http://somatosphere.net/2016/04/in-the-journals-april-2016-part-i.html

In the Journals - April 2016 Part I

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By Michelle Pentecost

Welcome to the first stack of 'In the Journals' for April! It's a bumper crop, so find a cosy corner and some coffee to comb through it all. Happy reading!

Medicine Anthropology Theory

Is the 21st century the age of biomedicalization?

Eileen Moyer and Vinh-Kim Nguyen

(Excerpt from editorial)

The diverse contributions that make up this issue of MAT, we gingerly suggest, could initiate a provocative conversation in response to the following question: what if biomedicine, or to be more precise 'biomedicalization'(Clarke 2003), is to the twenty-first century as industrialization was to the nineteenth? …. The question of whether biomedicalization will be the twenty-first-century equivalent to industrialization sprang to mind in reading Catherine Waldby and Melinda Cooper's important book, *Clinical Labor*, reviewed in this issue by Neil Singh (and is also raised by another important volume, *Lively Capital,* edited by Kaushik Sunder Rajan). Singh underlines the central argument of the book: surrogacy, participation in clinical trials, donation of body parts, and other practices enabled by a global regime of biomedicine can be theorized together as forms of clinical labour that are derived from the body's inherent potential for regeneration. There is, in this, a parallel to the assemblage of machines in factories, which enabled the emergence of a working class united by their engagement in industrial labour. Industrialization signed the transformation of the relationship between consciousness, embodiment, and human engagement with the material world, increasingly subsumed into raw material for transformation through industrialized labour into the commodity form.

Biomedical packages: Adjusting drugs, bodies, and environment in a phase III clinical trial

Charlotte Brives

Clinical trials are a fundamental stage in a drug's biography for they provide the standard by which a molecule's therapeutic status is determined. Through this process of experimentation, a pharmaceutical substance acquires a new competence – that of treating or preventing disease. This article examines experimentation in drug production, and shows how this complex apparatus not only transforms the status of the molecule but also produces new understandings of and expectations for how people should act. Drawing upon observation of a trial of prophylactic prevention of mother-to-child transmission of HIV, in Ouagadougou, Burkina Faso, I show that the production of this biomedical technology – the therapeutic drug – is coupled with the production of its users. In so doing, I challenge the conception of drugs as bounded objects and instead offer the concept of 'biomedical package', which highlights the social relations that characterise it.

Blessing unintended pregnancy: Religion and the discourse of women's agency in public health

Don Seeman, Iman Roushdy-Hammady, Annie Hardison-Moody, Winnifred W. Thompson, Laura M. Gaydos, Carol J. Rowland Hogue

Within public health and medical anthropology research, the study of women's agency in reproductive decision making often neglects the role of religion and women's spirituality. This article is based on ethnographic research conducted at a shelter for homeless (mostly African American) mothers in the southeastern United States. We explore the inadequacy of rational choice models that emphasize intentionality and planning, which our research shows are in tension with the vernacular religious and moral ethos of pregnancy as a 'blessing' or unplanned gift. Our findings confirm that young and disadvantaged women may view pregnancy and motherhood as opportunities to improve their lives in ways that mediate against their acceptance of family planning models. For these women, the notion of 'blessing' also reflects an acceptance of contingency and indeterminacy as central to the reproductive experience. We also question the increasingly popular distinction between 'religion' and 'spirituality' in contemporary public health.

Longing for evidence-based traditions: Addiction treatment in Canada's Northwest Territories

Lindsay Bell

In Native North America, clinical/healing spaces are caught up in political struggles for autonomy. In Canada's Northwest Territories, where rates of alcohol consumption are substantially higher than national averages, there are ongoing attempts to align therapeutic practice with traditional Aboriginal modes of healing and well-being. This Think Piece traces the 'therapeutic trajectory' of alcohol treatment in and out of this subarctic region. I show how the language of 'evidence-based practice' affords both gains and losses with regard to the assertion of collective identity and values vis-à-vis the state. Against the backdrop of the closure of the region's sole residential treatment program, I contrast a conversation with a clinician responsible for implementing culture-based programs with the experiences of Destiny, a young Dene woman who, in the absence of local treatment options, spends time in clinics some one thousand kilometers away from her home community. In her movements away from the place to which she is indigenous, Destiny activates different forms of Aboriginal care than those intended by state and community actors. These divergent perspectives speak to the enmeshment of addiction with the perils and politics of liberal forms of recognition.

