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## In the Journals, September 2019

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By Todd Ebling

Below you may find this month's "In the Journals" updates.

[American Anthropologist](#)

[Toward an Integrated Anthropology of Infant Sleep](#)

*Helen L. Bell, Cecilia Tomori & James J. McKenna*

This article provides a novel synthesis of anthropological research on infant sleep, focusing on work in biological and sociocultural anthropology in the past decade. First, we briefly review early biological anthropological research into infant sleep from 1987 to 2007, which provided the evidence base for the argument that proximate parent–infant sleep combined with lactation represents a complex set of adaptations that constitute the human evolutionary norm. This work challenged the Western pediatric infant sleep research paradigm, which positioned formula- or bottle-fed solitary sleeping infants as the basis for research and universal models about human infant sleep. Next, we address how recent research has built on these foundations and extended anthropological insights into new aspects of infant sleep. Biological anthropologists, who continue to lead this research, have advanced into the hormonal and behavioral ecology of parent–infant sleep and trade-offs in nighttime care and parent–infant conflict. Moreover, they have made significant progress in translating anthropological research into policy and practice in clinical and health delivery settings. Until recently, sociocultural anthropology has primarily addressed infant sleep as part of broader endeavors, without an explicit focus on infant sleep. We highlight key ethnographic works that shed light on the cultural normalcy and interembodied experience of shared maternal–infant sleep with breastfeeding that help de-center Western discourses of infant sleep. We conclude by discussing future research agendas to forward an integrated anthropology of human infant sleep that considers its full biological and sociocultural context. Integrated anthropological approaches to infant sleep not only present a path forward for novel cross-subfield anthropological research but could help guide more effective and equitable

approaches to maternal?infant health.

### [Anthropology & Medicine](#)

#### [Monitoring the body: grandmothers' ability to provide 'expert' care for grandchildren living with HIV in northwest Tanzania](#) (*open access*)

*Josein de Klerk*

Drawing on long-term ethnographic fieldwork on older caregivers and their shifting roles since the introduction of antiretroviral therapy in northwest Tanzania, this article explores grandmothers' roles in caring for grandchildren who are HIV positive and on treatment. While AIDS treatment programmes usually focus on cultivating expert patients who can perform self-care, this study focuses on older caregivers and how they become experts in caring for their grandchildren living with HIV. How is expert care enacted and what supports or limits its quality? Based on observations and in-depth interviews, this article argues that grandmothers become 'expert caregivers' by merging knowledge acquired in the clinic and support groups with intimate practices of grandparental care. However, the grandmother's gendered and generational position within kin networks affects her ability to provide expert care. The findings indicate that in analysing treatment outcomes among adolescents, it is important to understand the broader family dynamic that influences the actual possibility of expert caregivers to support children living with HIV.

#### [Facets of clinical stigma after attempted suicide in Mumbai, India](#)

*Mitchell G. Weiss & Shubhangi R. Parkar*

Community stigma studies may neglect clinically relevant experience and views of stigma that are important features of mental health problems. After attempting suicide, patients in a hospital emergency ward in Mumbai, India, were assessed for stigma referring to underlying prior problems motivating their deliberate self-harm (DSH) event, the DSH event itself and serious mental illness generally based on both anticipated community views and distinctive personal views. In this cultural epidemiological study of 196 patients, assessment items and four corresponding indexes were analysed and compared on a four-point scale, 0 to 3, for prominence of indicated stigma. Narratives from patients with high, low and discordant levels of stigma for prior problems and DSH events were analysed and compared. Disclosure, critical opinions of others and problems to

marry were greater concerns for DSH events than prior problems. Problem drinking, unemployment, and sexual or financial victimization were common features of prior problems. Impulsivity of the DSH event and externalizing blame were features of lower levels of stigma. Ideas about most people's views of serious mental illness were regarded as more stigmatizing than patients' prior problems and DSH event; patients' personal views of serious mental illness were least stigmatizing. Findings suggest linking suicidality and stigmatized mental illness may discourage help seeking. Suicide prevention strategies should therefore emphasize available help needed for severe stress instead of equating suicidality and mental illness. Findings also indicate the relevance of assessing clinical stigma in a cultural formulation and the value of integrated qualitative and quantitative stigma research methods.

['They'll inject you and you'll die': from medication non-compliance to acceptance in Guinea's Ebola treatment units](#)

*Kelley Sams, Alice Desclaux, & Souleymane Sow*

During the 2013–2016 West African Ebola epidemic, medical emergency response teams negotiated a context marked by public hysteria and fear to prevent the spread of the virus and treat those already infected. However, the presence and work of Ebola response teams added to suspicions provoked by the rapid increase in numbers of dead and dying and by locally unintelligible emergency measures. Based on data collected from 40 young adult 'survivors' between 16 and 29 years of age who were hospitalized for Ebola during the epidemic, this article examines how pharmaceutical treatments were accepted (or not) by patients in ebola treatment units (ETU). Three key questions guide this analysis: (1) Did hospitalized individuals adhere with or refuse treatments offered at ETUs? (2) Did their attitudes change over the course of their hospitalization? (3) Which factors influenced refusal of treatment or compliance? To the authors' knowledge, no previous studies have explored the resistance of hospitalized patients to treatment in Ebola centers. This article, in addition to exploring patients' practices and related perceptions of treatment with evolving meanings in this outbreak crisis situation, also presents practical recommendations for future Ebola interventions as well as theoretical knowledge about the circulation and transformation of socially constructed representations of medications.

[Not-knowing and the proliferation of assumptions: local explanations of cutaneous leishmaniasis in Suriname](#) (*open access*)

*Sahienshadebie Ramdas & Sjaak van der Geest*

Why do patients and others confronted with cutaneous leishmaniasis (CL) – a parasitic skin disease – in the hinterland of Suriname, South America, provide a dazzling variety of aetiological explanations for one single illness? And how do these explanations reflect local knowledge of and interest in the origin of illness? In this article, we explore these questions using the concept of ‘not-knowing’, as introduced by Murray Last in 1981. One of Last’s conclusions is that ‘don’t knows’ or ‘don’t cares’ reflect people’s disinterest in medicine. The aim of this article, however, is to draw attention to another aspect of not-knowing: it may lead to a proliferation of explanatory assumptions, unhindered by precise knowledge. In other words, multiple explanations mask not-knowing, which is from a methodological point of view a rarely observed element in social science research and constitutes an important addition to Murray Last’s well known argument. The paper describes findings based on anthropological fieldwork carried out between September 2009 and December 2010 at the Dermatology Service in Suriname’s capital Paramaribo and among 205 CL patients and 321 inhabitants in various communities in the hinterland. As this article shows, both knowing and not-knowing are rooted in the various contexts of people’s daily lives and reflect their historical, socio-cultural, occupational, educational, biological, environmental, and public health-related conditions. Public health authorities should explore not-knowing more seriously in their efforts to prevent illness, since knowing about not-knowing is valuable in the design of health education and prevention programmes.

