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By Ann Marie Thornburg

We hope you find articles of interest in this month's In The Journals selections. Happy reading!

American Ethnologist

Quantitative care: Caring for the aggregate in US academic population health science
Katherine E. Madison

Academic quantitative population health scientists (AQPHS) in the United States care for populations with an ostensibly apolitical set of quantitative methods. This quantitative care has three interconnected components: AQPHS care about populations, they care for their data sets and models, and they care with these models' outputs. In the process their ideals of objectivity compete with, and enable, a moral ideal of political advocacy. Slipping between knowledge and intervention, the "real" and the imagined, and individuals and populations, AQPHS produce knowledge that they hope will change public narratives about marginalized populations. In doing so they draw on ideal types, converting quantitative findings about populations into speculation about individual behavior. AQPHS' ideal types both precede and tautologically reemerge from their science.

Health: An Interdisciplinary Journal for the Social Study of Health, Illness, and Medicine

Engines of alternative objectivity: Re-articulating the nature and value of participatory mental health organisations with the Hearing Voices Movement and Stepping Out Theatre Company
Claire Blencowe, Julian Bridgstocke, Tehseeh Noorani

Through two case studies, the Hearing Voices Movement and Stepping Out Theatre Company, we demonstrate how successful participatory organisations can be seen as 'engines of alternative objectivity' rather than as the subjective other to objective,

biomedical science. With the term 'alternative objectivity', we point to collectivisations of experience that are different to biomedical science but are nonetheless forms of objectivity. Taking inspiration from feminist theory, science studies and sociology of culture, we argue that participatory mental health organisations generate their own forms of objectivity through novel modes of collectivising experience. The Hearing Voices Movement cultivates an 'activist science' that generates an alternative objective knowledge through a commitment to experimentation, controlling, testing, recording and sharing experience. Stepping Out distinguishes itself from drama therapy by cultivating an alternative objective culture through its embrace of high production values, material culture, aesthetic standards. A crucial aspect of participatory practice is overcoming alienation, enabling people to get outside of themselves, encounter material worlds and join forces with others.

[Hooked on a feeling? Exploring desires and 'solutions' in infertility accounts given by women with 'atypical' sex development](#)
Lisa Guntram

Sociocultural meanings accorded to infertility, and rapid developments in assisted reproductive technologies, have long been central concerns in feminist and social scientific research. However, knowledge is scarce concerning how individuals make sense of infertility when it is disclosed in adolescence, for example as the result of an 'atypical' sex development, rather than as a result of failed conception. This article examines how understandings of desires, kinship and 'solutions' take shape and are negotiated in the accounts women give of infertility resulting from 'atypical' sex development. Through a thematic analysis it demonstrates how the interviewees described their desire for relationships and connectedness, which they considered to be made possible through pregnant embodiment, and details how these desires connected to a preference for medical 'solutions'. Specifically, the article discusses how the interviewees' accounts exemplifies how biological kinship can be 'done' without giving precedence to genetics. By addressing the specificities of finding out about infertility as a result of 'atypical' sex development, it furthermore highlights gaps in the common medical definition of infertility. These findings underscore the urgency of examining how definitions of infertility obscure certain experiences and consequently limit affected individuals' access to support and treatment. In conclusion, it is suggested that the article contributes to a more positive discourse on infertility in feminist scholarship by

teasing out the temporal dimensions of how affected individuals 'make active use' of assisted reproductive technologies to mitigate uncertainty and maintain hope, while at the same time renegotiating dominant norms of kinship.

Health and Place

Men's re-placement: social practices in a men's shed
David Anstiss, Darrin Hodgetts, Ottilie Stolte

Transitions into retirement can be difficult at the best of times. Many men find themselves having to reflect on who they are and what their lives are about. Their access to social supports and material resources are often disrupted. Men's Sheds offer a space where retired men can actively pursue wellbeing, and respond to disruption and loneliness through emplaced community practices. This paper draws on ethnographic research in a Men's Shed in Auckland, New Zealand in order to explore the social practices through which men create a shared space for themselves in which they can engage in meaningful relationships with each other. We document how participants work in concert to create a space in which they can be together through collective labour. Their emplacement in the shed affords opportunities for supported transitions into retirement and for engaging healthy lives beyond paid employment.

