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In the Journals - September 2018, Part I

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By Livia Garofalo

Here's the first part of the journal round-up for September. This month, American Anthropologist features a Special Section on Medical Anthropology in "World Anthropologies" and Ethos has a Special Issue on Culture, Poverty, and Personhood. Enjoy!

American Anthropologist

"Putting Band?Aids on Things That Need Stitches": Immigration and the Landscape of Care in Rural America

Thurka Sangaramoorthy

Growing numbers of immigrants work and live in rural, geographically isolated areas throughout the United States, places without previously settled immigrant populations. Rapid immigration to such areas already struggling with poverty, weak public infrastructures, and high concentrations of uninsured residents has given way to an increasingly precarious landscape of care. The neoliberal logics of American health care and contentious debates over immigration reform shape this landscape and condition relations among providers, immigrants, and others. Through what I call "band?aid" care and the informal transactions that characterize it, such as rationing, bartering, hoarding, willful noncompliance, and goodwill, providers and immigrants counter these logics of exclusion and inequality by participating in the dynamic improvisation of care considered illicit and often prohibited under the market?based economic rationale of health?care provision. Social obligations and moral legitimacy benefit otherwise marginalized providers who engage in this landscape of care, while vulnerable immigrants gain entry and access to vital resources within this landscape through sociality and interdependence, which engender opportunities (however fraught) for living. Yet providers and immigrants understand band?aid care to be necessary, just, moral, and legitimate in response to precarity characterized by geographical isolation, economic scarcity, civic inequality, market?based health care, and exclusionary policies. [*immigration,*

health care, exclusion, social inequality, United States]

Biosocieties

[Causal understandings: Controversy, social context, and mesothelioma research](#)

Lundy Braun, Hannah Kopinski

Asbestos-related diseases are often considered a 'thing of the past' in the global North. Yet, asbestos products remain widely used in the global South, especially in low cost housing. Like many occupational diseases, the history of asbestos is fraught with scientific controversy. The role of the asbestos industry in fostering uncertainty has been investigated for decades. But, less is known about the ways in which publicly-funded, not industry-funded, science has produced ignorance about the health consequences of exposure. To explore the contribution of publicly-funded science to the construction of ignorance, we examine the continuities and discontinuities among three hypotheses of mesothelioma causality: the amphibole hypothesis, the SV40 hypothesis, and the genetic hypothesis. Placing our analysis of scientific controversy in the context of asbestos mining in South Africa, we summarize the key features of the long-standing amphibole hypothesis, track in detail the emergence of SV40 as a causal agent, and outline the ongoing debate over genes as causes of mesothelioma. Regardless of the source of funding, we argue that by operating within conceptually closed biomedical frameworks, each hypothesis generated scientific controversy that made the political, social, and economic context of asbestos mining, milling, and manufacture in South Africa and other regions of the global South invisible, thereby limiting causal understanding.

[Divergent evolution of newborn screening: Israel and the US as gene world](#)

Aviad E. Raz and Stefan Timmermans

Newborn Screening provides a critical case-study for the cross-cultural analysis of globalizing medical technologies. While the evidence-base that informs decisions of which conditions to screen is internationally accepted, the number of disorders screened for varies widely between countries. In this article, we explore the different 'gene worlds' that constitute newborn

screening programs in Israel and the US. After situating the program in both countries, we focus on two critical differences: the relationship of newborn screening to prenatal and preconception screening and the countries' willingness to screen high-risk ethnic populations. We describe how the different investment in newborn screening rests on the prioritization of prevention. Because of negative experiences with racial genetic carrier screening for sickle cell anemia and the political sensitivity related to abortion, the US built its genetic screening programs around newborn screening with an aim of secondary prevention. Israel instead invested in a broad range of genetic technologies aiming for primary prevention in the preconceptional and prenatal periods. We conclude by discussing the broader relevance of gene worlds, in which prospective parents, state agencies, advocacy groups, and medical professionals coalesce around country-specific priorities, to the sociological understanding of divergent evolution of medical technologies.

Bioethical pastoral: Life, ethics, and the politics of human dignity

Gaymon Bennett

The last decade of work on vital politics has seen a sharp and unexpected return to the figure of universal humanity. Despite this return, the canon of work on vital politics remains marked by a curious omission: little attention has been paid to the place of 'human dignity' in the governance of the biological body. The reasons for this omission are not obvious. After all, since World War II, talk of dignity has become a sine qua non of global counter-politics. If the reasons are not obvious, the significance is: dignitarian politics is distinguished by a refusal of the logic of biopolitics and an embrace of a political sensibility consistent with what Foucault called pastoral power: the demand that the pastorate must care, simultaneously, for all of the flock and for the soul of each member. This article seeks to highlight the place of pastoral power in the study of vital politics by examining one domain in which vital and dignitarian politics have become entangled: the figure of human dignity in bioethics. Tracing the situated ways dignity has been reimagined and remobilized in relation to the biopolitical body in the case of U.S. stem cell ethics, it seeks to cast new light on contemporary economies of life and power.