[Situating biologies of traditional Chinese medicine in Central Europe](#)

*Tereza Stöckelová & Susanna Trnka*

Since the concept of ‘local biologies’ was proposed in the 1990s, it has been used to examine biosocial processes that transform human bodies in similar and different ways around the globe. This paper explores understandings of biosocial differentiation and convergence in the case of Traditional Chinese Medicine (TCM) in the Czech Republic. Specifically, it examines how Czech TCM practitioners view TCM as universally applicable while fine-tuning it to situated biosocial conditions, experimenting with the compatibilities of various human and plant bodies as part of their generalised, clinical practice. Drawing upon ethnographic research

among TCM practitioners in the Czech Republic, it suggests that in addition to the individualization of TCM therapeutics to suit particular patients, Czech TCM is characterised by collective particularization, shaped by local concerns over ethnic, environmental and cultural differences. By looking critically at TCM practitioners' sensitivities to localised biological similarities and differences it aims to contribute to understandings of the expansion of TCM in Central Europe, as well as more broadly to current social science debates over the risks and opportunities inherent in abandoning the assumption of a universal human body and biology.

### [The Embodiment of a floating signifier](#)

*Roland Littlewood & Ellie Reynolds*

As described in ethnographies, the 'floating signifiers' of social anthropology appear akin to similar categories in contemporary Western societies such as energy. Both may be embodied in actual experience. The practice of ritual orgasm, Pra-Na, and its relation to the group's cosmology, are intrinsic to a religio-therapeutic community in San Francisco whose ideas derive from reified Western notions of 'vital energy' along with popular Chinese medicine, and in which the second author conducted fieldwork involving participant observation between 2008 and 2009. The article examines closely the formulations of 'energy' in the Western world, and similarities to non-Western concepts such as Melanesian mana, and asks whether the experience of ritualised orgasm by members of the group leads to their notion of cosmic energy, or whether the understanding of embodied energy is purely arbitrary from a somatic perspective. With reference to Durkheim's ([1912]1976. *The Elementary Forms of the Religious Life*. London: Allen & Unwin) effervescence, we suggest the former is most likely.

### [BioSocieties](#)

#### [Moral hierarchies within autism parenting: Making parent-therapists and perpetuating disparities within contemporary China](#)

*Emily Xi Lin*

Drawing upon 18 months of ethnographic fieldwork in China from 2013 to 2014, this article argues that moral hierarchies within autism parenting in fact reproduce local socioeconomic inequalities. In China, medical specialists, special education

teachers and prominent parent advocates attempt to manage autism in a context of scarce resources by teaching parents how to serve as their children's lifelong therapists. Yet, by focusing primarily on parents' love for their children, while neglecting pragmatic issues related to social–economic disparities, autism advocates fail to understand the difficulties of parents with few socioeconomic resources. I illustrate my arguments by delving deeply into two case studies which illustrate both extremes of the moral hierarchy in autism parenting within China. In ethnographically attending to how parents are made into behavioral therapists and the moral hierarchies within autism parenting in China, this paper describes a culturally specific adoption of ABA. This article argues that scholars and local disability advocates need to pay closer attention to local particularities, including cultural histories of parenting, as well as the complex interactions between disability and social and economic inequalities, so as to better comprehend and address the immediate, existential, and long-range challenges which parents with little social capital face in managing autism.

[Performativity and a microbe: Exploring \*Mycobacterium bovis\* and the political ecologies of bovine tuberculosis](#)

*Philip A. Robinson*

*Mycobacterium bovis*, the bacterium responsible for causing bovine tuberculosis (bTB) in cattle, displays what I call 'microbial performativity'. Like many other lively disease-causing microorganisms, it has an agency which is difficult to contain, and there is a need for fresh thinking on the challenges of dealing with this slippery and indeterminate microbe. As a practising veterinary scientist who side-stepped mid-career into a parallel training in the social sciences to view bTB from an alternative perspective, I create an interdisciplinary coming-together where veterinary science converges with a political ecology of (animal) health influenced by science and technology studies (STS) and social science and humanities scholarship on performativity. This suitably hybridized nexus creates a place to consider the ecologies of a pathogen which could be considered as life out of control. I consider what this means for efforts to eradicate this disease through combining understandings from the published scientific literature with qualitative interview-based fieldwork with farmers, veterinarians and others involved in the statutory bTB eradication programme in a high incidence region of the UK. This study demonstrates the value of life scientists turning to the social sciences to re-view their familiar professional habitus—challenging

assumptions, and offering alternative perspectives on complex problems.

[Digital orphans: Data closure and openness in patient-powered networks](#)

*Niccolò Tempini & Lorenzo Del Savio*

In this paper, we discuss an issue linked to data-sharing regimes in patient-powered, social-media-based networks, namely that most of the data that patient users share are not used to research scientific issues or the patient voice. This is not a trivial issue, as participation in these networks is linked to openness in data sharing, which would benefit fellow patients and contributes to the public good more generally. Patient-powered research networks are often framed as disrupting research agendas and the industry. However, when data that patients share are not accessible for research, their epistemic potential is denied. The problem is linked to the business models of the organisations managing these networks: models centred on controlling patient data tend to close networks with regard to data use. The constraint on research is at odds with the ideals of a sharing, open and supportive epistemic community that networks' own narratives evoke. This kind of failure can create peculiar scenarios, such as the emergence of the 'digital orphans' of Internet research. By pointing out the issue of data use, this paper informs the discussion about the capacity of patient-powered networks to support research participation and the patient voice.

