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In the Journals - August 2017

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By Livia Garofalo

Here is the article round-up for August. There is a special issue section of Social Science and Medicine out this month on [Austerity, Health, and Wellbeing](#) (abstracts below). Also of note is a recent 'Takes a Stand' statement on the End of AIDS published in [Global Public Health](#) by Nora Kenworthy, Richard Parker, and Matthew Thomann. You can take advantage of the article being temporarily free access and on early view [here](#). Enjoy!

[Cultural Anthropology \(Open Access\)](#)

[Tangles of Care: Killing Goats to Save Tortoises on the Galápagos Islands](#)

Paolo Bocci

If calls to care for other species multiply in a time of global and local environmental crisis, this article demonstrates that caring practices are not always as benevolent or irenic as imagined. To save endemic tortoises from the menace of extinction, Proyecto Isabela killed more than two hundred thousand goats on the Galápagos Islands in the largest mammal eradication campaign in the world. While anthropologists have looked at human engagements with unwanted species as habitual and even pleasurable, I discuss an exceptional intervention that was ethically inflected toward saving an endemic species, yet also controversial and distressing. Exploring eradication's biological, ecological, and political implications and discussing opposing practices of care for goats among residents, I move past the recognition that humans live in a multispecies world and point to the contentious nature of living with nonhuman others. I go on to argue that realizing competing forms of care may help conservation measures—and, indeed, life in the Anthropocene—to move beyond the logic of success and failure toward an open-ended commitment to the more-than-human.

[International Journal of Social Psychiatry](#)

[‘I have potential’: Experiences of recovery in the individual placement and support intervention](#)

Iben Gammelgaard, Thomas N Christensen, Lene F Eplov, Sofie B Jensen, Elsebeth Stenager, Kirsten S Petersen

Background: The individual placement and support (IPS) intervention supports persons with severe mental illness in achieving competitive employment. Although the IPS intervention is labelled a recovery-oriented intervention, little is known about how participants experience IPS to influence recovery. The aim was to investigate how IPS and employment influence recovery in persons with severe mental illness. **Material:** A qualitative phenomenological hermeneutic study of experiences of 12 participants in IPS. **Discussion and conclusion:** IPS and competitive work have an impact on personal recovery, may influence work functioning and decrease depressive symptoms, but do not seem to have an impact on psychotic symptoms.

[Rights of people with mental disorders: Realities in healthcare facilities in Tunisia](#)

Mayssa Rekhis, Abir Ben Hamouda, Sami Ouanes, Rym Rafrafi

Background: Mental disorders have been associated worldwide with human rights’ violations. Controversially, many occur in mental health facilities. **Aim:** This work aimed to assess the rights of people with mental disorders in healthcare facilities in Tunisia. **Methods:** A cross-sectional study, using the World Health Organization (WHO) quality-rights toolkit, assessed the human rights levels of achievement in Elrazi Hospital, the only psychiatric hospital in Tunisia, in comparison with the National Institute of Nutrition (NIN). The framework was the Convention on the Rights of Persons with Disabilities (CRPD). The assessment was carried through observation, documentation review, and interviews with service users, staff, and family members. The sample was composed of 113 interviewees. **Results:** In Elrazi Hospital, three out of the five evaluated rights were assessed as only initiated: the right to an adequate standard of living, to exercise legal capacity and to be free from inhuman treatment. By comparison, these

rights were partially achieved in the NIN. The right to enjoyment of the highest attainable standard of health was partially achieved and the right to live independently and to be included in the community was not even initiated. These last two rights were at the same level of achievement in the NIN. **Conclusion:** Significant improvements are needed to adapt the practice in Elrazi Hospital to comply with human rights, especially since the achievement level of these rights is lower than in a non-psychiatric hospital. Our study emphasizes the importance of spreading the CRPD as a standardized framework.