From people with dementia to people with data: Participation and value in

Alzheimer's disease research

Richard Milne

This paper examines the dynamic relationship between data, participation and value through an analysis of developments in Alzheimer's disease research. Alzheimer's disease has risen rapidly up national and international policy agendas, particularly in Europe and North America. Research funding and initiatives have proliferated, many of which emphasise the potential value associated with existing data sources. The paper argues that the potential of these initiatives lies not only in realising the value of data through circulation, exchange and recombination, but also in restructuring of the relations of data production and use, notably through the extension and intensification of research participation. As Alzheimer's research focuses away from clinical settings and symptomatic 'people with dementia', participants in existing research studies are reimagined as potential participants in future research studies, as 'people with data'. Building on analyses of the role of clinical labour in the production of biovalue, the paper argues that reworked relations of data reuse and reproduction suggest the ongoing and repeated attachments between data and bodies involved in the production of value. It concludes that this raises questions related to the study of research participation and requires revisiting discussions about the appropriate representation of research participant interests.

Moral negotiations in the clinic: Navigating the purgatorial pressure in prophylactic implantable cardioverter defibrillator therapy

Julie Christina Grew and Mette Nordahl Svendsen

Who should be offered prophylactic implantable cardioverter defibrillator (ICD) therapy, which is lifesaving but costly, has side effects and only benefits some of the patients treated with the therapy? In Denmark, cardiologists play key roles in making decisions about who to include in the target group for prophylactic ICD therapy. In this paper, we explore what is at stake for Danish cardiologists making these decisions in a welfare state context. Based on fieldwork in ICD clinics and the device industry, we identify three different imperatives that cardiologists juggle in the process of identifying the target group. We conceptualise the cardiologists' negotiations as ways of groping through a moral landscape and illuminate how cardiologists walk the path of including as many people as possible in the target group for ICD

therapy, thereby also supporting the elite clinic. However, in expanding the target group, the cardiologists experience 'purgatorial pressure' and seek indulgence for placing the future of the welfare society at risk by implanting more ICDs than is financially sustainable.

Body & Society

A Postgenomic Body. *Histories, Genealogy, Politics*

Maurizio Meloni

> This article sets the stage for a genealogy of the postgenomic body. It starts with the current transformative views of epigenetics and microbiomics to offer a more pluralistic history in which the ethical problem of how to live with a permeable body – that is plasticity as a form of life – is pervasive in traditions pre-dating and coexisting with modern biomedicine (particularly humoralism in its several ramifications). To challenge universalizing narratives, I draw on genealogical method to illuminate the unequal distribution of plasticity across gender and ethnic groups. Finally, after analysing postgenomics as a different thought-style to genomics, I outline some of its implications for notions of plasticity. I argue that postgenomic plasticity is neither a modernistic plasticity of instrumental control of the body nor a postmodernist celebration of endless potentialities. It is instead closer to an alter-modernistic view that disrupts clear boundaries between openness and determination, individual and community.

Tracking Affective Labour for Agility in the Quantified Workplace

Phoebe V Moore

> Sensory and tracking technologies are being introduced into workplaces in ways Taylor and the Gilbreths could only have imagined. New work design experiments merge wellness with productivity to measure *and* modulate the affective and emotional labour of resilience that is necessary to survive the turbulence of the widespread incorporation of agile management systems, in which workers are expected to take symbolic direction from machines. The Quantified Workplace project was carried out by one company that fitted sensory algorithmic devices to workers' computers and bodies, which, this article argues, identify workers' so-called agility and reveal management practices that track

affective and emotional labour, categorized in the project as stress, subjective productivity and wellbeing. Capital's accelerated attempts to capture more areas of work and workers' capacities facilitate the conversion of labour power into a source of value but also results in alienation and abstraction. Participants' resistance to participation in the Quantified Workplace reveals tensions in the labour process when affect is measured in processes of corporate change.

Biometric Bodies, Or How to Make Electronic Fingerprinting Work in India

Ursula Rao

The rapid spread of electronic fingerprinting not only creates new regimes of surveillance but compels users to adopt novel ways of performing their bodies to suit the new technology. This ethnography uses two Indian case studies – of a welfare office and a workplace – to unpack the processes by which biometric devices become effective tools for determining identity. While in the popular imaginary biometric technology is often associated with providing disinterested and thus objective evaluation of identity, in practice 'failures to enrol' and 'false rejects' frequently cause crises of representation. People address these by tinkering with their bodies and changing the rules, and in the process craft biometric bodies. These are assembled bodies that link people and objects in ways considered advantageous for specific identity regimes. By using assemblage theory, the article proposes an alternative interpretation of new surveillance regimes as fluid practices that solidify through the agency of multiple actors who naturalize particular power/knowledge arrangements.