[The rise of statins in Denmark: Making the case for a localized approach to the routinization of pharmaceutical prevention of cardiovascular disease](#)

*Sofie Rosenlund Lau, John Sahl Anderson, Flemming Dela, Bjarke Oxlund*

This article provides a socio-historical account of the rise of preventive medicine in Denmark by exploring details of how pharmaceutical cholesterol-reduction became routinized as a standard of care. While other accounts of mass-prevention with statins primarily focus on the role of the pharmaceutical industry, we aim to show how routinization in a welfare state with free access to healthcare and where direct-to consumer advertisement is prohibited bring to the fore other actors and entities that are pivotal for the transformation of new treatment logics. Based on the close scrutiny of three decades of discussions in the Danish Weekly Medical Journal and interviews with key experts, we point to the important role of general practitioners as the main executors of preventive medicine in practice. Furthered by the introduction of

new techno-scientific innovations such as guidelines and assessment tool, the routinization of statins in Denmark happened as a bottom-up process championed by a local group of therapeutic reformers who successfully manoeuvred the realms of science, politics and practice in order to transform contested global evidence into the very foundation of a new standard of care. We argue that localized processes of routinization are incredibly important for any understanding of pharmaceuticalization.

[Liminality in practice: A case study in life sciences research](#) (*open access*)

*Megan Clinch, Sara Shaw, Richard Ashcroft, Deborah Swinglehurst*

Contemporary health challenges (e.g., diabetes, climate change, antimicrobial resistance) are underpinned by complex interrelationships between behavioural, cultural, social, environmental and biological processes. Current experimental systems are only partially relevant to the problems they investigate, but aspirations to embed interdisciplinary working and community engagement into life scientists' work in response to this partiality have proven difficult in practice. This paper explores one UK university-based life sciences research initiative as it seeks to develop modes of working which respond to this complexity. Drawing on 'liminal hotspots' as a sensitising concept, we explore how participating academics articulate complex problems, knowledge-making, interdisciplinary working and community engagement. Our analysis shows they become recurrently 'trapped' (institutionally and epistemologically) between fixed/universalised cosmologies of biology/disease, and more contemporary cosmologies in which biology and disease are conceptualised as situated and evolving. Adopting approaches to community organising based on 'process pragmatism', we propose ways in which life scientists might radically reorganise their practice and move beyond current limiting enactments of interdisciplinary and community engaged working. In doing so, we claim that the relevance and 'humanness' of life science research will be increased.

[How to feel about war: On soldier psyches, military biopolitics, and American empire](#)

*Kenneth MacLeish*

The basic structure of contemporary military biopolitics, in which military bodies and minds are kept alive and allowed to die, entails both an institutional problem of how to shore up life that is exposed



to harm and a cultural problem of how to reckon with a routinized trade in life and death that happens not incidentally, but on purpose. Amidst this tension, the military psyche becomes both an inhabited, embodied site and an imaginative point of reference for the question of how to feel about war. This article takes stock of the contemporary landscape of war-related mental affliction via three relatively novel interventions: military suicide prevention, the framing post-traumatic stress as “moral injury,” and resiliency training meant to inoculate soldiers against the stress of the battlefield. Drawing on a range of clinical and media sources and ethnographic research with post-9/11 military personnel, I show how each of these efforts constructs specific forms of war-related psychic destruction as objects of public and institutional concern, normalizes the institutional arrangements that produce it, and informs public perceptions of what war is by constructing figures of what it does to those who fight it.

[Cambridge Encyclopedia of Anthropology](#) (*open access*)

### [Autism](#)

*Ben Belek*

The concept of autism is historically contingent. It did not exist, in any proper sense, before it was invoked by medical and mental health professionals in the twentieth century. This entry aims to shed light on this relatively recent concept. First, it contextualises autism within the broader social, epistemological, and political circumstances of its emergence and ongoing negotiation, showing autism to be a dynamic concept, whose meaning is constantly in flux. Second, it revisits some of the more insightful or influential analyses that autism has received over the years in anthropology and adjacent disciplines. And third, it illustrates that anthropologists have been particularly attuned to everyday experiences of autism, comparing it to other forms of human difference while occupying an ambivalent stance towards biomedical approaches to it. A discussion on how autism might matter for the discipline of anthropology features very briefly in the conclusion.

[Culture, Medicine, and Psychiatry](#)

[Overlaps and Disjunctures: A Cultural Case Study of a British Indian Young Woman's Experiences of Bulimia Nervosa](#) (*open access*)

*Sunita Channa, Anna Lavis, Charlotte Connor, Newman Leung, Max*

*Birchwood*

Eating disorder diagnoses are characterised by a pattern of disordered eating behaviour alongside symptoms such as body dissatisfaction and preoccupation with food, weight or shape (APA in Diagnostic and statistical manual of mental disorders, DSM-5, APA, Washington, DC, 2013). Incidence rates for eating disorders have increased during the last 50 years. However, epidemiological studies have suggested that such trends may not be a true representation of the occurrence of these illnesses in the general population, with figures underestimated due to reduced help seeking and poor access to care, particularly amongst ethnic minorities. This case study explores the experiences of a young British Indian woman with bulimia nervosa. Arising from an in-depth semi-structured interview, analysed with interpretative phenomenological analysis, her narrative offers a critical lens onto how diverse fragments of cultural practices and meanings come together to produce the clinical category of 'bulimia.' It thereby offers an alternative portrait of relationships between eating disorders and 'culture,' one that goes beyond a framing of these illnesses as culture inscribed on the body. Interrogating relationships between culture and the development, expression and maintenance of bulimia is suggested to be key to forging culturally-sensitive understandings of this illness; this paper begins to provide the evidence base for the design and development of appropriate support services, thereby aiming to contribute to a reduction in health inequalities and barriers to treatment.

[Traditional Chinese Medicine Explanatory Models of Depressive Disorders: A Qualitative Study](#) (*open access*)

*Wan Kam, Zhang-Jin Zhang, Sofie Bäärnhielm*

Traditional Chinese medicine (TCM) is an alternative medical system utilised by many Chinese. However, the knowledge of TCM concepts of depression is limited amongst clinicians with training in Western biomedicine. The purpose of this study was to obtain a better understanding of the conceptualisation of depression from a group of TCM practitioners. Semi-structured interviews in Chinese were carried out with 10 TCM practitioners in Hong Kong. A case description of major depression disorder (MDD) was used as a basis. Interview texts were transcribed, translated and analysed using qualitative content analysis. Most informants identified the case as a depression pattern, a term that lacked clear definition and standardised criteria. The mechanism of disease for MDD symptoms were regarded to be liver-qi dysregulation and an

imbalance of yin and yang. The TCM practitioners implemented individualised diagnosis, treatment, and a holistic concept without clear distinction between the mind and the body. This contrasted with the biomedical tradition of separating psychologisation and somatisation. The meanings given to the concept of depression did not correspond with current DSM or ICD definitions, and the TCM normativity can result in variations in explanatory models.

