

<http://somatosphere.net/2017/03/in-the-journals-february-2017.html>

In the Journals: February 2017

2017-03-01 20:13:39

By Christine Sargent

[American Ethnologist](#)

[Good ramps, bad ramps: Centralized design standards and disability access in urban Russian infrastructure](#)

Cassandra Hartblay

Accessible design seeks to reconfigure the social by restructuring the material. As the idea moves globally, it becomes entwined in local logics of moral obligations between citizens and the state. Wheelchair users in the city of Petrozavodsk, in northwestern Russia, talk about inaccessible infrastructure as being embedded in moral relationships. In their stories, hierarchies of expertise diffuse responsibility for outcomes and devalue user knowledge. When accessible design elements are installed to meet minimum standards, they are “just for the check mark” and often do not “work.” Wheelchair ramps produce value for businesses or governments by representing an idea of access that circulates as a commodity. Failed accessible design draws attention to a moral field governing the responsibilities of actors to produce a “good” built environment, imbricated in teleologies of progress. [disability, design, infrastructure, access, ramps, postsocialism, Russia]

[Self-governance, psychotherapy, and the subject of managed care: Internal Family Systems therapy and the multiple self in a US eating-disorders treatment center](#)

Rebecca J. Lester

“The self” has seen a surprising resurgence in recent anthropological theorizing, revitalizing interest in whether and how it can be studied ethnographically. These issues are brought to the fore by a newly popular psychotherapy technique, Internal Family Systems therapy (IFS), as practiced in a US eating-disorders clinic. There, clinicians and clients negotiate tensions between this model’s understanding of a multiple, refracted self and

managed-care companies' insistence on personal responsibility. In considering the moral and pragmatic work of IFS in the clinic, a new critical anthropology of selfhood illuminates the vectors through which economic and political commitments become imbricated in the self. They do so in ways that resist both psychologism and subjectivism while holding them in productive—albeit sometimes troubling—tension.

[Psicoeducación in the land of magical thoughts: Culture and mental-health practice in a changing Oaxaca](#)

Whitney L. Duncan

At a time of uncertainty and change in Oaxaca, Mexico, mental-health practice dovetails with political-economic projects to reflect and produce tensions around “culture.” Promoting mental health is linked to goals for economic development, and notions of culture and modernity are co-constructed in ways that cast culture as a barrier to mental health. “Psychological modernization” efforts therefore seek to flatten cultural difference in the interests of national advancement. Not only do psy-services in Oaxaca provide means of self-understanding and technologies for self-cultivation in the context of modernity, but they also actively seek to produce the psychological conditions for modernity. Yet many professionals attribute Mexico’s mental-health problems to the very processes of modernization, development, and globalization that their projects seek to facilitate.

[Resonant worlds: Cultivating proximal encounters in planetary science](#)

Lisa Messeri

Planetary scientists are adept at producing knowledge about objects that are far removed from their lived experience of place and time. Sometimes, they overcome this distance by positioning Earth as a planet that can stand for other worlds. Encountering Earth becomes an encounter with another planet. When scientists experience the Earthly as otherworldly, they sometimes feel an excitement here described as “resonance.” Fully felt resonance is rare, but scientists devote much time and effort to preparing for it so as not to miss its fleeting instances. Just as resonance affords scientists the possibility of experiencing the distant, it also describes moments when the anthropologist is in harmony with what had previously been strange. Thus, resonance is a mode of

cognitive and affective reasoning that collapses distance and transforms the similar into the same.

[Critical Public Health](#)

Special Section: Anthropological Interrogations of Evidence-Based Global Health

[In search of results: anthropological interrogations of evidence-based global health](#)

Elsa L. Fan & Elanah Uretsky

This special section brings together a collection of papers that interrogate evidence itself as an object of inquiry and examines how different forms of evidence are produced, negotiated, and valued across a range of health contexts. In unpacking evidence and the practices implicated in its production, these papers explore the health interventions mobilized in global health from within the positivist methods that dominate its discourse, attending specifically to the blind spots that sometimes emerge from the limited purview of what is recognized as evidence. In particular, all the papers foreground the business rationalities, measurement technologies, funding structures, and regime of actors and agendas that distinguish global health from its predecessor international health (see Brown, Cueto, & Fee, 2006) and its counterpart public health, both of which are bound by national governance and financing. Our papers thus aim to unravel that ‘obscure object of global health’ (Fassin, 2012) that seems to be less about the spatial and geographic boundaries that determine health and more about the financial and political arrangements through which health practices (and inequalities) are configured. The primary concern is often who is setting the standards for measuring health and how these forms of knowledge circulate in ways that shape the health outcomes themselves.