Biopolitical Metaphor: Habitualized Embodiment between Discourse and Affect

Sam Binkley

This article theorizes the biopolitical production of embodiment through a consideration of biopolitical metaphor. It is argued that much recent theoretical work on biopower fails to provide an adequate account of embodiment, and particularly the question of the habitualization of bodily experience. However, read through the lens of biopolitical metaphor, and drawing on the works of George Lakoff and Mark Johnson, a dynamic account of the biopolitical shaping of bodily memory and embodied habit becomes possible.

Moreover, it is argued that a theory of biopolitical metaphor provides provocative openings for thinking together the recent discursively oriented work on biopower and other approaches associated with the affective turn, specifically around the problems of mimesis and supplement. New research directions are proposed, centered on common experiences of biopolitical domination among marginalized groups drawn from shared experiences of habit and embodiment.

[Embodiment and Ontologies of Inequality in Medicine: Towards an Integrative Understanding of Disease and Health Disparities](#)

M Austin Argentieri

In this article, I draw on my fieldwork creating protein models of hepatitis B at a biotech laboratory to think through how to approach the body and disease from ontological and phenomenological perspectives. I subsequently draw on Mariella Pandolfi's work on how bodies can be made to suffer history and Paul Farmer's work on global tuberculosis disparities to explore ways of analysing embodied activity as a means of identifying and clinically addressing enactments of social inequality and disease. I also introduce Merleau-Ponty's phenomenological concept of 'flesh' as a conceptual heuristic that allows us to understand the meaningful structuring of ontological worlds beyond our own. As I argue, bringing these perspectives together not only allows us to re-envision what an effective disease treatment should be in diverse medical contexts, but also how to better understand health disparities and the nature of disease itself.

[Culture, Medicine, and Psychiatry](#)

[Medical Student Attitudes Towards People with Mental Illness in China: A Qualitative Study](#)

Audrey Luo, Hongbo He, Somaia Mohamed, Robert Rosenheck

Stigma towards people with mental illness is a worldwide concern. A five-nation survey of medical student attitudes towards people with mental illness recently reported far lower levels of social acceptance among Chinese medical students compared to those from the US, Brazil, Ghana, and Nigeria. This qualitative study presented recent Chinese medical school graduates with probes based on questions used in the aforementioned cross-national

study to elicit their views of factors underlying the negative attitudes towards social acceptance of people with mental illness. One-hour interviews were conducted with twenty psychiatry residents in June, 2016. Of 241 coded responses concerning negative attitudes, 51.5% were coded as reflecting fear of violent behavior, 22.8% as loss of face (i.e. shame from interpersonal associations), 17.0% lowered social status, 4.98% nonconforming social behavior, and 3.73% the heritability of mental illness. Low levels of social acceptance of individuals with mental illness among medical students in China are largely related to fears of violence of and loss of face. Understanding the attitudes of medical students may inform efforts to reduce stigma through educational initiatives targeted at both medical students and the general public.

"The Rowdy Ones:" Configurations of Difference in a Private Psychiatric Hospital

Seth Donal Hannah

Drawing on participant-observation and semi-structured interviews, this paper examines the local forms of clinical practice in a 26-bed acute psychiatric inpatient unit located within a private psychiatric hospital in the Northeastern United States. It focuses on how clinicians, staff, and management understand and utilize the concepts of culture, race, and ethnicity in their daily work, finding that a humanistic approach to care that that treats patients as "individuals" was dominant. Clinicians and staff categorized patients using descriptive, behavior based categories including language, propensity for violence, and whether patients are "from the streets." They also used additional forms of difference such as the patient's pathway to care, their illness category or severity, and whether they use drugs. These forms of difference were shaped by the urgent needs of daily work. These local practices of categorization directly affected the quality of care when staff members assigned cultural characteristics to group members and treated them differently as a result. These findings suggest that anthropologists and clinicians should focus on the way new forms of cultural difference are constructed in small social settings in order to provide equitable treatment to all patients.

Beyond Participation: Politics, Incommensurability and the Emergence of Mental Health Service Users' Activism in Chile

Cristian R. Montenegro

Although the organisation of mental health service users and ex-users in Latin America is a recent and under-researched phenomenon, global calls for their involvement in policy have penetrated national agendas, shaping definitions and expectations about their role in mental health systems. In this context, how such groups react to these expectations and define their own goals, strategies and partnerships can reveal the specificity of the "user movement" in Chile and Latin America. This study draws on Jacques Rancière's theorisation of "police order" and "politics" to understand the emergence of users' collective identity and activism, highlighting the role of practices of disengagement and rejection. It is based on interviews and participant observation with a collective of users, ex-users and professionals in Chile. The findings show how the group's aims and self-understandings evolved through hesitations and reflexive engagements with the legal system, the mental health system, and wider society. The notion of a "politics of incommensurability" is proposed to thread together a reflexive rejection of external expectations and definitions and the development of a sense of being "outside" of the intelligibility of the mental health system and its frameworks of observation and proximity. This incommensurability problematises a technical definition of users' presence and influence and the generalisation of abstract parameters of engagement, calling for approaches that address how these groups constitute themselves meaningfully in specific situations.