[Keeping Our Mouths Shut: The Fear and Racialized Self-Censorship of British Healthcare Professionals in PREVENT Training](#) (open access)

*Tarek Younis & Sushrut Jadhav*

The PREVENT policy introduced a duty for British health professionals to identify and report patients they suspect may be vulnerable towards radicalisation. Research on PREVENT's impact in healthcare is scant, especially on the lived experiences of staff. This study examined individual interviews with 16 critical National Health Service (NHS) professionals who participated in mandatory PREVENT counter-radicalisation training, half of whom are Muslims. Results reveal two themes underlying the self-censorship healthcare staff. The first theme is fear, which critical NHS staff experienced as a result of the political and moral subtext underlying PREVENT training: the 'good' position is to accept the PREVENT duty, and the 'bad' position is to reject it. This fear is experienced more acutely by British Muslim healthcare staff. The second theme relates to the structures which extend beyond PREVENT but nonetheless contribute to self-censorship: distrustful settings in which the gaze of unknown colleagues stifles personal expression; reluctant trainers who admit PREVENT may be unethical but nonetheless relinquish responsibility from the act of training; and socio-political conditions affecting the NHS which overwhelm staff with other concerns. This paper argues that counter-terrorism within healthcare settings may reveal racist structures which disproportionality impact British Muslims, and raises questions regarding freedom of conscience.

[Initiating Change: Negotiations of Subjectivity in a Danish Activation Programme for Young Adults with Psychosocial Problems and Common Mental Disorders](#)

*Julie Høgsgaard Andersen, Tine Tjørnhøj-Thomsen, Susanne Reventlow, & Annette Sofie Davidsen*

An increasing number of young adults in Denmark experience difficulties in completing their education and holding down a job.

Many of these young adults have psychosocial problems and common mental disorders. To retain public income support they must attend education and work-directed activities, known as 'activation programmes'. Based on ethnographic fieldwork, this study presents an analysis of how one such programme unfolds in practice and how the participants engaged with the activities and negotiated the underlying rationales. We argue that the activities involved in the programme constitute 'biographical techniques' that entail a configuration of the participants as being responsible for their own biographies and having the capability to solve their problems themselves. The participants challenged this configuration of subjectivity by recounting complex or immediate problems that could not be solved through biographical techniques and by refusing to deal with their life stories as a way of configuring their futures. Biographical techniques limited the possibilities for grappling with the complexity of the participants' problems. We conclude that the participants are therefore subjected to biographical coercion because forms of subjectivity other than biographical subjectivity are disregarded.

### [Identity, Subjectivity, and Disorders of Self in Psychosis](#)

*Suze G. Berkout, Juveria Zaheer, & Gary Remington*

Alterations in self-experience are increasingly attended to as relevant and important aspects of schizophrenia, and psychosis more broadly, through a burgeoning self-disorders (SD) literature. At the same time, issues of self, subject, and subjectivity within schizophrenia-spectrum illnesses have also gained attention from researchers across the social sciences and humanities, and from ethnographic research especially. This paper examines the subjective experience of disruptions in self-identity within a cohort of first episode psychosis (FEP) service users, critically engaging with the SD literature and bringing it into conversation with social sciences and humanities scholarship on self and schizophrenia. Drawing findings from an ongoing ethnographic study of young peoples' experiences with psychosis, we explore meanings of mental distress relating to psychotic episodes and attend to issues of self, identity, and subjectivity. We critique the division between "normal" and "pathological" self-experience that is endorsed within the SD literature, arguing against the notion that fragmentation of self-experience in schizophrenia-spectrum illnesses is indicative of psychopathology. We highlight how experiences categorized as psychosis are also important and complete aspects of one's social world and inner life and explore the ways in which at least some aspects of disruptions of

self-identity stem from clinical situations themselves—in particular, from asymmetries of power within the mental health system. Relating our findings to feminist, postcolonial, and disability studies' approaches to the “self,” we emphasize the complex interplay between interpersonal, cultural, and structural aspects of self-experience within FEP.

[Technologies of the Social: Family Constellation Therapy and the Remodeling of Relational Selfhood in China and Mexico](#)

*Sonya E. Pritzker, Whitney L. Duncan*

In this article, we investigate how an increasingly popular therapeutic modality, family constellation therapy (FCT), functions simultaneously as a technology of the self (Foucault, *Technologies of the self: a seminar with Michel Foucault*, University of Massachusetts Press, Amherst, 1988) as well as what we here call a “technology of the social.” In FCT, the self is understood as an assemblage of ancestral relationships that often creates problems in the present day. Healing this multi-generational self involves identifying and correcting hidden family dynamics in high-intensity group sessions where other participants represent the focus client and his/her family members, both alive and deceased. Drawing on ethnographic data collected in multiple FCT workshops in Beijing, China and Oaxaca City, Mexico, we show how FCT ritually reorganizes boundaries between self and other in novel ways, creating a collective space for shared moral reflection on troubling social, historical, and cultural patterns. By demonstrating the ways in which FCT unfolds as both a personal and social technology, this article contributes to ongoing conversations about how to effectively theorize sociality in therapeutic practice, and problematizes critical approaches emphasizing governmentality and commensuration.