[“Guilty until proven innocent”: the contested use of maternal mortality indicators in global health](#) *open access*

Katerini T. Storeng & Dominique P. Béhague

[Making global health knowledge: documents, standards, and evidentiary](#)

[sovereignty in HIV interventions in South India](#)

Robert Lorway

[Multiple accountabilities: development cooperation, transparency, and the politics of unknowing in Tanzania's health sector](#)

Noelle Sullivan

['We can't do that here': negotiating evidence in HIV prevention campaigns in southwest China](#)

Elanah Uretsky

[Counting results: performance-based financing and HIV testing among MSM in China](#)

Elsa L. Fan

Critical Public Health, Cont.:[University students' drinking as a social practice and the challenge for public health](#)

Sian Supski, Jo Lindsay & Claire Tanner

In this paper, we explore the relational dynamics of alcohol consumption by university students, drawing on qualitative interviews with fifty undergraduates in Victoria, Australia. We argue that university drinking is a social practice comprised of a bundle of activities that operate together to reinforce excessive consumption. Drawing on a distinct version of social practice theory, we conceptualise drinking as an organising principle of university social life with interacting elements – meanings, materials and competences. The meanings of drinking include cultural conventions, expectations and socially shared meanings that alcohol is central to student life. Materials of drinking include objects and infrastructures such as, beverage choice, drinking venues and mobile phones. Drinking competences include managing bodily effects of alcohol but also social relationships while consuming alcohol. The distinct social practice perspective we utilise can assist public health to address the interrelated dynamics of alcohol consumption as a social practice, with its own trajectory into which students are recruited and become carriers of the practice while at university.

Cultural Anthropology *open access*[Openings and Retrospectives – Speed: An Introduction](#)

Vincent Duclos, Tomás Sánchez Criado, Vinh-Kim Nguyen

On every front, life is being mobilized. Connected and put in motion, activated and fast-forwarded, life is sped up in unprecedented ways. This Openings collection is premised on the conviction that the world is accelerating, and that anthropology needs to catch up. We do not make a claim for a faster anthropology, but rather for the crafting of concepts capable of creatively engaging with forces and intensities—technological, but also economic, political, and geological—that constitute and spoil the worlds we are attached to. We aim to open anthropological practice to temporalities that are immanent to both the congealment of life—for instance, of responsive capacities—and to potential deviations and overflows.

[Speed Crash Course](#)

Carlo Caduff

[Inhabiting Media: An Anthropology of Life in Digital Speed](#)

Vincent Duclos

[Viral Speed: Infrastructure, Connectivity, Ontogeny; or, Notes on the Molecular Epidemiology of Epidemics](#)

Vinh-Kim Nguyen

[An Idiotic Catalyst: Accelerating the Slowing Down of Thinking and Action](#)

Ignacio Farías

Cultural Anthropology, Cont.[Humanitarian Care and the Ends of Life: The Politics of Aging and Dying in a Palestinian Refugee Camp](#)

Ilana Feldman

What [does it mean] to live as a refugee over the long term? One thing that it can mean—and in the Palestinian case of decades of displacement, what it necessarily has meant for many people—is to die as a refugee. How do humanitarian actors respond to the inevitability of death? Ordinary deaths are not easily incorporated into a field of intervention whose primary purpose is to save lives: to stop people from dying from “stupid things” (Redfield 2013, 31). This aim helps delimit the activities within the scope of humanitarian concern. Humanitarianism is a “regime of life,” in the sense that Lisa Stevenson (2014, 68) describes, a system “in which keeping people alive has become the primary goal.” Practitioners do not, of course, imagine immortality for aid recipients, but their orientation toward life-saving has limited their attention to servicing dying. A second characteristic of most humanitarian work is that it is intended to be short-term: to respond to crisis and conclude when normal conditions reemerge. In the Palestinian case, and in many other instances around the globe, this intention cannot be realized. Instead, humanitarian work has been compelled to respond to chronic conditions and to confront people’s needs across the whole life cycle. Long-term refugee status means that not only life, but also the end of life must become a humanitarian concern.