"We Went Out to Explore, But Gained Nothing But Illness": Immigration Expectations, Reality, Risk and Resilience in Chinese-Canadian Women with a History of Suicide-Related Behaviour

Juveria Zaheer, Rahel Eynan, June S. H. Lam, Michael Grundl, and Paul S. Links

Suicide is a complex and tragic outcome driven by biological, psychological, social and cultural factors. Women of Chinese descent and women who have immigrated to other countries have higher rates of suicidal ideation and behaviour, and immigration-related stress may contribute. To understand the experiences of immigration and their relationship with distress and suicide-related behaviour in Chinese women who have immigrated to Canada. 10 semi-structured qualitative interviews with Chinese women who have immigrated to Toronto, Canada and have a history of suicide-related behaviour were completed and analyzed using a constructivist grounded theory methodology. Immigration-related and acculturation stress stemmed from unmet

expectations and harsh realities. These repeated experiences resulted in hopelessness, helplessness, and alienation, which are risk factors for suicide and suicide-related behaviour. However, immigration-related support can also increase hope, self-efficacy and connectedness to foster recovery and resilience. This is the first qualitative study focusing on immigration experiences and its relationship to suicide-related behaviour in Chinese immigrant women. Knowledge of immigration and acculturation stressors can a) help identify and support women at risk for suicide and b) form a target for social intervention for all immigrant women, regardless of suicide risk.

Mental Health Diagnostic Frameworks, Imputed Causes of Mental Illness, and Alternative Treatments in Northern Tanzania: Exploring Mental Health Providers' Perspectives

Brandon A. Knettel, Janvier Rugira and Joseph A. Cornett

In Tanzania, a nation with a large mental health treatment gap, local stakeholders' perspectives are critical for informing effective treatment. The practice-based perspectives of mental health providers may be particularly instructive. Existing foundational literature on the professional population in this region is scarce. We conducted semi-structured interviews with 29 mental health providers in northern Tanzania. Interviews focused on three topics: use of international diagnostic frameworks for mental illness, beliefs about causes of mental health concerns, and alternative treatments sought by clients. Interview data were coded and analyzed using consensual qualitative research and the constant comparative method. Usage of diagnostic frameworks varied widely. Providers believed frameworks accurately described many patients but neglected somatic symptoms and contained diagnoses that they had never witnessed. Providers described supernatural and spiritual attributions of mental illness as substantially impacting treatment decisions. Other notable attributions included physical illness, drug/alcohol use, and heredity. Providers reported their clients routinely sought treatment from traditional and spiritual healers prior to seeking care in the formal health system. This study builds a foundation for the ongoing development of the mental health system in northern Tanzania. Findings also support exploration of integrative models of care and task-shifting to incorporate traditional and spiritual beliefs.

[Care Wounds: Precarious Vulnerability and the Potential of Exposure](#)

Lauren Cubellis

What does it mean to offer care when the act of caring is wounding to its giver? For peer specialists—individuals with lived experience as patients in the psychiatric system—this question shapes how they use their own histories to provide support for individuals experiencing psychiatric crisis. Peer support is unique in the way it draws on empathetic resonance and depends on carefully deployed vulnerability; where one connects with others through the recognition of shared experience and mutual hurt. For peers, care works when this guidance, reassurance, and "being with"—all of which draw upon their own stories of traumatic history and variegated suffering—mitigate the present crisis being experienced by another. Drawing on twenty-eight months of fieldwork with a peer-staffed crisis respite center in the eastern United States, I argue that the peer specialist becomes the embodiment of a novel intersection of intimacy and compensation; one that poses vulnerability not as a consequence, casualty, or risk factor in the commodification of care, but as its principle vector of resonance and the assumption on which it is based. For peers, care that works—in that it creates a mutual resonance for the recipient—becomes simultaneously care that wounds its giver.

[Orienting to Medicine: Scripting Professionalism, Hierarchy, and Social Difference at the Start of Medical School](#)

Sienna R. Craig, Rebekah Scott, and Kristy Blackwood

Nascent medical students' first view into medical school orients them toward what is considered important in medicine. Based on ethnography conducted over 18 months at a New England medical school, this article explores themes which emerged during a first-year student orientation and examines how these scripts resurface across a four-year curriculum, revealing dynamics of enculturation into an institution and the broader profession. We analyze orientation activities as discursive and embodied fields which serve "practical" purposes of making new social geographies familiar, but which also frame institutional values surrounding "soft" aspects of medicine: professionalism; dynamics of hierarchy and vulnerability; and social difference. By examining orientation and connecting these insights to later, discerning educational moments, we argue that orientation reveals tensions between the overt and hidden curricula within medical education,

including what being a good doctor means. Our findings are based on data from semi-structured interviews, focus groups, and participant-observation in didactic and clinical settings. This article answers calls within medical anthropology and medical education literature to recognize implicit values at play in producing physicians, unearthing ethnographically how these values are learned longitudinally via persisting gaps between formal and hidden curricula. Assumptions hidden in plain sight call for ongoing medical education reform.