[Social class and mental distress in Greek urban communities during the period of economic recession](#)

Anastasia Zissi and George Stalidis

Background: This study draws on old and well-established evidence that economic change, and especially recession, affects people's lives, behavior and mental health. Even though the literature is rich on the relationship between unemployment and mental distress, there is a renewed research interest on the link between socio-economic inequalities and psychological health. **Aims:** The study investigates the relationship of social class with mental distress during the hard times of persistent and severe economic crisis in Greece by conducting a comparative, community study in the country's second largest city, Thessaloniki. **Method:** A face-to-face structured interview covering living conditions, life events, chronic stressors and coping strategies was employed to 300 residents of socio-economically contrasting neighborhood areas. Social class was operationalized by Erik Olin Wright's social class position typology, based on ownership and control over productive assets. The method of multiple correspondence analysis (MCA) was also applied to analyze the collected data. **Results:** The results indicated that mental distress was significantly differentiated across social classes and in each residential area. Unemployed and unskilled workers were the most vulnerable groups in terms of psychological health. Chronic stress arose in this study as a risk factor for poor mental health outcomes and it was associated to low marital quality, intense economic burden and impoverished housing conditions. **Conclusion:** Those who face income loss, job loss and disability are at high risk for poverty and marginalization, suffering from greater psychological distress.

Social Science & Medicine

SPECIAL ISSUE SECTION: Austerity, Health and Wellbeing: Transnational Perspectives

Austerity and the embodiment of neoliberalism as ill-health: Towards a theory of biological sub-citizenship

Matthew Sparke

This article charts the diverse pathways through which austerity and other policy shifts associated with neoliberalism have come to be embodied globally in ill-health. It combines a review of research on these processes of embodiment with the development of a theory of the resulting forms of biological sub-citizenship. This theory builds on other studies that have already sought to complement and complicate the concept of biological citizenship with attention to the globally uneven experience and embodiment of bioinequalities. Focused on the unevenly embodied sequelae of austerity, the proceeding theorization of biological sub-citizenship is developed in three stages of review and conceptualization: 1) *Biological sub-citizenship through exclusion and conditionalization*; 2) *Biological sub-citizenship through extraction and exploitation*; and 3) *Biological sub-citizenship through financialized experimentation*. In conclusion the paper argues that the analysis of biological sub-citizenship needs to remain open-ended and relational in order to contribute to socially-searching work on the social determinants of health.

[“Sharing One’s Destiny”: Effects of austerity on migrant health provisioning in the Mediterranean borderlands](#)

Megan A. Carney

Italy has been on the frontlines of the European Union's "migration crisis," intercepting hundreds of thousands of migrants and asylum-seekers at sea and on its shores. Yet it has lacked adequate resources to ensure humane reception, as other forms of welfare state provisioning have also been rolled back through recent and ongoing austerity measures enforced by the EU and the IMF. While Italians face fewer employment opportunities, lower pensions, and higher taxes, migrants of precarious legal status and asylum-seekers struggle to navigate the weakened bureaucratic apparatus of the Italian state, including the health system. Drawing on ethnographic fieldwork conducted in the Italian provinces of Lazio and Sicily in early 2014 and 2016, this article documents the imbricated economic and health struggles of Italian citizens and noncitizens, and alludes to lived experiences of and community responses to economic austerity characterizing much of the Mediterranean borderlands. I argue that marginalization by the state of both citizens and noncitizens in this setting undergirds some of the local and community responses to economic austerity. Moreover, I suggest that contemporary struggles in this geopolitical context intersect in important ways with the repercussions of austerity legacies that have contributed to widespread displacement in neighboring regions and subsequent migration into the EU.