[Scenes of Commitment](#)

Bharat Jayram Venkat

On a late spring morning in 2011, a middle-aged man with a respectable head of gray waited patiently in the hallway of a private clinic in Chennai, the capital city of the South Indian state of Tamil Nadu. This man, whom I will call Vasudevan, had for many years been committed to therapy, unfailingly consuming the medications that made it possible for him to live with HIV.¹ For many of the clinic’s staff, Vasudevan had been an ideal patient, in stark contrast to those who came to the hospital only in moments of desperation, long after their drug supplies had been exhausted. That morning, he had been among the first to arrive at the clinic, so he would be among the first to be seen by the doctors. His appointments tended to run like clockwork. On this particular morning, however, things did not go as expected. He no longer wished to take his medication. To the contrary, Vasudevan asked to die

[To Revive an Abundant Life: Catholic Science and Neextractivist Politics](#)

[in Peru's Mantaro Valley](#)

Stefanie Graeter

I did not expect to see a scientific laboratory in the highland city of Huancayo, let alone at the offices of its archbishop. In the crisp morning air of a mid-September day in 2010, I awaited the sight of more desks, file cabinets, binders, and manila envelopes (the stuff of NGOs) as my guide deftly unfastened the three stiff locks of an iron-wrought door. Yet when the door swung open, the room revealed an entirely different menagerie of objects. In the entranceway lay bulky pieces of air-monitoring equipment, scattered among coolers chock-full of plastic bottles. On top of black countertops, boxed rubber gloves neighbored bottles of ethanol, their red nozzles poised at right angles awaiting surfaces to disinfect. In my line of sight stood a heat-sanitizing drying rack, a vacuum-hooded counter space, and the cascading pages of safety warnings fastened to the wall. In a corner, a few too many lab coats overwhelmed a standing hanger, unfit for its task. Although no one thing makes a lab a lab, at that moment I knew I knew a lab when I saw one. This article analyzes the integration of religious and scientific practitioners and practices within a Catholic knowledge-making project called El Proyecto Mantaro Revive (Revive the Mantaro Project).

[Living the Laughscream: Human Technology and Affective Maneuvers in the Iraq War](#)

Nomi Stone

Drawing on twenty-six months of ethnographic fieldwork in the extended Iraq warscape—from predeployment exercises in mock Middle Eastern villages across the United States to Iraqi refugee neighborhoods in Amman, Jordan—I examine the contours of the wartime work outsourced to populations I call human technologies: individuals construed by the U.S. military as embodied repositories of cultural/regional knowledge. These individuals act as local mediators, translators, advisors, and proxies for U.S. military personnel and produce soldiers as insiders in the war zone: they are hired to augment both U.S. military access within the war zone and soldiers' understanding of the so-called human terrain. I examine in this article how an ironic disjuncture between military prescriptions for authenticity and role-players' experiences of inauthenticity generates moments of charged incongruency for those hired to embody constricted versions of their cultures. I

argue that a charged tension manifests itself in the training apparatus: on the epistemological level, even as they experience excess, role-players work to make the simulations “look good” to retain their jobs; meanwhile, that excess manifests affective overflow—in particular, one form that a role-player called “the laughscream.” I contend that such moments of affective excess create a momentary reprieve for role-players while typically not disturbing the military structure.

[Current Anthropology](#)

[Animal Autonomy and Intermittent Coexistences: North Asian Modes of Herding](#)

Charles Stépanoff, Charlotte Marchina, Camille Fossier, and Nicolas Bureau

Leading anthropological theories characterize pastoralism as a relation of protective domination in which humans drive, protect, and feed their livestock and dispose of its life. On the basis of ethnographic fieldwork performed among six different husbandry systems throughout North Asia, we challenge this interpretation by showing that indigenous techniques tend to rely preferentially on animal autonomy and a herd’s capacity to feed and protect itself. In defining five modes of herding, in each of which the proportions of human and animal agencies differ, we explore the issue of the stability of the herder-livestock bond in a nomadic context with loose human intervention. Our argument is that the shared nomadic landscape is the common ground that enables a balance between animal autonomy and human-animal engagement in cooperative activities. We propose the notion of intermittent coexistence to describe the particular kind of human-animal relationship built and maintained in North Asian husbandry systems.