"My Heart Die in Me": Idioms of Distress and the Development of a Screening Tool for Mental Suffering in Southeast Liberia

Katrin Fabian, Josiah Fannoh, George G. Washington, Wilfred B. Geninyan, Bethuel Nyachienga, Garmai Cyrus, Joyce N. Hallowanger, Jason Beste, Deepa Rao, Bradley H. Wagenaar

The integration of culturally salient idioms of distress into mental healthcare delivery is essential for effective screening, diagnosis, and treatment. This study systematically explored idioms, explanatory models, and conceptualizations in Maryland County, Liberia to develop a culturally-resonant screening tool for mental distress. We employed a sequential mixed-methods process of: (1) free-lists and semi-structured interviews (n = 20); patient chart reviews (n = 315); (2) pile-sort exercises, (n = 31); and (3) confirmatory focus group discussions (FGDs); (n = 3) from June to December 2017. Free-lists identified 64 idioms of distress, 36 of which were eliminated because they were poorly understood, stigmatizing, irrelevant, or redundant. The remaining 28 terms were used in pile-sort exercises to visualize the interrelatedness of idioms. Confirmatory FDGs occurred before and after the pile-sort exercise to explain findings. Four categories of idioms resulted, the most substantial of which included terms related to the heart and to the brain/mind. The final screening tool took into account 11 idioms and 6 physical symptoms extracted from patient chart reviews. This study provides the framework for culturally resonant mental healthcare by cataloguing language around mental distress and designing an emic screening tool for validation in a clinical setting.

Suicide in Nepal: Qualitative Findings from a Modified Case-Series Psychological Autopsy Investigation of Suicide Deaths

Ashley K. Hagaman, Seema Khadka, Amber Wutich, Shyam Lohani, Brandon A. Kohrt

South Asia accounts for the majority of the world's suicide deaths, but typical psychiatric or surveillance-based research approaches are limited due to incomplete vital surveillance. Despite rich anthropological scholarship in the region, such work has not been used to address public health gaps in surveillance and nor inform prevention programs designed based on surveillance data. Our goal was to leverage useful strategies from both public health and anthropological approaches to provide rich narrative reconstructions of suicide events, told by family members or loved ones of the deceased, to further contextualize the circumstances of suicide. Specifically, we sought to untangle socio-cultural and structural patterns in suicide cases to better inform systems-level surveillance strategies and salient community-level suicide prevention opportunities. Using a mixed-methods psychological autopsy approach for cross-cultural research (MPAC) in both urban and rural Nepal, 39 suicide deaths were examined. MPAC was used to document antecedent events, characteristics of persons completing suicide, and perceived drivers of each suicide. Patterns across suicide cases include (1) *lack of education*(72% of cases); (2) *life stressors* such as poverty (54%), violence (61.1%), migrant labor (33% of men), and family disputes often resulting in isolation or shame (56.4%); (3) *family histories* of suicidal behavior (62%), with the majority involving an immediate family member; (4) *gender differences:* female suicides were attributed to hopeless situations, such as spousal abuse, with high degrees of social stigma. In contrast, male suicides were most commonly associated with drinking and resulted from internalized stigma, such as financial failure or an inability to provide for their family; (5) *justifications for suicide* were attributions to 'fate' and personality characteristics such as 'stubbornness' and 'egoism'; (5) *power dynamics and available agency* precluded some families from disputing the death as a suicide and also had implications for the condemnation or justification of particular suicides. Importantly, only 1 out of 3 men and 1 out of 6 women had any communication to family members about suicidal ideation prior to completion. Findings illustrate the importance of MPAC methods for capturing cultural narratives evoked after completed suicides, recognizing culturally salient warning signs, and identifying potential barriers to disclosure and justice seeking by families. These findings elucidate how suicide narratives are structured by family members and reveal public health opportunities for creating or supplementing mortality surveillance, intervening in higher risk populations such as survivors of suicide, and encouraging disclosure.

East Asian Science, Technology and Society

Coping with Invisible Threats: Nuclear Radiation and Science Dissemination in Maoist China

Marc Andre Matten

During the early People's Republic of China (PRC) era the science dissemination campaign (*kexue puji*) aimed at conveying not only scientific knowledge related to daily life concerns but also knowledge about invisible dangers, most prominently those emanating from weapons of mass destruction such as nuclear weapons. The immediate task of the young PRC after the outbreak of the Korean War in 1950 was to make nuclear radiation visible by iconic metaphors and to teach the population about the dangers of an invisible nuclear fallout should the United States decide to use nuclear weapons. By focusing on the most characteristic media in science dissemination of the 1950s such as the *Newsletter of Science Dissemination*(*Kexue puji tongxun*), as well as popular science journals such *Science Pictorial*(*Kexue huabao*) and *Knowledge Is Power* (*Zhishi jiushi liliang*), this article shows how the state used metaphors of the invisible to influence social and political behavior. Convincing the barely literate peasant and the inchoately educated worker of possible dangers in the Cold War required a different epistemology of knowledge than in traditional society. This resulted in a further refinement of Maoist science philosophy that integrated materialism into science policies.