[“How Can We Help You”: Mental Health Practitioners’ Experiences of Service Provision in Northern Namibia](#)

*Theodore T. Bartholomew & Shelene G. Gentz*

Although 12–13% of Namibians are reported to struggle with psychological distress, very few practitioners are available to provide mental health services in Namibia. Those practitioners who are available are often trained from Western counseling and psychiatric perspectives that may not readily align to beliefs about illness held constructed in Namibian cultures. Institutional effort is invested in the education and use of mental health practitioners,

including counselors, social workers, nurses, psychologists, and psychiatrists. However, little is known about the experiences of these providers. Therefore, this study, a grounded theory ethnography, was undertaken as part of broader ethnographic work to understand how mental health practitioners (N = 7) in Northern Namibia view their work with Aawambo Namibians given that Namibian mental health practitioners are few but embedded in the country's health care system. Four categories were identified in analyses: Provision of Mental Health Services in the North, Practitioners' Conceptualizations of Psychological Distress: Western and Aawambo Influences, Beliefs about Mental Health Services in the North, and Integration of Traditional Treatment and Counseling. Results are discussed with respect to cultural competence in Namibian mental health practice and potential for integrating traditional practices and mental health services.

### [Contemporary Drug Problems](#)

#### [Progress at the State Level Versus Recent Regress at the Federal Level: Changes in the Social Consequences of the U.S. War on Drugs](#)

*Eric L. Jensen, Clayton Mosher, Jurg Gerber & Kate Angulski*

Fifteen years ago, Jensen, Gerber, and Mosher drew attention to the societal costs of the U.S. war on drugs. They argued that while criminologists had focused on the impact of this war on the U.S. criminal justice system, other impacts had been under-researched. Whereas some research along these lines has been done that we review here briefly, some of the "objective" conditions of the war on drugs have changed in the intervening years. The primary aim of the current article is to update these conditions. In brief, we have witnessed progress at the U.S. state level in terms of adverse social consequences of the war on drugs, but a significant recent regress at the federal level. Among others, there are significant new restrictions to various federal programs, often disproportionately so for members of racial minorities.

#### [Social and Political Factors Associated With State-Level Legalization of Cannabis in the United States](#)

*Joanne Spetz, Susan A Chapman, Timothy Bates, Matthew Jura, Laura A. Schmidt*

Thirty-three U.S. states and the District of Columbia (DC) have legalized the use of marijuana for medicinal purposes and 10 states and DC have legalized marijuana for adult recreational use.

This mirrors an international trend toward relaxing restrictions on marijuana. This article analyzes patterns in marijuana laws across U.S. states to shed light on the social and political forces behind the liberalization of marijuana policy following a long era of conservatism. Data on U.S. state-level demographics, economic conditions, and cultural and political characteristics are analyzed, as well as establishment of and levels of support for other drug and social policies, to determine whether there are patterns between states that have liberalized marijuana policy versus those that have not. Laws decriminalizing marijuana possession, as well as those authorizing its sale for medical and recreational use, follow the same pattern of diffusion. The analysis points to underlying patterns of demographic, cultural, economic, and political variation linked to marijuana policy liberalization in the U.S. context, which deserve further examination internationally.

["I Want to See Those Memories": Social Affordances of Mobile Phone Cameras and Social Network Sites in Collegiate Drinking](#)

*Gilbert Quintero, Henry Bundy, Michelle Grocke*

Alcohol use remains a prominent feature of American collegiate social life. Emerging technological developments, particularly the proliferation of mobile phone cameras and the easy sharing of digital images on social network sites (SNS), are now widely integrated into these drinking practices. This article presents an exploratory study examining how 40 students on a midsized college campus in the interior Pacific Northwest incorporate these technologies into their drinking activities. Data from semistructured interviews are considered within the theoretical framework of "affordances," which classifies material technologies (camera phones, SNS) as simultaneously inhabiting the role of artifact shaped by human action and of object that influences human conduct. Our data suggest that although contemporary college drinking reflects long-standing practices, cameras, digital images, and social media introduce new dimensions to college alcohol consumption and memory-making processes. These technologies are used to chronicle and archive the festive, social aspects of drinking; commemorate the good times that make up the college experience; and capture proud or incautious displays of excessive drinking. Our examination of emergent college drinking practices seeks to extend understandings of contemporary trends in collegiate alcohol use beyond the discourse of risk and indiscretion to include other important social and cultural dimensions of these phenomena, including pro-social aspects of these practices and the social affordances provided by digital image sharing and

reminiscing.

### [Stop Smoking the Easyway: Addiction, Self-Help, and Tobacco Cessation](#)

*Donncha Marron*

This article examines Easyway, a popular clinical and self-help method for the treatment of smoking addiction established by the late Allen Carr in 1984. It begins by addressing how smoking has come to be constituted as a neuropharmacological addiction and some of the issues and concerns raised against this in the social sciences. After situating its theoretical and empirical focus, the article then proceeds with an interpretative thematic analysis of a selection of Easyway self-help texts. The aims here are as follows: firstly, to show how Easyway, as a discourse, constitutes the problem of nicotine addiction in novel and distinctive ways; secondly, to elaborate how the Easyway texts seek to govern readers—paradoxically, through their free capacity for reflection, introspection, and action—to overcome their situated addiction to smoking; and thirdly, to identify and locate the significance of the author’s implicit claims to charisma in underpinning his authority to know and treat nicotine addiction.

### [East Asian Science, Technology and Society](#)

#### [Less Reproduction, More Production: Birth Control in the Early People’s Republic of China, 1949–1958](#) (*open access*)

*Sarah Mellors*

In the early People’s Republic of China (PRC), Communist officials initially placed strict constraints on birth control use, encouraging high fertility rates. However, in an effort to enhance agricultural and industrial productivity, such restrictions were gradually repealed and by the 1970s, aggressive promotion of family planning had become the norm. Drawing on both archival and oral history, this article considers the lived experience of birth control use from the founding of the People’s Republic until 1958, a period that is often overlooked in studies of reproduction and contraception in modern China, but that had important implications for later trends. Despite claims that discussion of sexuality was suppressed in the PRC and an early ban on certain publications related to sexual hygiene, a considerable amount of literature on sex and birth control was published in major cities in the 1950s. Narratives on sex and birth control in women’s magazines and sex handbooks, however, varied widely and access to birth control and



surgeries, such as abortions and sterilizations, differed dramatically according to location, class, and education level. This essay probes the circumstances under which women or couples practiced birth control while demonstrating the diversity of contraceptive discourses and practices in the early People's Republic. Though underexplored, the early years of the PRC remain critical to histories of reproduction in China because many of the gender dynamics, socioeconomic pressures, and cultural preferences that informed contraceptive practices in the 1950s continued to do so for decades to come.