A desire for anorexia: Living through distress

Anna Lavis

This Think Piece reflects on the desire to maintain an existing illness, based on the narratives of individuals diagnosed with anorexia. Informants' descriptions of anorexia as a 'friend' that may 'look after you' problematize taken-for-granted boundaries between health and harm, illness and care. Framed as a precarious and painful solution to distress, the illness is described as a way in which to live through, and move beyond, the present moment. It emerges as an ambivalent modality of self-care that may be actively maintained. Such accounts invite consideration of what desire is and how it acts in the day-to-day lives of individuals with anorexia. By engaging with these questions, the Think Piece asks how such desire might be ethically approached, read, and attended to, and what challenges it poses to habitual ways of thinking and doing in medical anthropology.

Picturing homelessness: A glossary of perceptions

Robert Desjarlais

These photo essays speak to the conditions of homelessness in several urban settings in North America in rich, imaginative ways. Through intricate mosaics of photographs and text, the four essays convey singular aspects of living on the streets, in single-room-occupancy hotels (SROs), and in makeshift camps. They are embedded with a complex array of ideas and perspectives, which might be best attended to through teasing out certain key concepts and orientations – articulating a glossary of perceptions, as it were.

Medical Anthropology

"Healing is a Done Deal": Temporality and Metabolic Healing Among Evangelical Christians in Samoa

Jessica Hardin

Drawing on fieldwork in independent Samoa, in this article, I analyze the temporal dimensions of evangelical Christian healing of metabolic disorders. I explore how those suffering with metabolic disorders draw from multiple time-based notions of healing, drawing attention to the limits of biomedicine in contrast with the effectiveness of Divine healing. By simultaneously engaging evangelical and biomedical temporalities, I argue that evangelical Christians create wellness despite sickness and, in turn, re-signify chronic suffering as a long-term process of Christian healing. Positioning biomedical temporality and evangelical temporality as parallel yet distinctive ways of practicing healing, therefore, influences health care choices.

Healing Through States of Consciousness: Animal Sacrifice and Christian Prayer Among the Kachin in Southwest China

Wenyi Zhang

Healing rituals can be understood in terms of configurations of two states of consciousness—a culturally elaborated everyday waking consciousness, and an enhanced and culturally elaborated state of consciousness. Two healing rituals performed by the ethnic Kachin in Southwest China differentiate these two states of consciousness in their theories of life and death. The first ritual, animal sacrifice, employs the ordinary consciousness, including will and expectation, of participants through the enhanced state of consciousness of the ritual officiant. The second, Christian prayer, utilizes the enhanced consciousness of Christian

Congregation to achieve psychic transformation. These two rituals maneuver different configurations of the two states of consciousness in achieving healing efficacy.

"Doing the Best We Can": Providing Care in a Malawian Antiretroviral Clinic

Anat Rosenthal

Following a national policy shift toward universal access to antiretroviral therapy (ART) in Malawi, hospitals and clinics around the country made major changes to enable the provision of ART. In this already resource-limited environment, the provision of ART brought new health care delivery challenges to bear on both patients and health care professionals. The substance and form of these local interventions are affected by a multilayered global context. Drawing on fieldwork in an antiretroviral clinic in rural Malawi, this article discusses the daily implications of providing and receiving care in the context of a massive global shift in health policy, and argues that in order to fully understand the process of service rollout in all its complexity, care should be explored not only from the patients' perspective but also from that of local and international health care professionals and policymakers.

Biomedicine and 'Risky' Retirement Destinations: Older Western Residents in Ubud, Bali

Paul Green

International retirement migration is often conflated with the generic emergence of a new stage in the life course, the third age. I describe how well-travelled, globally orientated retirees are drawn to and experience biomedical provision in 'risky' retirement destinations. Drawing on ethnographic research in Ubud, Bali, Indonesia, I consider how older Western residents shape, share, and manage their health concerns in light of an Indonesian biomedical system that is transforming in the context of modern medical provision and an emerging retirement industry. Building on Rose and Novas's notion of biological citizenship, I illustrate the ways in which Western retirees engage with multiple biomedical realities built around localized, symbolic distinctions between 'hospital' and 'doctor,' immigration frameworks, the transregional context of medical tourism, and broader concerns relating to change and overdevelopment in Ubud and Bali.