Doctors for Frontier Expansion: Japanese Physicians in Hawaii, 1868–1924

Takashi Nishiyama

This article examines how frontier zone expansion and the migration of Asian professionals reinforced each other in complex and indirect ways. It focuses on Hawaii as a microcosm of transnationalism in medicine, analyzing its role as a host for licensed physicians from Japan, the United States, and other countries from 1868 to 1924. Looking beyond the context of a single East Asian country and East Asia as a region, or the East-West dichotomy, this study places all involved territories within the broader trans-Pacific arena to convey the sense of interconnectivity that human resources brought about between all the involved territories. The confluence of (geo)politics in Japan, East Asia, the Pacific, the United States, and the rest of the world molded intellectual migration in medicine from Japan to Hawaii, migration that served as an economically viable, diplomatically

peaceful, and socially benign form of expansion.

The Making of Power Shortage: The Sociotechnical Imaginary of Nationalist High Modernism and Its Pragmatic Rationality in Electricity Planning in Taiwan

Chih-yuan Yang; Bronislaw Szerszynski; Brian Wynne

High modernism, the dominant sociotechnical imagination in postwar Taiwan, manifested in tacit answers to the questions of what a better society would look like and the most pragmatic and viable approach to make the particular dreamed-of future become reality. This article explores the exclusion of alternative energy futures brought about by a high modernist imaginary. This imaginary underlies a strategy of emphasizing shortage at present and prosperity in the future—as long as the current shortage is solved in a reliable way. Focusing on the contention over energy supply between 2011 and 2015, this article provides an analysis of how power shortages are presented in discursive ambiguity, how the claimed crisis over the electricity shortage moves to the center of public debate via the institutional practices of power rationing, and how its public authority is established through collective witness. Renewable energy is continually represented as an "immature" and "unviable" technology when it comes to satisfying the nation's need, through particular routinized practices in the calculation of "reserve margins" in electricity planning and the collective witnessing of (limited) operating reserves. We argue that both of these come with their own assumptions and political implications and therefore invite scrutiny.

Ethos

Special Issue on Culture, Poverty, and Personhood

"Whatever I Have to Do That's Right:" Culture and the Precariousness of Personhood in a Poor Urban Neighborhood

Edward D. Lowe

This article presents a person?centered case study of one woman's struggles to realize a meaningful sense of personhood in a low?income urban neighborhood in Milwaukee, Wisconsin. An analysis of longitudinal ethnographic data for this case reveals how everyday aspirations toward a morally resonant lived?sense of

personhood were informed by a core assemblage of three cultural models: "providing" and "being there" as a parent and doing so within a framework of "defensive individualism." This assemblage of cultural models was particularly compelling because of a combination of the embodied residue of childhood experiences and moments of "moral breakdown" in adult life. The experiences of moral breakdown were particularly meaningful because recurrent episodes of material hardship constantly threatening to upend past efforts to realize a meaningful sense of personhood in everyday life, in turn, generated a constant effort to reclaim and repair the symbolic markers of an achieved personhood that had been lost. These observations point to a precariousness of personhood that seemed to further motivate an investment in a self?definition in terms of this combination of cultural models.

"It Feels So Alien" or the Same Old S—: Attachment to Divergent Cultural Models in Insecure Times

Claudia Strauss

Instead of conceptualizing poor people as a group with a fixed culture, we need to understand diverse, shared frameworks for responding to economic adversity. Over half of all Americans of working age can expect to be in a poor or near?poor household at some point. Differing interpretations of their low incomes under flexible capitalism are illustrated by the responses of two unemployed middle?aged sisters from a white working?class family in now poverty?stricken San Bernardino County, California. Their divergent interpretations (one blamed herself and fell into depression; the other did not) show that even members of the same subgroup can draw upon different personally compelling cultural models to navigate social and individual change. This person?centered multiple?cultural?models approach is needed as a corrective both to portrayals of culture as a stable group adaptation to an unchanging economic situation and to theories of persons as buffeted by economic shifts without guiding narratives.

"The Inimba It Cuts": A Reconsideration of Mother Love in the Context of Poverty

Sarah E. Rubin

Considerations of motherhood in contexts of poverty often explore how material scarcity transforms or degrades women's capacity to

love or nurture their children. In this article, I focus on Xhosa mothers who live in the extreme poverty of an urban township on the outskirts of Cape Town, South Africa, and how they struggle with the decision to send their children to be raised by other mother?figures. My argument reveals that the Xhosa idiom *inimba* offers three models for mother love, but poverty exacerbates the contradictions between the models and intensifies the moral dilemma of sending. I demonstrate how, for these Xhosa township mothers, poverty intersects with mother love in unexpected ways whereby the model itself is not remade or profoundly transformed, rather the moral stakes seem higher for the mothers who perceive mother love as crucial to their children's well?being and integral to their selfhood as good mothers. In developing this argument, I aim to further our understandings of poverty and the complex ways that they intersect and interact with cultural models and practice.