[Producing a worthy illness: Personal crowdfunding amidst financial crisis](#)

Lauren S. Berlinera and Nora J. Kenworthy

For Americans experiencing illnesses and disabilities, crowdfunding has become a popular strategy for addressing the extraordinary costs of health care. The political, social, and health consequences of austerity—along with fallout from the 2008 financial collapse and the shortcomings of the Affordable Care Act (ACA)—are made evident in websites like GoFundMe. Here, patients and caregivers create campaigns to solicit donations for medical care, hoping that they will spread widely through social networks. As competition increases among campaigns, patients and their loved ones are obliged to produce compelling and sophisticated appeals. Despite the growing popularity of crowdfunding, little research has explored the usage, impacts, or consequences of the increasing reliance on it for health in the U.S. or abroad. This paper analyzes data from a mixed-methods study conducted from March–September 2016 of 200 GoFundMe

campaigns, identified through randomized selection. In addition to presenting exploratory quantitative data on the characteristics and relative success of these campaigns, a more in-depth textual analysis examines how crowdfunders construct narratives about illness and financial need, and attempt to demonstrate their own deservingness. Concerns with the financial burdens of illness, combined with a high proportion of campaigns in states without ACA Medicaid expansion, underscored the importance of crowdfunding as a response to contexts of austerity. Successful crowdfunding requires that campaigners master medical and media literacies; as such, we argue that crowdfunding has the potential to deepen social and health inequities in the U.S. by promoting forms of individualized charity that rely on unequally-distributed literacies to demonstrate deservingness and worth. Crowdfunding narratives also distract from crises of healthcare funding and gaping holes in the social safety net by encouraging hyper-individualized accounts of suffering on media platforms where precarity is portrayed as the result of inadequate self-marketing, rather than the inevitable consequences of structural conditions of austerity.

[Narrating health and scarcity: Guyanese healthcare workers, development reformers, and sacrifice as solution from socialist to neoliberal governance](#)

Alexis Walker

In oral history interviews, Guyanese healthcare workers emphasize continuity in public health governance throughout the late twentieth century, despite major shifts in broader systems of governance during this period. I argue that these healthcare workers' recollections reflect long-term scarcities and the discourses through which both socialist politicians and neoliberal reformers have narrated them. I highlight the striking similarities in discourses of responsibility and efficiency advanced by socialist politicians in 1970s Guyana and by World Bank representatives designing the country's market transition in the late 1980s, and the ways these discourses have played out in Guyana's health system. Across diverging ideologies, politicians and administrators have promoted severe cost-control as the means to a more prosperous future, presenting short-term pains as necessary to creating new, better, leaner ways of life. In the health sector this has been enacted through a focus on self-help, and on nutrition as a tool available without funds dedicated for pharmaceuticals, advanced medical technologies, or a fully staffed public health system. I argue that across these periods Guyanese citizens have been offered a very

similar recipe of ongoing sacrifice. I base my analysis on oral histories with forty-six healthcare workers conducted between 2013 and 2015 in Guyana in Regions 3, 4, 5, 9, and 10, as well as written records from World Bank and Guyanese national archives; I analyze official discourses as well as recollections and experiences of public health governance by those working in Guyana's health system.

["How the other half live": Lay perspectives on health inequalities in an age of austerity](#)

Kayleigh Garthwaite and Clare Bamba

This paper examines how people living in two socially contrasting areas of Stockton on Tees, North East England experience, explain, and understand the stark health inequalities in their town. Participants displayed opinions that fluctuated between a variety of converging and contrasting explanations. Three years of ethnographic observation in both areas (2014–2017) generated explanations which initially focused closely on behavioural and individualised factors, whilst 118 qualitative interviews subsequently revealed more nuanced justifications, which prioritised more structural, material and psychosocial influences. Findings indicate that inequalities in healthcare, including access, the importance of judgemental attitudes, and perceived place stigma, would then be offered as explanations for the stark gap in spatial inequalities in the area. Notions of fatalism, linked to (a lack of) choice, control, and fear of the future, were common reasons given for inequalities across all participants. We conclude by arguing for a prioritisation of listening to, and working to understand, the experiences of communities experiencing the brunt of health inequalities; especially important at a time of

austerity.