Social Science & Medicine

Understanding and alleviating maternal postpartum distress: Perspectives from first-time mothers in Australia
Kwok Hong Law, Ben Jackson, Kym Guelfi, Thinh Nguyen, James Alexander Dimmock

Background
Numerous factors have been shown to cause (or alleviate) maternal psychological distress in the early postpartum period, and a variety of interventions have been developed with the goal of preventing and/or managing such distress. However, only a few studies have explored new mothers' perspectives on the sources of their distress in the first six months' postpartum alongside the researchers' recommendations for interventions to address those sources.
Objectives
The aim of this work was to (a) identify factors associated with

normative psychological distress in the first 6-months' postpartum by healthy Australian first-time mothers, and (b) outline practical methods—rooted in those factors—deemed to be effective for preventing maternal psychological distress.

Method

Semi-structured interviews with 32 first-time mothers and thematic content analysis.

Results

Factors associated with maternal psychological distress emerged in relation to cognitive, behavioural, baby, and social factors. Mothers also indicated that interventions targeting reductions in psychological distress should include education—for mothers and significant others—prior to the postpartum period. These interventions should be delivered by credible information sources (e.g. other mothers, child-health nurses) and should focus on confidence-enhancement and social support provision.

Conclusion

As well as reinforcing evidence regarding common postpartum stressors, this study revealed novel insight into issues associated with normative psychological distress for new mothers (e.g., self-compassion). Perhaps most significant was that mothers also identified a range of clear practical strategies for community-based intervention designs that target psychological distress. As a result, these findings provide guidelines for interventions aimed at reducing psychological distress in the early postpartum period for Australian mothers.

"It can be challenging, it can be scary, it can be gratifying": Obstetricians' narratives of negotiating patient choice, clinical experience, and standards of care in decision-making

Laurie Diamond-Brown

This paper examines obstetricians' perceptions of standards of care and patient-centered care in clinical decision-making in childbirth. Patient-centered care and standardization of medicine are two social movements that seek to change how physicians make clinical decisions. Sociologists question if these limit physician discretion and weaken their social power; the degree to which this occurs in everyday practice is up for debate. Of additional concern is how physicians deal with observed tensions between these ideals. These questions are answered through in-depth interviews with 50 self-selected obstetricians from Massachusetts, Louisiana, and Vermont collected between 2013 and 2015. Interview data was analyzed using a grounded theory and template approach. The author problematizes obstetricians'

attitudes about standards of care and shared decision-making, mechanisms that encourage or discourage these approaches to decision-making, and how obstetricians negotiate tensions between patient choice, clinical experience, and standards. The key findings are that most obstetricians feel they have the authority to interpret the appropriateness of standards and patient choice on a case-by-case basis. They feel empowered and/or constrained by pressures to practice patient-centered care and standards depending upon their style of practice and the organizational context. Following standards of care is encouraged through organizational mechanisms such as pressure from colleagues, malpractice threat, hospital policy, and payer restrictions. Practicing shared decision-making is challenged when the patient wants something that violates the physician's clinical experience and/or standards of care. When obstetricians prioritize patient choice over experience and/or standards this is done for moral reasons, less so because of organizational pressures. These findings have implications for theorizing the social status of medical professionals, understanding how physicians deal with tensions between standardized and individualized ideals in medicine, and illuminating the way obstetricians interpret power in the physician-patient relationship.

Social Theory & Health

Contesting the Psychiatric Framing of ME/CFS
Helen Spandler, Meg Allen

ME/CFS is a medically contested illness and its understanding, framing and treatment has been the subject of heated debate. This paper examines why framing the condition as a psychiatric issue—what we refer to as 'psychiatrisation'—has been so heavily contested by patients and activists. We argue that this contestation is not simply about stigmatising mental health conditions, as some have suggested, but relates to how people diagnosed with mental illness are treated in society, psychiatry and the law. We highlight the potentially harmful consequences of psychiatrisation which can lead to people's experiential knowledge being discredited. This stems, in part, from a psychiatric-specific form of 'epistemic injustice' which can result in unhelpful, unwanted and forced treatments. This understanding helps explain why the psychiatrisation of ME/CFS has become the focus of such bitter debate and why psychiatry itself has become such a significant field of contention, for both ME/CFS patients and mental health service users/survivors. Notwithstanding important differences,

both reject the way psychiatry denies patient explanations and understandings, and therefore share a collective struggle for justice and legitimation. Reasons why this shared struggle has not resulted in alliances between ME and mental health activists are noted.