"Bitten By Shyness": Menstrual Hygiene Management, Sanitation, and the Quest for Privacy in South Africa

Fiona Scorgie, Jennifer Foster, Jonathan Stadler, Thokozile Phiri, Laura Hoppenjans, Helen Rees and Nancy Muller

Little is known about how menstruation is managed in low-income settings and whether existing sanitation systems meet women's needs. Using the 'Photovoice' method with 21 women in participatory workshops and in-depth interviews, we collected data on menstrual hygiene management in three sites in Durban, South Africa. All women reported using disposable sanitary pads. Although they were aware that disposable pads were nonbiodegradable, incompatible with waterborne flush systems, and fill up pit latrines, they had little experience with reusable products. Considerable energy was devoted to concealing and containing 'menstrual waste,' and women expressed concern about inadequate privacy during menstruation. All sites lacked discreet disposal options and reliable water access, while outdoor sanitation facilities were considered unsafe. Findings highlight the need for advocacy to improve safety and privacy of facilities for women in this setting.

Analyzing Social Spaces: Relational Citizenship for Patients Leaving Mental Health Care Institutions

Jeanette Pols

"Citizenship" is a term from political theory. The term has moved from the relationship between the individual and the state toward addressing the position of 'others' in society. Here, I am concerned with people with long-term mental health problems. I explore the possibilities of ethnographically studying this rather more cultural understanding of citizenship with the use of the concept of relational citizenship, attending to people who leave Dutch institutions for mental health care. Relational citizenship assumes that people become citizens through interactions, whereby they create particular relations and social spaces. Rather than studying the citizen as a particular individual, citizenship becomes a matter of sociality. In this article, I consider what social spaces these relationships create and what values and mechanisms keep people together. I argue that the notion of neighborhood as a form of community, although built implicitly or explicitly into mental health care policy, is no longer the most plausible model to understand social spaces.

Medical Anthropology in Africa: The Trouble with a Single Story

Nolwazi Mkhwanazi

In the growing number of publications in medical anthropology about sub-Saharan Africa, there is a tendency to tell a single story of medicine, health, and health-seeking behavior. The heavy reliance on telling this singular story means that there is very little exposure to other stories. In this article, I draw on five books published in the past five years to illustrate the various components that make up this dominant narrative. I then provide examples of two accounts about medicine, health, and health-seeking behavior in Africa that deviate from this dominant narrative, in order to show the themes that alternative accounts have foregrounded. Ultimately, I make a plea to medical anthropologists to be mindful of the existence of this singular story and to resist the tendency to use its components as scaffolding in their accounts of medicine, health, and health-seeking behavior in Africa.

Critical Public Health

On the perils of invoking neoliberalism in public health critique

Kirsten Bell and Judith Green

(Excerpt in lieu of abstract)

Read any issue of Critical Public Health and you're more likely than not to see the concept of 'neoliberalism' invoked at some point. Inputting it as a keyword in the jour- nal brings up 93 papers, and it features prominently in the title of three articles on our 'most cited' list: 'Understanding health promotion in a neoliberal climate and the mak- ing of health conscious citizens' (Ayo, 2012), 'Neoliberalism, public health, and the moral perils of fatness' (LeBesco, 2011) and 'Aboriginal mothering, FAS prevention and the contestations of neoliberal citizenship' (Salmon, 2011). The growing frequency with which the concept is invoked amongst authors publishing in CPH has led us to joke, on more than one occasion, that perhaps we should modify our name to Critical Public Health: the Negative Impacts of Neoliberalism. In light of the growing prominence accorded to the concept of neoliberalism in (and of course beyond) the journal, it therefore seems like a good time to take stock of our conceptual equipment to ensure that it does what we think it does and want it do. Reminded of Latour's (2004) injunction to think critically about critique, in

this edito- rial we simply want to do ‘what every good military officer, at regular periods, would do: retest the linkages between the new threats he or she has to face and the equipment and training he or she should have in order to meet them’ (p. 231).