[Austerity and its implications for immigrant health in France](#)

Carolyn Sargent and Laurence Kotobi

The ongoing economic crisis in France increasingly has affected immigrant rights, including access to health care. Consistent with a 2014 League Against Cancer survey, we identify the ways in which sickness produces a “double penalty” for immigrants with serious illness. Immigrants with chronic illnesses such as cancer, diabetes, and other debilitating conditions divert vital funds from daily needs to deal with sickness and loss of work while at the same time national austerity measures shred the state’s traditional safety net of social services and support. We examine how immigrants strategize to manage financial exigencies, therapeutic itineraries and social relations in the face of these converging pressures. We base our findings on two studies related by this theme: an investigation of health inequalities in the Médoc region, in which 88 women, 44 of North African and Eastern European origin, were interviewed over a three-year period (2010–2013); and a three-year study (2014–2017) of West African immigrant women with breast cancer seeking treatment in the greater Paris region, 70 members of immigrant associations, and clinical personnel in three hospitals.

[Social Studies of Science](#)

[Scientists as citizens and knowers in the detection of deforestation in the Amazon](#)

Marko Monteiro, Raoni Rajão

This paper examines how scientists deal with tensions emerging from their role as providers of objective knowledge and as citizens concerned with how their research influences policy and politics in

Brazil. This is accomplished through an ethnographic account of scientists using remote sensing technology, of their knowledge-making activities and of the broader socio-political controversies that permeate the detection of deforestation in the Amazon rainforest. Strategies for mitigating uncertainty are central aspects of the knowledge practices analyzed, bringing controversies 'external' to the laboratory 'into' the lab, making these boundaries conceptually problematic. In particular, the anticipation of alternative interpretations of rainforest cover is a crucial way that scientists bring the world into the lab, helping to shed light on how scientists, usually seen and analyzed as isolated, are in fact often in constant dialogue with the broader political controversies related to their work. These insights help question the idea that the monitoring of deforestation through remote sensing is a form of secluded research, drawing a more complex picture of the dual role of scientists as knowledge producers and concerned citizens.

[Modernizing the flow of blood: Biomedical technicians, working knowledge and the transformation of Swedish blood centre practices](#)

Boel Berner, Maria Björkman

The early 1980s saw a 'paradigm change' in how donated blood was handled and used by blood centres, hospitals and pharmaceutical companies. In Sweden, a five-year state-financed R&D programme initiated a swift modernization process, an alleged 'revolution' of existing blood centre practices. In this article, we use interviews and archival material to analyse the role of female biomedical technicians in this rapid technical and organizational change. In focus is their working knowledge, or *savoir-faire*, of blood, instruments and techniques. We give a detailed analysis of technicians' emplaced and embodied skills to create safety in blood and its representations, handle contingencies and invent new procedures and techniques. These transformations are analysed as sociomaterial entanglements, where the doing and undoing of gender, sociomaterial practices, hierarchies of authority and expertise, and emotions are intertwined.

[Social Theory and Health](#)

[A tale of two diseases: Discourses on TB, HIV/AIDS and im/migrants and ethnic minorities in the United Kingdom](#)

Penelope Scott, Hella von Unger, Dennis Odukoya

Ethnicity and migrant-related categories in health reporting constitute a discursive practice in knowledge production on infectious diseases such as TB and HIV/AIDS. These categories are bound up with the ascription of identities and are a product of unique socio-historical factors. We use a sociology of knowledge approach to discourse analysis (SKAD), to examine the categories used in TB and HIV/AIDS health reporting in the UK and the discourses on im/migrants, ethnic minorities and infectious disease in which they are embedded. The interpretative analysis shows that the 'order of knowledge' instituted by these discourses is historically contingent and that common interpretative patterns in the discourses are of im/migrants and ethnic minority groups as being 'a risk' and 'at risk' of infectious diseases. However, the dominance of these patterns varies according to the disease. While TB has consistently been constructed since the 1960s as a disease of immigration, with im/migrants and ethnic minorities being more of 'a risk' to the nation's health, HIV/AIDS has been more explicitly linked to the new public health and notions of these groups' vulnerability. We consider the implications of these discourses in relation to the current TB control strategy and the constitution of knowledge on TB/HIV co-infection.