Mind, Body, Brain, and the Conditions of Meaning

Rebecca Seligman

This article explores the relationship between meaning and the body, and the role of mind and brain in mediating this relationship. Drawing on research on "grounded cognition" in cognitive neuropsychology, I consider the mechanisms through which meanings become embodied. I illustrate my argument using examples of the ways in which meaning conditions experiences of illness and health. Focusing especially on the example of religious healing through spirit possession, I explore how the state of one's body can be "conditioned" by meaning, and in turn, how the condition of one's body may affect cognitive processes of meaning making. In doing so, this article aims not only to inform anthropological understandings of embodiment, but also the way we think about cognition, knowledge, and meaning.

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

How is a new category "born"? On mechanisms of formation, cycles of recognition, and the looping effect of "national trauma"

Galia Plotkin Amrami

This article explores the mechanisms underlying the formation of a

new category in the Israeli therapeutic field—"national trauma." By comparing the two different paths of emergence of this category, the research reexamines the meaning of Hacking's concept "looping effect" and, in particular, the issue of awareness of the categorized individuals and the categorizing knowledge-producers to the effects of a categorization. This study demonstrates that the formation of "national trauma" is both an intentional product of the efforts and ideology of practitioners and an unintentional outcome of their scientific and interventional activities. The comparative analysis allows us to elaborate the distinctions between the different social circles of recognition of new professional categories and different forms of affinity between the new category and an established social group. Understanding these distinctions is particularly valuable in relation to those problematic cases in which the new professional category is a highly contested object.

"Listen to your body": Participants' alternative to science in online health discussions

Wytske Versteeg, Hedwig te Molder, Petra Sneijder

We present a discursive psychological analysis of how the idiomatic expression "Listen to Your Body" is deployed in online forum discussions about ADHD medication and aspartame. The Listen to Your Body device allows participants to demonstrate to others that they take their health seriously and for that reason avoid scientific knowledge. They contrast Listen to Your Body with "blindly following science," presenting Listen to Your Body as the more critical and, therefore, more rational behavior. Instead of treating the idiomatic expression as "anyone's knowledge," speakers and recipients compete for the right to own it. It is discussed what these results mean for the role of and relation between experiential knowledge ("lay expertise") and scientific expertise in online discussions about health issues.

'I'm only dealing with the acute issues': How medical ward 'busyness' constrains care of the dying

Lisa S Chan, Mary Ellen Macdonald, Franco A Carnevale, S Robin Cohen

Acute hospital units are a common location of death. Curative characteristics of the acute medical setting make it difficult to provide adequate palliative care; these characteristics include an orientation to life-prolonging treatment, an emphasis on routine or

task-oriented care and a lack of priority on emotional engagement with patients. Indeed, research shows that dying patients in acute medical units often experience unmet needs at the end of life, including uncontrolled symptoms (e.g. pain, breathlessness), inadequate emotional support and poor communication. A focused ethnography was conducted on an acute medical ward in Canada to better understand how this curative/life-prolonging care environment shapes the care of dying patients. Fieldwork was conducted over a period of 10 months and included participant-observation and interviews with patients, family members and staff. On the acute medical ward, a 'logic of care' driven by discourses of limited resources and the demanding medical unit created a context of busyness. Staff experienced an overwhelming workload and felt compelled to create priorities, which reflected taken-for-granted values regarding the importance of curative/life-prolonging care over palliative care. This could be seen through the way staff prioritized life-prolonging practices and rationalized inconsistent and less attentive care for dying patients. These values influenced care of the dying through delaying a palliative approach to care, limiting palliative care to those with cancer and providing highly interventive end-of-life care. Awareness of these taken-for-granted values compels a reflective and critical approach to current practice and how to stimulate change.

Health & Place

The psychological wellbeing benefits of place engagement during walking in urban environments: A qualitative photo-elicitation study

Anna Bornioli, Graham Parkhurst, Phillip L. Morgan

The psychological wellbeing potential of walking in urban environments has received limited attention from scholars, despite the important public health implications of identifying characteristics of urban settings that support wellbeing and encourage behaviour change. The study is the first to explore psychological wellbeing experiences of urban walking framed by theories of restorative environments and therapeutic landscape. Self-reported psychological wellbeing experiences of walking in urban settings were investigated with an innovative application of the photo-elicited interview. Fourteen adults took individual walks in Bristol city centre and photographed their journey; photographs were then discussed during the interview. Participants reported specific engagements with place related to personal connections,

the identity of place, and sense of community that resulted in psychological wellbeing benefits. The findings also support the notion that non-natural elements can promote positive affective and cognitive appraisals. Building on the finding that also urban walking can support psychological wellbeing, the findings encourage future research into the health potential of different characteristics of built environments.