[International Journal of Social Psychiatry](#)

[Community Families: Bridging the gap between mental health services and civil society – A qualitative study from users’ perspective](#)

Ulla Væggemose, Stina Lou, Michal Frumer, Nanna Limskov Stærk Christiansen, Jørgen Aagaard, Lisbeth Ørtenblad

Social interventions to support people with severe mental illness are important to improving the quality of life. The perspectives of users are essential in this process. This article explores users' experiences, investments and concerns of a befriending programme.

Social Science and Medicine

[Tinkering toward departure: The limits of improvisation in rural Ethiopian biomedical practices](#)

Stephanie Rieder

This paper explores Ethiopian physicians' responses to tensions produced by gaps between ideals of biomedicine and realities of clinical practice in two rural Ethiopian hospitals. Physicians engage in creativity and improvisation, including relying on informal networks and practices and tinkering within diagnoses and procedures, to overcome constraints of lack of resources and limited opportunities to engage in "good medicine." These courageous, but often unsuccessful attempts to mitigate professional and personal conflicts within their medical practices represent improvisation in impossible circumstances. This paper results from ethnographic research conducted in 2013–2014 and includes participant observations and qualitative interviews in two hospitals within the same community. The inherent conflicts among globalized standards, unpredictable transnational medical networks, and innovative practices produce tenuous clinical spaces and practices that rely on a mosaic of techniques and ad hoc connections. Tinkering and improvisation often fail to mediate these conflicts, contributing to physician disenchantment and departure from the community.

[Water insecurity in a syndemic context: Understanding the psycho-emotional stress of water insecurity in Lesotho, Africa](#)

Cassandra L. Workman, Heather Ureksoy

This paper is a response to the call for a renewed focus on

measuring the psycho-emotional and psychosocial effects of food insecurity and water insecurity. Using a mixed-method approach of qualitative interviews and quantitative assessment, including a household demographic, illness, and water insecurity scale, the Household Food Insecurity Access Scale, and the Hopkins Symptoms Checklist-25, this research explored the psycho-emotional effects of water insecurity, food insecurity, and household illness on women and men residing in three low-land districts in Lesotho (n = 75). Conducted between February and November of 2011, this exploratory study first examined the complicated interaction of water insecurity, food insecurity and illness to understand and quantify the relationship between these co-occurring stresses in the context of HIV/AIDS. Second, it sought to separate the role of water insecurity in predicting psycho-emotional stress from other factors, such as food insecurity and household illness. When asked directly about water, qualitative research revealed water *availability, access, usage amount, and perceived water cleanliness* as important dimensions of water insecurity, creating stress in respondents' daily lives. Qualitative and quantitative data show that water insecurity, food insecurity and changing household demographics, likely resulting from the HIV/AIDS epidemic, are all associated with increased anxiety and depression, and support the conclusion that water insecurity is a critical syndemic dimension in Lesotho. Together, these data provide compelling evidence of the psycho-emotional burden of water insecurity.

[Social Studies of Science](#)

[The problem of epistemic jurisdiction in global governance: The case of sustainability standards for biofuels](#)