Sociology of Health & Illness

Not just things: the roles of objects at the end of life
Helena Cleeve, Carol Tishelman, Alastair Macdonald, Olav Lindqvist, Ida Goliath

While the study of objects in care contexts is an emerging research field, it is largely overlooked in end of life (EoL) care. In this study, we empirically and inductively explore the roles of objects at the EoL from the perspective of bereaved family members. Open individual interviews were conducted with 25 family members recruited from palliative in?patient and homecare units, as well as residential care facilities. After verbatim transcription, the interviews were analysed thematically. Based on these interviews, we conceptualise the roles of objects as relating to temporality, transformations of the everyday, and care. Through analysis we offer two main insights, the first relating to interdependency between objects and people, and the second to the recognition of objects as simultaneously flexible and stable in this interdependent relationship. The capacity and challenge of objects as part of EoL care lies in their ability to encompass various viewpoints and relationships simultaneously. This might provide valuable insights for staff caring for dying persons and their families. We propose that staff's ability to navigate objects in care practices could be meaningful in supporting the relationships between individuals in EoL situations.

What's in a name: are cultured red blood cells 'natural'?
Emma King, Kathryn Layall

The case of cultured red blood cells (RBCs) currently being grown in a laboratory for future use in human transfusion raises questions about the ontological status of such products of modern biotechnology. This paper presents results from a six?year ethnographic study involving interviews, focus groups and other forms of engagement with the scientific research team and other stakeholders, including public groups, which sought to understand respondents' reactions to cultured RBCs. These cells, derived

from stem cell technology, have the potential to address the global shortage of donated blood. How these blood cells are situated within the spectrum of 'natural' to 'synthetic' will shape expectations and acceptance of this product, both within the scientific community and by wider publics: these blood cells are both novel and yet, at the same time, very familiar. Drawing on discussions related to classification and 'anchoring', we examine the contrasting discourses offered by our respondents on whether these blood cells are 'natural' or not and consider the impact that naming might have on both their future regulation and the eventual uptake of cultured RBCs by society.

Public Culture

Cures, Tuberculosis, and Deterritorialized Biomedical Narratives
Paul H. Mason, Greg Fox, Jennifer Ho, Chris Degeling

In the essay "Cures" (Public Culture, September 2016), Bharat Venkat examines how biomedical scientists, since the time of Robert Koch (1843–1910), have contested what counts as trustworthy evidence of a cure for tuberculosis. Widespread cultural shifts accompanied these medical debates and developments. Randomized controlled trials now dominate as an evidentiary form in tuberculosis control with implications for how global health efforts roll out across diverse cultural contexts. A pharmaceutical approach drives the international export of a capsular cure to the neglect of providing sanatorium care, addressing disease transmission, and curbing drug resistance. In response to Venkat's essay, Paul Mason and colleagues highlight how a biomedical narrative about tuberculosis became deterritorialized from high-income countries where new tuberculosis cases were decreasing, and reterritorialized in low-income countries where tuberculosis incidence was increasing. Pharmaceutical models of disease control have proven convincing and popular, but in going global they have had unintended consequences.

Of Cures and Curses: Toward a Critique of Curative Reason
Bharat Jayram Venkat

In an earlier essay that appeared in Public Culture, Bharat Jayram Venkat asked what it might mean to think of cure as an ending lacking finality. Here, in response to Paul H. Mason et al., he briefly expands on his thoughts from that essay. Drawing on his research

on tuberculosis in India, he identifies the consequences of a widely shared investment in cure's finality—what he calls, after Mircea Eliade, a vision of "radical cure." Such an investment threatens to foreclose our recognition of the limits of cure, as well as curtail our willingness to conceive of other possibilities of cure, ones in which we are left without tidy endings. The task, then, of a critique of curative reason is to clarify these limits, precisely so that we are able to imagine cure otherwise.

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