"Think positively": Parkinson's disease, biomedicine, and hope in contemporary Germany

Ingrid Metzler, Paul Just

Narratives of hope shape contemporary engagements with Parkinson's disease. On the one hand, a "biomedical narrative of hope" promises that biomedical research will help to transform this treatable but incurable disease into a curable one in the future. On the other hand, a more individual "illness narrative of hope" encourages patients to influence the course of Parkinson's disease by practicing self-care and positive thinking. This article asks how these two narratives of hope interact. It bases its argument on an analysis of data from 13 focus groups conducted in Germany in 2012 and 2014 with patients with Parkinson's disease and their relatives. Participants were asked to have their say on clinical trials for advanced therapies for Parkinson's disease and, while doing so, envisioned their biosocial selves in the present and the future. Three "modes of being" for patients were drawn from this body of data: a "users on stand-by" mode, an "unengaged" mode, and an "experimental pioneers" mode. Both narratives of hope were important to all three modes, yet they were mobilized at different frequencies and also had different statuses. While the biomedical narrative of hope was deemed an important "dream of the future" that participants passively supported without having to make it their own, the illness narrative of hope was a truth discourse that took an imperative form: having Parkinson's disease implied the need to maintain a positive attitude.

Desert as therapeutic space: Cultural interpretation of embodied experience in sand therapy in Xinjiang, China

Ke Wang, Qingming Cui, Honggang Xu

The existing research on therapeutic landscapes reveals more

positive and pleasant experiences generated in blue and green spaces and their effects on health. This study draws on a case study of sand therapy at Turpan City in China in order to explore in the 'yellow' space of the desert how painful embodied experiences and cultural beliefs are assembled to produce therapeutic experiences. The results show that the sand therapy participants sought painful haptic sensations such as burning, heat and sweating by touching hot sand as treatment. Individuals interpreted these painful bodily sensations through health-related cultural beliefs of *yin–yang* balance and *Qi* to generate particular therapeutic experiences. This study suggests the researchers to be more attentive to painful therapeutic landscapes.

Negotiating space & drug use in emergency shelters with peer witness injection programs within the context of an overdose crisis: A qualitative study

Geoff Bardwell, Jade Boyd, Thomas Kerr, Ryan McNeil

Vancouver, Canada is experiencing an overdose crisis due to the proliferation of fentanyl and related analogues and novel overdose response interventions are being implemented across multiple high overdose risk environments, including emergency shelters. We draw on ethnographic fieldwork and qualitative interviews to examine how social, structural, and physical contexts at two emergency shelters implementing a peer-based supervised injection intervention influenced injection drug use and overdose risks. Findings reveal that the implementation of this intervention reduced stigma and shame through the normalization of drug use in shelter spaces, and yet underlying social norms and material constraints led people to inject alone in non-designated injecting spaces. Whereas these spatial dynamics of injection drug use potentially increased overdose vulnerability, an emerging sense of collective responsibility in relation to the overdose crisis led to the routinization of peer witnessing practices across the shelter environment to extend the impact of the intervention.

International Journal of Social Psychiatry

Media reporting of suicide and adherence to media guidelines

Niall McTernan, Ailbhe Spillane, Grace Cully, Eimear Cusack, Theresa O'Reilly, Ella Arensman

Background: International research consistently shows evidence for an association between sensationalised and detailed media reporting, and suicidal behaviour. Aim: This study examined the quality of media reporting of suicide and adherence to media guidelines in Ireland. Methods: In accordance with the criteria outlined in the media guidelines for reporting suicide, 243 media articles were screened and analysed for quality of reporting of two high-profile cases of suicide and two cases of suicide that became high profile following a period of intense media coverage that occurred between September 2009 and December 2012. Results: A minority of articles breached the media guidelines in relation to sensationalised language (11.8%), placement of reports on the front page of the newspaper (9.5%), publishing of inappropriate photographs (4.2%) and mention of location of suicide (2.4%), while no articles disclosed the contents of a suicide note. However, in the majority of articles analysed, journalists did not refer to appropriate support services for people vulnerable to, and at risk of suicide (75.8%) or mention wider issues that are related to suicidal behaviour (53.8%). Overemphasis of community grief (48.3%) was also common. Nearly all articles (99.2%) breached at least one guideline and 58.9% of articles breached three or more guidelines. Conclusion: Overall, adherence to media guidelines on reporting suicide in Ireland improved in certain key areas from September 2009 until December 2012. Nonetheless, important challenges remain. Increased monitoring by media monitoring agencies, regulators and government departments is required. Implementation should be conducted using a pro-active approach and form part of the curriculum of journalists and editors. The inclusion of guidelines for the reporting of suicidal behaviour in press codes of conduct for journalists warrants consideration.

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