David E Winickoff, Matthieu Mondou

While there is ample scholarly work on regulatory science within the state, or single-sited global institutions, there is less on its operation within complex modes of global governance that are decentered, overlapping, multi-sectorial and multi-leveled. Using a co-productionist framework, this study identifies 'epistemic jurisdiction' – the power to produce or warrant technical knowledge for a given political community, topical arena or geographical territory – as a central problem for regulatory science in complex governance. We explore these dynamics in the arena

of global sustainability standards for biofuels. We select three institutional fora as sites of inquiry: the European Union's Renewable Energy Directive, the Roundtable on Sustainable Biomaterials, and the International Organization for Standardization. These cases allow us to analyze how the co-production of sustainability science responds to problems of epistemic jurisdiction in the global regulatory order. First, different problems of epistemic jurisdiction beset different standard-setting bodies, and these problems shape both the content of regulatory science and the procedures designed to make it authoritative. Second, in order to produce global regulatory science, technical bodies must manage an array of conflicting imperatives – including scientific virtue, due process and the need to recruit adoptees to perpetuate the standard. At different levels of governance, standard drafters struggle to balance loyalties to country, to company or constituency and to the larger project of internationalization. Confronted with these sometimes conflicting pressures, actors across the standards system quite self-consciously maneuver to build or retain authority for their forum through a combination of scientific adjustment and political negotiation. Third, the evidentiary demands of regulatory science in global administrative spaces are deeply affected by 1) a market for standards, in which firms and states can choose the cheapest sustainability certification, and 2) the international trade regime, in which the long shadow of WTO law exerts a powerful disciplining function.

[From academic laboratory to the market: Disclosed and undisclosed narratives of commercialization](#)

Adi Sapir, Amalya L Oliver

This paper examines how the Weizmann Institute of Science has been telling the story of the successful commercialization of a scientific invention, through its corporate communication channels, from the early 1970s to today. The paper aims to shed light on the transformation processes by which intellectual-property-based commercialization activities have become widely institutionalized in universities all over the world, and on the complexities, ambiguities and tensions surrounding this transition. We look at the story of the scientific invention of Copolymer-1 at the Weizmann Institute of Science and its licensing to Teva Pharmaceutical Industries, which subsequently developed the highly successful drug Copaxone for the treatment of multiple sclerosis. We argue that, in its tellings and retellings of the story of Copolymer-1, the Weizmann Institute has

created narratives that serve to legitimize the institution of academic patenting in Israel.

[Extra-terra incognita: Martian maps in the digital age](#)

Lisa Messeri

Science and technology studies (STS) and critical cartography are both asking questions about the ontological fixity of maps and other scientific objects. This paper examines how a group of NASA computer scientists who call themselves The Mapmakers conceptualizes and creates maps in service of different commitments. The maps under construction are those of alien Mars, produced through partnerships that NASA has established with Google and Microsoft. With the goal of bringing an experience of Mars to as many people as possible, these maps influence how we imagine our neighbouring planet. This paper analyzes two attributes of the map, evident in both its representation and the attending cartographic practices: a sense of Mars as dynamic and a desire for a democratic experience of Mars in which up-to-date Mars data can be intuitively accessed not only by scientists but by lay users as well. Whereas a democratic Mars promises users the ability to decide how to interact with the map and understand Mars, dynamic Mars imposes a more singular sense of Mars as a target of continued robotic and maybe even human exploration. Because maps of Mars have a different (and arguably less complex) set of social and political commitments than those of Earth, they help us see how different goals contradict and complement each other in matters of exploration and state-craft relevant both to other worlds and our own.

[The Anthro-scene: A guide for the perplexed](#)

Jamie Lorimer

The scientific proposal that the Earth has entered a new epoch as a result of human activities – the Anthropocene – has catalysed a flurry of intellectual activity. I introduce and review the rich, inchoate and multi-disciplinary diversity of this Anthro-scene. I identify five ways in which the concept of the Anthropocene has been mobilized: scientific question, intellectual zeitgeist, ideological provocation, new ontologies and science fiction. This typology offers an analytical framework for parsing this diversity, for understanding the interactions between different ways of thinking

in the Anthro-scene, and thus for comprehending elements of its particular and peculiar sociabilities. Here I deploy this framework to situate Earth Systems Science within the Anthro-scene, exploring both the status afforded science in discussions of this new epoch, and the various ways in which the other means of engaging with the concept come to shape the conduct, content and politics of this scientific enquiry. In conclusion the paper reflects on the potential of the Anthropocene for new modes of academic praxis.