Operationalizing the ‘population health’ approach to permit consideration and minimization of unintended harms of public health interventions: a malaria control example

L.K Allen-Scott, J.M Hatfield, L McIntyre and L McLaren

To achieve elimination of malaria, both ‘populations at risk’ strategies and ‘population health’ approaches to intervention are required. While the ‘populations at risk’ vs. ‘population health’ debate is not new to public health, here we advance the discussion by identifying how the ‘population health approach’, coupled with concepts from theories of unintended harms, could be used to identify and guide efforts to minimize unintended harm associated with ‘populations at risk’ strategies, using malaria as an example. We begin by reviewing unintended harm and present the presumptive diagnosis and treatment of malaria clinical practice guideline (PDTM-CPG) as an example of a ‘populations at risk’ strategy for malaria control. We then consider the value of the ‘population health’ approach for identifying and minimizing cultural and economic unintended harms associated with the PDTM-CPG. We outline several concepts that are helpful in terms of the identification and mitigation of unintended harm. Specifically, the ‘population health approach’ emphasizes structural determinants of health that are key to enhancing intervention impact and reducing inequities, while theories of unintended harms emphasize factors that play into the selection and impact of interventions; namely, the breadth and depth of the knowledge base, contextual considerations, basic values, and the perceived need for immediate action. Finally, based on these key concepts, we identify practical discussion questions for district, national, and international public health planners and policy-makers to reflect upon when engaging in intervention design or adaptation. These questions are intended to maximize efforts to achieve malaria elimination while minimizing unintended harms.

Making voluntary medical male circumcision a viable HIV prevention strategy in high-prevalence countries by engaging the traditional sector

Nicola Bulled and Edward C. Green

Voluntary medical male circumcision (VMMC) has been rapidly accepted by global HIV policy and donor institutions as a highly valuable HIV prevention strategy given its cost-effectiveness, limited interactions with a health facility and projected long-lasting benefits. Many southern African countries have incorporated VMMC into their national HIV prevention strategies. However, intensive VMMC promotion programs have met with limited success to date and many HIV researchers have voiced concerns. This commentary discusses reasons behind the less-than-desired public demand and suggests how inclusion of the traditional sector – traditional leaders, healers, and circumcisers – with their local knowledge, cultural expertise and social capital, particularly in the realm of social meanings ascribed to male circumcision (MC), may improve the uptake of this HIV prevention strategy. We offer Lesotho and Swaziland as case studies of the integration of universal VMMC policies; these are countries with a shared HIV burden, yet contrasting contemporary sociocultural practices of MC. The similar hesitant responses expressed by these two countries towards VMMC remind us that the incorporation of any new or revised and revitalized public health strategy must be considered within unique historical, political, economic, and sociocultural contexts.

Creating a market in workplace health promotion: the performative role of public health sciences and technologies

Agnes Meershoek and Klasien Horstman

The last 20 years have seen the rise of ‘a market’ aiming to promote the vitality and health of employees. In this article, we use insights from Science and Technology Studies to analyze how this market developed, what side effects it has given rise to, and to what extent the market identifies and addresses these side effects. Drawing on an analysis of documents and interviews with stakeholders, we will show that knowledge institutes have played a major role in turning employee health into a commodity. Referring to the health sciences for legitimation, they have developed ‘market devices’ that turn employee health into a commodity. In this commodification process, employees are transformed into an object of care and do not constitute a market party themselves. Privatization of occupational health is accounted for by arguing that market mechanisms will adequately address the health of employees as a public goal. However, subtle mechanisms serve to discipline employees who already display a more or less rationalized lifestyle into vital and fit workers, while threatening to exclude unhealthy employees. These unintended side effects of the market of workplace health promotion are neither identified nor addressed in the market, which – for the time being at least – is thus failing to safeguard the public interest of employee health.

