negative health effects.

[Space, time, and emotion in the community pharmacy](#)

Lee Thompson and Susan Bidwell

Community pharmacies have a complex relationship with the field of health care. This is especially so in countries where pharmaceuticals are dispensed from privately owned retail premises. Using qualitative data and social theoretical concepts, we argue that the time, space and emotional entanglements that take place in and through these sites are far from simple and can be more or less productive in terms of meeting customer needs and fostering professional identity for pharmacists. Unpicking this complexity has the potential to highlight lacunae that result from differential expectations.

[The double burden of neoliberalism? Noncommunicable disease policies and the global political economy of risk](#)

Sara Glasgow and Ted Schrecker

The growing prevalence of NCDs in low- and middle-income countries (LMICs) is now recognized as one of the major global health policy issues of the early 21st century. Current official approaches reflect ambivalence about how health policy should approach the social determinants of health identified by the WHO Commission on the topic that released its report in 2008, and in particular the role of macro-scale economic and social processes. Authoritative framing of options for NCD prevention in advance of

the September, 2011 UN high-level meeting on NCDs arguably relied on a selective reading of the scientific (including social scientific) evidence, and foregrounded a limited number of risk factors defined in terms of individual behavior: tobacco use, unhealthy diet, alcohol (ab)use and physical inactivity. The effect was to reproduce at a transnational level the individualization of responsibility for health that characterizes most health promotion initiatives in high-income countries, ignoring both the limited control that many people have over their exposure to these risk factors and the contribution of macro-scale processes like trade liberalization and the marketing activities of transnational corporations to the global burden of NCDs. An alternative perspective focuses on “the inequitable distribution of power, money, and resources” described by the WHO Commission, and the ways in which policies that address those inequities can avoid unintentional incorporation of neoliberal constructions of risk and responsibility.

[Humanity](#)

[Atrocity photographs, dignity and human vulnerability](#)

Carolyn J. Dean

This essay explores assumptions that underpin discourses on atrocity photographs, including the idea that images objectify photographed subjects or traumatize viewers. The essay analyzes the unexamined ideas that construct these assumptions, in particular the affective investment in the concept of human dignity as an image of invulnerability. Arguments about atrocity photographs pit important if recent concepts of photography’s ostensibly transformative if vexed political function to “bear witness” against an aversion to the display of violated human dignity whose sources are psychic and cultural.

[Albert Hirschman and the Social Sciences: A Memorial Roundtable](#)

Jeremy Adelman, Michele Alacevich, Victoria de Grazia, Ira Katznelson and Nadia Urbinati

Albert O. Hirschman (1915–2012) is recognized as one of the most well-rounded and interdisciplinary social scientists of the postwar era. After fleeing Germany as a young opponent of the Nazi regime, he moved across countries, languages, and

disciplinary boundaries. He was a pioneer of development economics and other social sciences, to which he contributed with exemplary analyses of the processes and mechanisms of political, economic, and social change. Following Hirschman's own interdisciplinary approach, Nadia Urbinati, Ira Katznelson, Victoria De Grazia, Jeremy Adelman, and Michele Alacevich will explore the milestones of his incredibly rich intellectual journey.

[From Empires to NGOs in the West African Sahel: An Introduction](#)

Gregory Mann

These pages, excerpted from Gregory Mann's *From Empires to NGOs in the West African Sahel: the Road to Nongovernmentality*, offer a succinct overview of its key points. Mann asks how it is that in the years following independence from French colonial rule, in a period when state sovereignty was highly valued, international NGOs took on some of the functions of government in the West African Sahel. He sketches the rise of ambitious and aggressive African governments, the effects of drought and famine, and the emergence of Human Rights campaigns that built on older anti-colonial and labor movements.

[A Bee with an Electronic Brain: Drone Flights in Cold War America](#)

Katherine Chandler

Records of drone flights during the Cold War include photographs, engineering documents, commercial pamphlets, and newspaper articles. This series of images photographed pieces of documentation and re-created scenes to consider the anachronism of Cold War target drones in the midst of contemporary "unmanned" warfare. The five triptychs and accompanying essay ask how drone technologies, and the humans who produce and operate them, map onto visible and invisible domestic and international spaces and with what consequences? The pieces underscore the persistence of secrecy and the interplay between soldier, enemy and target, even as the images undo current notions of drone aircraft.