## [Ethos](#)

### [Cultivating Affection?Laden Hierarchy: Embodied Moral Socialization of Vòng Tay \(Khoanh Tay\) with Children in Southern Vietnam](#)

*Heidi Fung Mai Th? Thu*

By adopting a discursive practice approach, this work examines how embodied deference rituals were practiced by Vietnamese children in the Mekong Delta region. Sixty-two video-recorded events of vòng tay/khoanh tay performed by 23 children (ages 1.5 to 12 years) were identified; of those, 51 events performed by 12 preschool-aged children were most rigorous and demanding. On the occasions of greeting/departing, thanking, and apology/discipline and through various communicative channels, four-generation caregivers played different roles to coach children in proper postural display and verbal respect with affection. Children actively participated in these recurrent family interactions and acquired the cultural meaning of affection-laden social hierarchy at a young age. Such socialization practices ensure the stability of a hierarchical structure, strengthen the mutual bond between novices and their seniors or superiors, and lay the sociocultural foundation of politeness, filial piety, and sacrifice in the family and in society at large.

### [Relational Affliction: Reconceptualizing “Mass Hysteria”](#)

*Aidan Seale-Feldman*

An ethnographic exploration of “mass hysteria” in Nepal reconsiders existing anthropological treatments of this form of affliction as gendered resistance. In Nepal, affected communities and girls dispute psychosocial counselors and anthropologists on conceptual grounds. These conflicts revolve around two distinct understandings of the subject of affliction. The subject of “mass

hysteria” takes a liberal feminist form in which symptoms reveal resistance to power, while for the subject afflicted by ghosts and spirits, bhutpret laagne, symptoms reveal the intertwined relationality between bodies and the world. I argue that by shifting attention away from questions of resistance, desire, and truth of the individual, we find that the concepts of chopne and bhutpret laagne are concerned with the transfer, sharing, and relationality of affliction. By placing Nepali and Euro-American conceptualizations in dialogue, haunting is approached not as idiom or metaphor but as an analytic with which to construct new conceptual frameworks.

### [Ambiguity as Dream Mentation: Supermasculinity and Ambivalence in American Dreams](#)

*Jeannette Mageo*

Ambiguity, this paper argues, is not merely a property of dream imagery, but ignites a process that is dreaming thinking. When images are ambiguous, the mind cannot fix on a single meaning. Hence dream ambiguity catalyzes a play of possible meanings that implicitly raises questions, not only about personal memories but also about those cultural models that these memories evoke. Dream thinking, then, renders people’s ongoing subjective reactions to culture into images. Through data from a 2004 to 2009 study of Northwest American student dreams and life histories, I propose that people think within dreams by representing daily ambivalences as visual ambiguities. Excerpts from this dream study illustrate seven types of visual ambiguity in dreams. Implicit in this taxonomy is a method of cultural dream interpretation that I present through an analysis of a full dream from a young man, Clarence. Through this analysis I show how ambiguities in Clarence’s dream represent his ambivalence about an American masculinity model—one that may underlie the school shootings that are now so common in the United States.

### [Rethinking Depth Metaphors with a Cosmocentric Self: The “Steep” and the “Level” in Akha Emotional Practices](#)

*Deborah E. Tooker*

This study critically engages two analytic constructs: western psychological individualism (with its assumed emotional interiority) and the notion of a generic sociocentric self. By looking at the emotional practices of the Akha of Northern Thailand in a nonmodern context, I aim to show the distinctiveness of a particular type of socio- and cosmo-centric self, that of the

“microcosmic,” “level” self, which is not a depth self. This analysis examines the semiotic ideology in which Akha emotions and self concepts are co-constituted as part of a process of inner/outer alignment with both communal and cosmic templates that affect the flow of a life force energy. In addition, Akha social dynamics resist and deflect from the emergence of a potentially dangerous individualized depth self with emotional interiority and an inner/outer boundary, suggesting an ideological component, and, thus, the relevance of historical and political-economic contexts in the study of emotional practices.

### [Sent Spirits, Meaning-Making, and Agency in Haiti](#)

*Bonnie N. Kaiser, Joseph Reginald Fils-Aimé*

In Haiti, a “sent spirit” is an experience of misfortune, such as an illness or accident, which is interpreted as intentionally sent by someone supernaturally. Sent spirits are fundamentally social narratives, reflecting links among social inequality, structural violence, and solidarity. This article focuses on the ethnographic stories of two women who experienced the death of a daughter, with one attributing the death to her own inability to care for her daughter, and the other to a sent spirit. A key question is whether these different explanations of misfortune create different possibilities for recourse to action. I explore how, in the context of gangan makout (“shaman with a sack,” free Vodou services), a sent-spirit attribution created a means of enacting agency following misfortune. However, as contemporary Vodou institutions have shifted to a gangan ason (“shaman with a rattle/bell,” fee-for-service) model, sent-spirit attributions no longer constitute a feasible avenue for enacting agency. Instead, they leave individuals facing new manifestations of structural violence in the form of marketization of rituals for healing and justice that have become out of reach for the poor. However, sent-spirit narratives continue to perform the work of culture by displacing blame from suffering individuals.

### [“Soothing My Child’s Soul and My Own”: Dealing with Pregnancy Loss in Postcommunist Romania](#) (open access)

*Erica van der Sijpt*

In Romania—where induced abortions were legally prohibited during communism and are now morally condemned by many—those who lose a pregnancy against their will have long been regarded with suspicion, confronted with a sense of

culpability, and surrounded by silence. This ambiguity is reflected in the local terminology and the perceived etiology of loss. In this article, which is based on 15 months of fieldwork between 2012 and 2015, I illustrate the various meanings and manifestations of a silenced sense of culpability around involuntary pregnancy loss in the lives of women from Bucharest and a small town in Central Romania. I also show how many of these women attempt to break the silence around their lost fetuses and carve out a personal space of commemoration and consolation. Their informal use of forbidden religious rituals paradoxically allows them to confirm the existence of their lost little ones and to position themselves as caring, rather than culpable, mothers.

[Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine](#)

[“I tend to forget bad things”: Immigrant and refugee young men’s narratives of distress](#)

*Carla T. Hilario, John L. Oliffe, Josephine P. Wong, Annette J. Browne, & Joy L. Johnson*

Distress among young immigrant and refugee men has drawn increasing research attention in recent years. Nuanced understandings of distress are needed to inform mental health and public health programming. The purpose of this research was to examine distress from the perspectives of young immigrant and refugee men living in Greater Vancouver, British Columbia, Canada. Thirty-three young men (aged 15–22 years) from diverse immigrant and refugee backgrounds participated in interviews, which were conducted between 2014 and 2015. Data were examined using narrative analysis and theories of masculinities. Three narratives were identified—norming distress, acknowledging distress as ongoing, and situating distress. The findings reveal that the narratives offer different frames through which distress was rendered a norm, or acknowledged and situated in relation to the participants’ relationships and to masculine discourses that shaped their expressions of distress. The findings can inform initiatives aimed at providing spaces for diverse young men to acknowledge their distress and to receive support for mental health challenges.

[The producing expert consumer: Co-constructing, resisting and accepting health-related claims on social media in response to an infotainment show about food](#)

*Jana Declercq, Stéphan Tulkens, & Sarah Van Leuven*

This article examines the Twitter and Facebook uptake of health messages from an infotainment TV show on food, as broadcasted on Belgium's Dutch-language public broadcaster. The interest in and amount of health-related media coverage is rising, and this media coverage is an important source of information for laypeople, and impacts their health behaviours and therapy compliance. However, the role of the audience has also changed; consumers of media content increasingly are producers, and, in the case of health, expert consumers. To explore how current audiences react to health claims, we have conducted a quantitative and qualitative content analysis of Twitter and Facebook reactions to an infotainment show about food and nutrition. We examine (1) to which elements in the show the audience reacts, to gain insight in the traction the nutrition-related content generates and (2) whether audience members are accepting or resisting the health information in the show. Our findings show that the information on health and production elicit the most reactions, and that health information incites a lot of refutation, low acceptance and a lot of suggestions on new information or new angles to complement the show's information.

[The daily digital practice as a form of self-care: Using photography for everyday well-being](#) (*open access*)

*Liz Brewster & Andrew M. Cox*

Interest in the connection between involvement in digital communities and well-being has increased as these communities become more commonplace. Specific models of interaction that affect well-being have emerged; here, we examine one of those models, termed 'digital daily practice'. Digital daily practices involve a commitment to doing one thing – exercise, photography and writing – every day and sharing it online. Participants in these practices agree that they provide an unexpected benefit of improving well-being. This article makes an in-depth examination of one digital daily practice, photo-a-day, using a practice theory framework to understand the affordances it offers for well-being. We engage with the literature on well-being and self-care, critiquing its presentation of well-being as an individual trait. We present data from an ethnographic study including interviews and observations to highlight how photo-a-day as a practice functions as self-care and how communities are formed around it. Photo-a-day is not a simple and uncomplicated practice; rather it is the complex affordances and variance within the practice that

relate it to well-being. We conclude that this practice has multi-faceted benefits for improving well-being.

[Incarnation and the dynamics of medical promises: DHEA as a fountain of youth hormone](#)

*Boris Hauray & Sébastien Dalgalarondo*

For more than a decade, the sociology of hope and expectations has gained growing influence in the social studies of health, medicine, and healthcare. This literature has stressed the role of representations of the future—through images, metaphors, theories, or visions—in the medical sector and analyzed the translation of these discursive contents into social practices and organizations. This article builds on these results and intends to explore a dimension that has received less attention: the incarnation of medical promises. Looking at the evolving case of a particular molecule, dehydroepiandrosterone (DHEA)—which has been promoted from the mid-1990s onwards as a “fountain of youth” pill—, we emphasize that testimonies by and portrayals of those who are undergoing a treatment with uncertain risks and benefits, and representations of their bodies in the media, can play a key role in the performativity of a medical promise. We analyze this incarnation as a specific “form of veridiction” and stress its normative dimension. This leads us to underline how evidence-based medicine and experiential knowledge—which are often analyzed as two opposite sources of information—can intricate and give rise to the same incarnation dynamics.

[Risk assessment practice within primary mental health care: A logics perspective](#)

*Adam Flintoff, Ewen Speed & Susan McPherson*

From the 1980s onwards, discourses of risk have continued to grow, almost in ubiquity. Ideas and practices of risk and risk aversion have extended to UK mental health care where services are expected to assess and manage risks, and high-quality clinical assessment has been revised to incorporate risk assessment. This article problematises practices of risk assessment in mental health provision, focussing on the base-rate problem. It presents an analysis of audio recordings of risk assessments completed within a primary care mental health service. The analysis is informed by a critical logics approach which, using ideas from discourse theory as well as Lacanian psychoanalysis, involves developing a set of logics to describe, analyse and explain social phenomena. We

characterise the assessments as functioning according to social logics of well-oiled administration and preservation, whereby bureaucratic processes are prioritised, contingency ironed out or ignored, and a need to manage potential risks to the service are the dominant operational frames. These logics are considered in terms of their beatific and horrific fantasmatic dimensions, whereby risk assessment is enacted as infallible (beatific) until clients become threats (horrific), creating a range of potential false negatives, false positives and so forth. These processes function to obscure or background problems with risk assessment, by generating practices that favour and offer protection to assessors, at the expense of those being assessed, thus presenting a challenge to the stated aim of risk assessment practice.

### [Health and Place](#)

#### [From risky places to safe spaces: Re-assembling spaces and places in Vancouver's Downtown Eastside](#)

*Andrew Ivsins, Vancouver Area Network of Drug Users, Cecilia Benoit, Karen Kobayashi and Susan Boyd*

Vancouver's Downtown Eastside (DTES) neighbourhood is commonly associated with stigmatized and criminalized activities and attendant risks and harms. Many spaces/places in this urban neighbourhood are customarily portrayed and experienced as risky and harmful, and are implicated in experiences of structural (and physical) violence and marginalization. Drawing on 50 qualitative interviews, this paper explores how spaces/places frequently used by structurally vulnerable people who use drugs (PWUD) in the DTES that are commonly associated with risk and harm (e.g., alleyways, parks) can be re-imagined and re-constructed as enabling safety and wellbeing. Study participants recounted both negative and positive experiences with particular spaces/places, suggesting the possibility of making these locations less risky and safer. Our findings demonstrate how spaces/places used by PWUD in this particular geographical context can be understood as assemblages, a variety of human and nonhuman forces – such as material objects, actors, processes, affect, temporal elements, policies and practices – drawn together in unique ways that produce certain effects (risk/harm or safety/wellbeing). Conceptualizing these spaces/places as assemblages provides a means to better understand how experiences of harm, or conversely wellbeing, unfold, and sheds light on how risky spaces/places can be re-assembled as spaces/places that enable safety and wellbeing.