Public health, physical exercise and non-representational theory – a mixed method study of recreational running in Sofia, Bulgaria

Andrew Barnfield

Non-representational approaches hold promise for critical theory in public health. At the same time, they also hold promise for practitioners looking to develop practical dimensions for interventions. This article examines physical activity in Sofia, Bulgaria, a country with low levels of physical activity participation, to draw attention to the potential of non-representational theory for public health. In doing so, this article explores recreational running clubs and runners in Sofia. The role of affect, objects and movement in running routines is used to think through the techniques and technologies of participation. The article concludes by outlining how embracing on openness to bodily movement in public health theory could be beneficial in attempts to improve participation rates in physical exercise.

Hepatitis C prevention and convenience: why do people who inject drugs in sexual partnerships 'run out' of sterile equipment?

Suzanne Fraser, Jake Rance and Carla Treloar

Rates of hepatitis C virus transmission among people who inject drugs in Australia remain high despite decades of prevention education. A key site of transmission is the sharing of injecting equipment within sexual partnerships. Responsibility for avoiding transmission has long been understood individually, as have the measures designed to help individuals fulfil this responsibility, such as the distribution of sterile injecting equipment. This individualising tendency has been criticised for placing an unfair level of responsibility on poorly resourced, marginalised people and ignoring the social nature of injecting drug use and related health care. Likewise, although research has demonstrated that injecting drug use is gendered, gender and sexual partnerships remain marginal to health promotion efforts. In this article, we address these weaknesses, drawing on a qualitative, interview-based project that explored equipment sharing within (hetero)sexual partnerships. In conducting our analysis, we explore a key theme that emerged in discussions about accessing and sharing injecting equipment, that of convenience, using critical marketing theory to understand this theme. In particular, we investigate the issues of convenience that affect the use of sterile injecting equipment, the many factors that shape convenience itself, and the aspects of equipment use

that go beyond convenience and into the realm of intimacy and meaning. We conclude that injecting equipment needs to be both meaningful and convenient if sharing within partnerships is to be reduced further.

The global financial crisis: experiences of and implications for community-based organizations providing health and social services in South Africa

Olagoke Akintola, Netsai Bianca Gwelo, Ronald Labonte and Talitha Appadu

The global financial crisis that began in 2008 with the collapse of the US real estate bubble is considered the worst economic turmoil since the Great Depression in the 1930s. While the crisis has negatively impacted the global economy and the flow of aid to Sub-Saharan African countries, little is known about the implications of the crisis for community-based organizations (CBOs) providing health-related services in marginalized communities. We conducted qualitative interviews with managers of 14 CBOs providing health and social services to marginalized communities in South Africa about their experiences of the crisis. CBOs reported experiencing a marked decrease in funding received from both international and local donors as a result of the global financial crisis. At the same time, they experienced difficulties in securing new funding. Organizations addressed the funding problems by conducting organizational restructuring and implementing austerity measures that led to the retrenchment of staff, reduction in benefits and incentives for staff and volunteers, reduction in the number of communities served and rationing of services provided to these communities. These measures had negative psychological impacts on paid staff and volunteers and contributed to absenteeism and attrition among volunteers, and some of the organizations eventually closed down. Our findings show that the global financial crisis has far-reaching implications for health, social and developmental services delivery and ravaging impacts on the economy of marginalized communities. Policy-makers should explore mechanisms for protecting CBOs from the effects of economic shocks to guarantee the provision of critical services to marginalized communities.

Contrasting approaches to ‘doing’ family meals: a qualitative study of how parents frame children’s food preferences

Claire Thompson, Steve Cummins, Tim Brown and Rosemary Kyle

Family meals, as acts of domestic food provisioning, are shaped by the competing influences of household resources, food preferences and broader cultural norms around dietary practices. The place of children's food tastes in family meal practices is particularly complex. Food tastes stand in a reciprocal relationship with family food practices: being both an influence on and a product of them. This paper explores how parents think about and respond to their children's food preferences in relation to family meal practices. A qualitative study was conducted with residents of Sandwell, UK. The results presented here are based on the responses of nine key participants and their families. Photo elicitation methods generated participant food photo diaries that were used to inform subsequent interviews. A thematic analysis revealed two contrasting ways of incorporating children's tastes into family meal routines: (1) 'what we fancy' and (2) 'regulated'. The former entails repeatedly consulting and negotiating with children over what to cook for each meal. It is supported by the practical strategies of multiple and individually modified meals. The latter relies upon parents developing a repertoire of meals that 'work' for the family. This repertoire is performed as a series of 'set meals' in which any requests for variation are strongly resisted. Our findings add to the small body of literature on household food provisioning and suggest that achieving the idealised ritual of the family meal is underpinned by a range of values and strategies, some of which may run counter to health messages about nutrition.