[Social Theory & Health](#)

[Diagnosing dementia: Ethnography, interactional ethics and everyday moral reasoning](#)

Alexandra Hillman

This article highlights the contribution of ethnography and qualitative sociology to the ethical challenges that frame the diagnosis of dementia. To illustrate this contribution, the paper draws on an ethnographic study of UK memory clinics carried out between 2012 and 2014. The ethnographic data, set alongside other studies and sociological theory, contest the promotion of a traditional view of autonomy; the limiting of the point of ethical interest to a distinct moment of diagnosis disclosure; and the failure to recognise risk and uncertainty in the building of clinical 'facts' and their communication. In addressing these specific concerns, this article contributes to the wider debate over the relationship between sociology and bioethics (medical ethics). At the heart of these debates lies more fundamental questions: how can we best understand and shape moral decision-making and ethics that guide behaviour in medical practice, and what should be the guiding ideas, concepts and methods to inform ethics in the clinic? Using the case of dementia diagnosis, this article illustrates the benefits of an ethnographic approach, not just for understanding this ethical problem but also for exploring if and how a more empirically informed ethics can help shape healthcare practices for the better.

[Sociology of Health & Illness](#)

[Special Issue: Ageing, dementia and the social mind: past, present and future perspectives](#)

Paul Higgs, Chris Gilleard

Accompanying the ageing of contemporary ageing societies is an increase in age associated morbidity, with dementia having an important impact. Mental frailty in later life is a source of fear for many and a major policy concern to all those concerned with health and welfare services. This introduction to the special issue on 'Ageing, dementia and the social mind' situates the selected papers within the context of debates about dementia and its social relations. In particular it draws attention to the importance of the social imaginary of the fourth age and what this means for the issue of personhood, care, social representations of dementia and its social contextualisation. The papers illuminating these themes draw on a variety of disciplines and approaches; from the social sciences to the humanities and from the theoretical to the empirical in order to help orientate future researchers to the complexities of dementia and the social and cultural matrix in which it exists. This paper provides an introduction to the potential for a more extended sociology of dementia; one which could combine the insights from medical sociology with the concerns of social gerontology.

[Relational citizenship: supporting embodied selfhood and relationality in dementia care](#)

Pia Kontos, Karen-Lee Miller, Alexis P. Kontos

[Shifting dementia discourses from deficit to active citizenship](#)

Linda Birt, Fiona Poland, Emese Csipke, Georgina Charlesworth

[Narrative collisions, sociocultural pressures and dementia: the relational basis of personhood reconsidered](#)

Edward Tolhurst, Bernhard Weicht, Paul Kingston

[Power, empowerment, and person-centred care: using ethnography to examine the everyday practice of unregistered dementia care staff](#)

Kezia Scales, Simon Bailey, Joanne Middleton, Justine Schneider

[Institutionalising senile dementia in 19th-century Britain](#)

Emily Stella Andrews

[Dichotomising dementia: is there another way?](#)

Patricia McParland, Fiona Kelly, Anthea Innes

[When walking becomes wandering: representing the fear of the fourth age](#)

*Katherine Brittain, Cathrine Degnen, Grant Gibson, Claire Dickinson,
Louise Robinson*

Transcultural Psychiatry

[“It comes down to just how human someone can be”: A Qualitative study with young people from refugee backgrounds about their experiences of Australian mental health services](#)

Madeline C. Valibhoy, Ida Kaplan, Joseg Szwarc

While much literature documents the mental health needs of young people from refugee backgrounds, and the barriers they face in accessing mental health services, researchers have yet to document the perspectives of service users from this population about their contacts with clinicians and services. We therefore individually interviewed 16 young people (aged 18–25 years) who were refugees about their experiences of seeing mental health professionals. Participants were born in 9 different countries and had lived in Australia for an average of 5.2 years. They placed most emphasis on in-session factors, and particularly on interpersonal considerations. Among the main themes identified via thematic analysis were the practitioner’s sensitivity to the young person’s cultural background and to the stressors affecting him or her, including traumatic refugee experiences, and the therapeutic relationship—especially the qualities of trust, understanding, respect, and a caring connection. The participants had diverse reactions to treatment strategies. They emphasised the role of their preconceptions around mental health services, and called for systematic mental health awareness-raising for young people from refugee backgrounds. Implications for research, policy, and practice are discussed with a focus on findings that may guide efforts to improve service acceptability, accessibility, and effectiveness. In particular, there is a need for practitioners to attend to their clients’ experiences of sessions, to adopt an attuned, contextualised, systemic approach, and especially to take

a nuanced approach to cultural sensitivity.