[The Banality of Goodness: Humanitarianism between the Ethics of Showing and the Ethics of Seeing](#)

Pierluigi Musarò

Raising questions about how vulnerable “others” are represented in our mediated culture, and whether such a spectacle of suffering has the power to move us to action, the essay investigates what kinds of aesthetic, ethical, and political challenges are connected with the mediatization of humanitarian space in the neoliberal age. Focusing on the communication techniques used to generate empathy between the spectator and the suffering subject, the paper moves from Lilie Chouliaraki’s *The Ironic Spectator: Solidarity in the Age of Post-Humanitarianism* and Susie Linfield’s *The Cruel Radiance: Photography and Political Violence* to explore the complex relationship between the visual media, the needs of victims, and public attention, and unveils the many paradoxes intrinsic to the link between contemporary politics of humanitarianism and the government of human beings.

[Journal of the History of Medicine and Allied Sciences](#)

[“In the Course of Routine Analysis”: Re-Envisioning Research in State Departments of Health, 1920–1940](#)

Carolyn Shapiro-Shapin

During the interwar years, 1919–1939, State Department of Health (DOH) laboratories from around the United States provided scientific leadership and dedicated bench work to support the development of standardized laboratory technique. One important focus of the work was syphilis testing. In recent years, historians have explored the heated arguments and international debates surrounding the development of standardized methods. This article adds State Departments of Health to the venues in which scientists performed valuable research aimed at standardizing and improving analytic procedures. I argue that the research conducted in DOH laboratories to provide Progressive Era public health officials with accurate and efficient tools to control syphilis and other infectious diseases required significant innovation, international cooperation, and scientific creativity from scientists deeply engaged in multiple research projects. These endeavors offer an instructive venue for historians to begin to re-envision DOH laboratories as vibrant sites for scientific research, where work on standard methods was an enterprise of discovery and innovation.

[Recruiting “Friends of Medical Progress”: Evolving Tactics in the Defense](#)

[of Animal Experimentation, 1910s and 1920s](#)

Karen D. Ross

In 1923, Thomas Barbour of Harvard announced the creation of a national lay organization, the Society of Friends of Medical Progress (FMP), to defend animal research in the United States against a resurgent antivivisection movement. After decades of successful behind-the-scenes lobbying and avoiding the public spotlight, medical scientists significantly altered their tactics and sought public engagement, at least by proxy. Although the authority of scientific medicine was rising, women's suffrage, the advent of the ballot initiative, and a growing alliance of antivivisectionists and other groups in opposition to allopathic medicine so altered the political landscape that medical scientists reconsidered formerly rejected ideas such as partnering with laymen. Medical scientists, Walter B. Cannon and Simon Flexner chief among them, hoped that the FMP would relieve the scientists of a time-consuming burden and defend against government regulation of medical institutions without the charge of material self-interest. However, financial problems and the frequent conflicts that arose between the lay leadership and Flexner eventually undermined the FMP's value as a defender of animal experimentation and reveal the distrust of reformers like Flexner who did not believe that laymen could speak for scientific medicine.

[Conscripting Organs: "Routine Salvaging" or Bequest? The Historical Debate in Britain, 1961–75](#)

Helen MacDonald

The period 1961–76 was one of marked contestation in Britain about how organs should be obtained from recently deceased people's bodies to transplant into ailing strangers. Most were being removed from hospital patients' corpses without these people's prior consent, under a law that enabled hospital authorities to so authorize the use of a body with one caveat: enquiries should first be made to learn whether the dead person had in life objected to this or whether a family member did. Transplant surgeons argued that this requirement severely hampered their enterprise. They pushed for the 1961 Human Tissue Act to be overturned, to enable them to presume that all patients in British hospitals had consented to their organs being removed when they died, with no requirement that relatives' views be sought first. As a contemporary ethicist noted, this savored

more of “conscription than of voluntary service” in the cause.¹ The following essay, based on an examination of archival sources, reveals the historical complexity of arguments that continue to be made in favor of presumed consent to organ “donation,” analyzing how early attempts to change the law in that direction failed while revealing the presence of different interests and values in this contest over corpses.

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