'It's not the government's responsibility to get me out running 10 km four times a week' – Norwegian men's understandings of responsibility for health

Stein Egli Kolderup Hervik and Miranda Thurston

The individualization of health has been extensively discussed in the last few decades. Empirical work, however, has mainly had its origins within neoliberal societies. Norway, as a social democratic welfare state based on universal social rights and egalitarianism is thus of interest in understanding how people's talk reflects national policies. Through a series of 18 in-depth interviews with a heterogeneous group of middle-aged and elderly men in rural Norway, this paper explores lay men's understandings of individuals' responsibility for health vis-à-vis the state's. The men in this study expressed complex but shared notions of the state's and the individual's responsibility for health. The individual's main responsibility was to act in specific ways in order to maintain good health. However, little blame was placed on those who did not act in the expected way. The state's main responsibilities were to facilitate the healthy lifestyle of individuals and act as a safety net for those in need.

The state was also viewed as being responsible for providing universal health care free of charge, regardless of the reason for the need. We argue that the political and societal values of Norway are reflected in the men's talk about responsibility for health, alongside neoliberal ideas found in other Western societies. Importantly, however, we conclude that a social democratic welfare state system supports and facilitates agency with regard to health, lifestyle and one's life more broadly.

'Sound Health Starts from Education': the social construction of obesity in Iranian public health discourse

Shiva Nourpanah and Fiona S. Martin

This paper presents the results of a study exploring official public health discourse surrounding obesity in Iran. Data were obtained from the Iranian Government agency website responsible for public health. Our study contributes to the knowledge about the social construction of public health issues in general, and obesity in particular, in a developing country that subscribes to sociocultural norms and a political economy regime proclaimed to be very different from those in secular liberal democracies. Our analysis reveals noteworthy differences and parallels between obesity discourses emanating from public health officials in the neoliberal West and those currently taking shape in the Iranian context. While a notable lack of emphasis on consumption as a tool of lifestyle change as well as distinctive anxieties regarding modernization and technology characterize obesity discourse in Iran was noted, so was the promotion of individual behaviour change. We discuss the implications of these findings and make recommendations for further research on the public health strategies currently being undertaken to address obesity in Iran and other non-Western contexts.

Disability Studies Quarterly

Horrible Heroes: Liberating Alternative Visions of Disability in Horror

Melinda Hall

Understanding disability requires understanding its social construction, and social construction can be read in cultural products. In this essay, I look to one major locus for images of persons with disabilities—horror. Horror films and fiction use disability imagery to create and augment horror. I first situate my understanding of disability imagery in the horror

genre using a case study read through the work of Julia Kristeva. But, I go on to argue that trademark moves in the horror genre, which typically support ableist assumptions, can be used to subvert ableism and open space for alternative social and political thinking about disability. I point to the work of Tim Burton and Stephen King to demonstrate these possibilities in horror.

The Norm___ and the Pathological

Kevin Gotkin

In this paper, I read *The Normal and the Pathological* by French philosopher Georges Canguilhem for what it can offer disability theory. I examine how the field has already taken up the text but further, I argue for *The Normal and the Pathological* as a keystone of disability theory (currently taken up with curiously reserved energy). I start with a précis on the text before offering a condensed citation analysis of the book. In the latter part of the paper, I suggest how the monograph might inform current conversations and I offer possibilities for it to deepen and complicate core notions about disability, including the social model, norms, normalcy, and the normate. I conclude by suggesting that Canguilhem's philosophical intervention can be understood as "propulsive atavism" – an excavation of medical epistemology in order to map and reconfigure its legacies – and I propose this as one methodological template for disability scholarship.