[Local terms and understandings of mental health problems in Burundi](#)

Pacifique Irankunda, Laurie Heatherington, Jessica Fitts

A pilot study and two intensive studies were conducted to document the local vocabularies used by Burundians to describe mental health problems and their understandings about the causes. The pilot study—in which 14 different large groups of community members awaiting appointments at a village health clinic were engaged in open-ended discussions of the local terminology and causal beliefs about mental health problems—suggested three key syndromes: akabonge (a set of depression-like symptoms), guhahamuka (a set of trauma-related symptoms), and ibisigo (a set of psychosis-like symptoms). In Study 1 (N = 542), individual interviews or surveys presented participants with the names of these syndromes and asked what they considered to be the symptoms and causes of them. Study 2 (N = 143) cross-validated these terms with a different sample (also in individual interviews/surveys), by presenting the symptom clusters and asking what each would be called and about their causes. Findings of both studies validated this set of terms and yielded a rich body of data about causal beliefs. The influence of education level and gender on familiarity with these terms was also assessed. Implications for the development of mental health services and directions for future research are discussed.

[Pastoral care of mental illness and the accommodation of African Christian beliefs and practices by UK clergy](#)

Gerard Leavey Kate Loewenthal Michael King

Faith-based organisations, especially those related to specific ethnic or migrant groups, are increasingly viewed by secular Western government agencies as potential collaborators in community health and welfare programmes. Although clergy are often called upon to provide mental health pastoral care, their response to such problems remains relatively unexamined. This paper examines how clergy working in multiethnic settings do not always have the answers that people want, or perhaps need, to problems of misfortune and suffering. In the UK these barriers can be attributed, generally, to a lack of training on mental health problems and minimal collaboration with health services. The

current paper attempts to highlight the dilemmas of the established churches' involvement in mental health care in the context of diversity. We explore the inability of established churches to accommodate African and other spiritual beliefs and practices related to the etiology and treatment of mental health problems.

[The lived experience of paroled offenders with fetal alcohol spectrum disorder and comorbid psychiatric disorder](#)

Caroline L. Tait Mansfield Mela Garth Boothman Melissa A. Stoops

This case study presents the life history and postincarceration experiences of two forensic psychiatric patients diagnosed with comorbid mental illness and fetal alcohol spectrum disorder (FASD). The men first met in prison and a few years after their release became roommates at the suggestion of their community support worker and parole officer. With shared and coordinated clinical and mentorship supports, the men were able to establish stability in their lives and manage their mental illness. However, changes in support and gaps within the continuum of care contributed to a sudden breakdown in their stability. The life history and experiences of the two men illustrate the importance in establishing and maintaining positive social networks and coordinated supports for the postincarceration success of offenders living with FASD and comorbid mental illness. The findings highlight areas of patient and system vulnerability that should be addressed to reduce recidivism and strengthen the stability in the lives of these individuals.

AMA citation

Sargent C. In the Journals: February 2017. *Somatosphere*. 2017. Available at:
<http://somatosphere.net/2017/03/in-the-journals-february-2017.html>. Accessed March 6, 2017.

APA citation

Sargent, Christine. (2017). *In the Journals: February 2017*. Retrieved March 6, 2017, from Somatosphere Web site:
<http://somatosphere.net/2017/03/in-the-journals-february-2017.html>

Chicago citation

Sargent, Christine. 2017. In the Journals: February 2017. Somatosphere. <http://somatosphere.net/2017/03/in-the-journals-february-2017.html>

(accessed March 6, 2017).

Harvard citation

Sargent, C 2017, *In the Journals: February 2017*, Somatosphere.

Retrieved March 6, 2017, from

<<http://somatosphere.net/2017/03/in-the-journals-february-2017.html>>

MLA citation

Sargent, Christine. "In the Journals: February 2017." 1 Mar. 2017.

Somatosphere. Accessed 6 Mar. 2017.<<http://somatosphere.net/2017/03/in-the-journals-february-2017.html>>