[Transcultural Psychiatry](#)

[Culture in *la clínica*: Evaluating the utility of the Cultural Formulation Interview \(CFI\) in a Mexican outpatient setting](#)

Alyssa M. Ramírez Stege, Kristin Elizabeth Yarris

While the classification of psychiatric disorders has been critiqued for failing to adequately account for culture, the inclusion of the Cultural Formulation Interview (CFI) in the DSM-5 has been viewed as a promising development for the inclusion of cultural factors in diagnosis and treatment of mental illness. In this study, we assess the appropriateness, acceptability, and clinical utility of the CFI among outpatients in a Mexican psychiatric hospital. Our assessment included observations of psychiatric residents' application of the CFI with 19 patients during routine outpatient

visits, along with pre- and post-CFI interviews to determine providers' and patients' views of the CFI. The CFI was generally well received by providers and patients, viewed as a way of building trust and increasing providers' understanding of contextual factors influencing mental illness, such as social support. However, the CFI questions specifically related to "culture" were of limited effect and both patients and providers did not view them as useful. We discuss implications for the clinical assessment of cultural factors influencing mental health and illness and for the incorporation of the CFI in Mexican clinical settings.

[The bird dancer and the warrior king: Divergent lived experiences of Tourette syndrome in Bali](#)

Robert Lemelson, Annie Tucker

In the past two decades, ethnographic, epidemiological and interdisciplinary research has robustly established that culture is significant in determining the long-term outcomes of people with neurodevelopmental, neuropsychiatric and mood disorders. Yet these cultural factors are certainly not uniform across discrete individual experiences. Thus, in addition to illustrating meaningful differences for people with neuropsychiatric disorder *between* different cultures, ethnography should also help detail the variations *within* a culture. Different subjective experiences or outcomes are not solely due to biographical idiosyncrasies—rather, influential factors arising from the same culture can have different impacts on different people. When taking a holistic and intersectional perspective on lived experience, it is crucial to understand the interaction of these factors for people with neuropsychiatric disorders. This paper teases apart such interactions, utilizing comparative case studies of the disparate subjective experiences and illness trajectories of two Balinese people with Tourette syndrome who exhibit similar symptoms. Based on longitudinal person-centered ethnography integrating clinical, psychological, and visual anthropology, this intersectional approach goes beyond symptom interpretation and treatment modalities to identify gendered embodiment and marital practices as influenced by caste to be significant determinants in subjective experience and long-term outcome.

[Signs](#)

[“Other Mothers,” Migration, and a Transnational Nurturing Nexus](#)

Alexia Bloch

Based on thirteen months of nonconsecutive ethnographic fieldwork (2001–11) among women labor migrants in Istanbul and their families in southern Moldova, this essay is framed by a critique of the forms of nurturing that are often portrayed as normative in discussions of transnational mobility. Patricia Hill Collins’s foundational work on othermothering and her call for feminist scholarship to “shift the center” informs the analysis of three women’s accounts of their experience of nurturing from a distance as they engage in transnational labor migration. Turning attention to local histories and practices, such as the “other mother” in southern Moldova, points to the distinctive ways nurturing can take shape in communities of outmigration. Moreover, the essay examines how historical experience of both local and Soviet state structures of caregiving, as well as the current virtual communication era, have brought about a distinctive transnational nurturing nexus, where caregiving for children is provided in multiple forms, including through remittances from women labor migrants, state-run day-care sites, and migrants’ relatives. Ultimately, I argue that southern Moldovan nurturing practices, including mothering from a distance, or “other mothering,” provide an important case for thinking about classic feminist questions about the diverse forms that motherhood and nurturing may take, as well as about the ways transnational mobility shapes local practices of nurturing.

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