Disability, Narrative, and Moral Status

Elizabeth B. Purcell

The present essay aims to respond to recent arguments which maintain that persons with severe cognitive impairments should not enjoy the full moral status or equal dignity as other "cognitively-able" humans. In the debate concerning moral standing and worth, philosophers Singer and McMahan have argued that individuals with certain impairments should not be granted full moral status and therefore, by extension, should not be awarded the same inviolability as humans without cognitive impairments. In response, I argue that an overlooked social ability – the capacity to narrate – provides grounds for the full moral status of individuals with severe cognitive impairments, and thus provides a defense and support for individuals with such "disabilities" to play a robust role in moral action and contribution to human living.

[Virtual realities: The use of violent video games in U.S. military recruitment and treatment of mental disability caused by war]

John Derby

This article critically analyzes the U.S. military's contradictory use of violent video gaming technologies for recruiting young gamers to the military, training soldiers for combat, and clinically treating soldiers for posttraumatic stress disorder (PTSD) caused by military service. Using a Disability Studies lens, I discuss the commercial video game *Full Spectrum Leader/Warrior,* the U.S. Army's free video game *America's Army*, and the virtual reality exposure therapy application *Virtual Iraq*. I also discuss missions and omissions from the literature on these gaming technologies, which bolsters the underlying ableism of military culture that inhibits soldiers from recovering from PTSD.

[OUT OF SIGHT, STILL IN MIND: visually impaired women's embodied accounts of ideal femininity]

Tara A. Fannon

With its emphasis on physical form, the diffusion of the feminine ideal relies heavily on the use of visual imagery but there is a common knowledge about the feminine ideal that penetrates language and discourse. The relationship between mainstream representations of the feminine ideal and non-disabled female body/self dissatisfaction has been well-documented over the years but less attention has been given to understanding how such visual representations affect women with disabilities, specifically women with visual disabilities. Drawing on qualitative data taken from the personal diaries and in-depth interviews with seven blind and visually impaired Irish women, and using a feminist disability model reinforced by sociology of the body, gender theory and visual studies, I examine what it means to be a young woman with a visual disability living in a visually-reliant, appearance-oriented culture. I explore interpretations and expressions of femininity and beauty, the complicated, often fraught, relationship with female body and self and the rituals and practices used to manage appearance while having a disability.

[The Body and its Able-ness: Articulating In/Eligibility through Rhetorics of Motherhood, Unjust Language, and Questionable Medical Authority]

Rachel D. Davidson, Lara C. Stache

This essay analyzes a controversy involving Amelia (Mia) Rivera, a three-year old girl who was denied a life-saving kidney transplant in January 2012. As reported by Mia's mother, Chrissy, on her blog post, Mia was denied the kidney transplant because of her mental disability. Throughout the public discussion that took place over a few short weeks, we argue Mia's ineligibility was rearticulated through rhetorics of motherhood, unjust body language, and questions about medical authority. we suggest this indicates that descriptions of the body and its able-ness carry more weight in the public's understanding of health issues than does medical authority.

Selective Abortion as Moral Failure? Revaluation of the Feminist Case for Reproductive Rights in a Disability Context

Claire McKinney

Of feminism and disability theory's many overlapping concerns, few have received as much attention as prenatal genetic diagnosis and selective abortion. While the attention to how genetic selection reinforces disability stigma is important, much of this writing has failed to present the feminist case for the right to unrestricted abortion. This oversight has led to an articulation of the disability critique of selective abortion that threatens the very claims to reproductive freedom and bodily self-determination that undergird disability politics as well. This article rearticulates the feminist case for unrestricted reproductive rights in order to challenge the current framing of prenatal genetic diagnosis as an ethical failure and to present the opportunity to refigure reproductive rights as disability rights.

Health and Place

The interplay between neighbourhood characteristics: The health impact of changes in social cohesion, disorder and unsafety feelings

Annemarie Rujisbroek, Mariel Droomers, Wim Hardyns, Peter P Groenewegen and Karien Stronks

This study examined how the health of Dutch residents in 2012 was influenced by changes in neighbourhood social cohesion, disorder, and unsafety feelings between 2009 and 2011. Multilevel regression analyses on repeated cross-sectional survey data included 43,635 respondents

living in 2100 areas. Deteriorating social cohesion and unsafety feelings were negatively associated with general health, while improvement in social cohesion was associated with better general health of the population. When the interplay of neighbourhood features was considered, deteriorating neighbourhood safety appeared decisive for health, i.e. improving social cohesion did not mitigate the health effect of deteriorating neighbourhood safety. Our results show it is important to take concurrent interactions between neighbourhood features into account when examining their health impact.

[How could differences in 'control over destiny' lead to socio-economic inequalities in health? A synthesis of theories and pathways in the living environment]

Margaret Whitehead, Andy Pennington, Lois Orton, Shilpa Nayak, Mark Petticrew, Amanda Sowden and Martin White

We conducted the first synthesis of theories on causal associations and pathways connecting degree of control in the living environment to socio-economic inequalities in health-related outcomes. We identified the main theories about how differences in 'control over destiny' could lead to socio-economic inequalities in health, and conceptualised these at three distinct explanatory levels: micro/personal; meso/community; and macro/societal. These levels are interrelated but have rarely been considered together in the disparate literatures in which they are located. This synthesis of theories provides new conceptual frameworks to contribute to the design and conduct of theory-led evaluations of actions to tackle inequalities in health.

[Journal of the History of Medicine and Allied Sciences]

[Constitutional Therapy and Clinical Racial Hygiene in Weimar and Nazi Germany]

Michael Hau

The paper examines the history of constitutional therapy in Weimar and Nazi Germany. Focusing on Walther Jaensch's "Institute for Constitutional Research" at the Charité in Berlin, it shows how an entrepreneurial scientist successfully negotiated the changing social and political landscape of two very different political regimes and mobilized considerable public and private resources for his projects. During the

Weimar period, his work received funding from various state agencies as well as the Rockefeller foundation, because it fit well with contemporary approaches in public hygiene and social medicine that emphasized the need to restore the physical and mental health of children and youths. Jaensch successfully positioned himself as a researcher on the verge of developing new therapies for feeble-minded people, who threatened to become an intolerable burden on the Weimar welfare state. During the Nazi period, he successfully reinvented himself as a racial hygienist by convincing influential medical leaders that his ideas were a valuable complement to the negative eugenics of Nazi bio-politics. “Constitutional therapy,” he claimed, could turn genetically healthy people with “inhibited mental development” (geistigen Entwicklungshemmungen) into fully productive citizens and therefore made a valuable contribution to Nazi performance medicine (Leistungsmedizin) with its emphasis on productivity.

Music, Mechanism, and the “Sonic Turn” in Physical Diagnosis

Peter Pesic

The sonic diagnostic techniques of percussion and mediate auscultation advocated by Leopold von Auenbrugger and R. T. H. Laennec developed within larger musical contexts of practice, notation, and epistemology. Earlier, François-Nicolas Marquet proposed a musical notation of pulse that connected felt pulsation with heard music. Though contemporary vitalists rejected Marquet’s work, mechanists such as Albrecht von Haller included it into the larger discourse about the physiological manifestations of bodily fluids and fibers. Educated in that mechanistic physiology, Auenbrugger used musical vocabulary to present his work on thoracic percussion; Laennec’s musical experience shaped his exploration of the new timbres involved in mediate auscultation.

“The Glamour of Arabic Numbers”: Pliny Earle’s Challenge to Nineteenth-Century Psychiatry

Lawrence Goodheart

A well-established interpretation associates the nineteenth-century psychiatrist Pliny Earle’s deflation of high cure rates for insanity with the onset of a persistent malaise in patient treatment and public health policy during the Gilded Age. This essay comes not to praise Earle but to correct and clarify interpretations, however well intentioned, that are incomplete

and inaccurate. Several points are made: the overwhelming influence of antebellum enthusiasm on astonishing therapeutic claims; the interrogation of high “recovery” rates begun decades before Earle’s ultimate provocation; and, however disruptive, the heuristically essential contribution of Earle’s challenge to furthering a meaningful model of mental disorder. In spite of the impression created by existing historiography, Earle, a principled Quaker, remained committed to “moral treatment.”