[Acute exposure to violent neighborhood crime and depressive symptoms among older individuals in Colombia](#)

*Philipp Hessel, María Alejandra Martínez Botero and Jorge Cuartas*

To assess the association between acute exposure to neighborhood violent crimes and depression we combined representative, individual-level and geo-coded data for individuals aged 60 years and above living in four major cities in Colombia from the 2010 Demographic and Health Survey (DHS) with objective information on the timing and location of violent crimes. Exploiting spatial and temporal variation in the occurrence of crimes we find that being acutely exposed to a violent crime is positively associated with the number of depressive symptoms.

[A comparative analysis of the impacts of objective versus subjective neighborhood environment on physical, mental, and social health](#)

*Lin Zhang, Suhong Zhou, Mei-Po Kwan*

Research on the relationship between neighborhood context and health outcome has attracted notable attention. However, few studies examine and compare the associations between the objective and subjective neighborhood environment and different dimensions of health. To this end, high-resolution remote sensing images and points-of-interest (POIs) data collected in Guangzhou, China, are used together with questionnaire survey data to measure the objective and subjective characteristics of the neighborhood environment. The sample includes 1029 adults selected from 34 communities in Guangzhou, China. Hierarchical linear modeling is then employed to analyze the associations between the objective and subjective neighborhood environment and three dimensions of health (physical health, mental health, and social health), as well as compare the relative strengths of and moderating mechanisms between these associations. The results indicate that significant variations in health outcomes are observed among neighborhoods, which can be explained by both personal attributes and the neighborhood environment. Although objective and subjective measures of the neighborhood environment are both linked to the three dimensions of health, physical health and social health are influenced more by objective measures, while mental health is affected more by subjective measures. Further, subjective measures have positive moderating effects on the relationship between objective measures and mental health but do not have significant moderating effects on the relationships between objective measures and physical and social health.



[Local Landscapes of Breastfeeding: A comparison of breastfeeding amongst mothers in low- and high-income neighborhoods in Bristol, UK](#)

*Josie Isherwood, Kate Boyer, and Sally Dowling*

This paper compares experiences of breastfeeding outside the home for women living in low-income and high-income neighborhoods of the same city. Our findings are based on an analysis of 22 interviews with breastfeeding mothers (11 in each of two study areas) undertaken in Bristol, UK in 2017. We extend existing scholarship by showing how experiences of breastfeeding vary not only at the regional level but between local areas of the same city, and outline how our findings can inform policy. We advance literature on maternal bodies by exploring how local “landscapes” of breastfeeding emerge as mothers encounter and negotiate different socio-material landscapes and locally-differentiated norms about “appropriate” maternal embodiment. We argue that these variegated interactions can lead to different orientations to space and forms of spatial practice on the part of breastfeeding mothers, as well as different kinds of maternal identities.

[Associations of neighbourhood sociodemographic characteristics with depressive and anxiety symptoms in older age: Results from a 5-wave study over 15 years](#)

*I. Motoc, E.J. Timmermans, D. Deeg, B.W.J.H. Penninx and M. Huisman*

We examined the long-term association between objective neighbourhood sociodemographic characteristics (index of socioeconomic position (SEP), average income, percent low-income earners, average house price, percent immigrants and urban density) with depressive and anxiety symptoms, covering five 3-year waves of the Longitudinal Aging Study Amsterdam (n = 3,772). Multi-level regression models assessed each neighbourhood-level characteristic separately, adjusting for individual-level covariates. A higher percentage of immigrants and higher urban density, but not other neighbourhood characteristics, were significantly associated with depressive and anxiety symptoms over time in models adjusted for individual SEP. Results of time interaction models indicated that the associations were stable over the 15-year period.

[Using street view data and machine learning to assess how perception of neighborhood safety influences urban residents' mental health](#)

*Ruoyu Wang, Yuan Yuan, Ye Liu, Jinbao Zhang, Penghua Liu, Yi Lu, Yao Yao*

Previous studies have shown that perceptions of neighborhood safety are associated with various mental health outcomes. However, scant attention has been paid to the mediating pathways by which perception of neighborhood safety affects mental health. In addition, most previous studies have evaluated perception of neighborhood safety with questionnaires or field audits, both of which are labor-intensive and time-consuming. This study is the first attempt to measure perception of neighborhood safety using street view data and a machine learning approach. Four potential mediating pathways linking perception of neighborhood safety to mental health were explored for 1029 participants from 35 neighborhoods of Guangzhou, China. The results of multilevel regression models confirm that perception of neighborhood safety is positively associated with mental health. More importantly, physical activity, social cohesion, stress and life satisfaction mediate this relationship. The results of a moderation analysis suggest that the beneficial effects of physical activity and social cohesion on mental health are strengthened by a perception of neighborhood safety. Our findings suggest the need to increase residents' perception of neighborhood safety to maintain mental health in urban areas of China.

[Estimating ecological social capital using multi-level regression with post-stratification: A spatial analysis of psychiatric admission rates in wales](#)

*Christopher W. N. Saville*

Although ecological cognitive social capital is an important predictor of mental health, measurement remains crude. Multi-level regression with post-stratification (MRP) is a technique for computing small area estimates of survey responses, used in political science but hitherto not for estimating ecological protective factors in epidemiology. National Survey for Wales 2016-17 data (N = 10,486) were used to produce MRP estimates of belonging and generalised trust for 410 middle super output areas covering Wales. These estimates were used to predict psychiatric admission rates in 2017 (N = 9978 cases). Low belonging and trust are ecological risk factors for psychiatric admissions, with a 29% (25–33%) and 25% (22–29%) increase in admissions per standard deviation decrease respectively. Equivalent results for using standard simple aggregation of survey data by area suggest 8% (4–12%) and 10% (6–14%) increases in risk per standard

deviation. MRP has potential for studying ecological risk factors based on self-report measures, with greater predictive validity for incidence of psychiatric admissions than current methods.

[Recession, local employment trends and change in self-reported health of individuals: A longitudinal study in England and Wales during the 'great recession'](#)

*Sarah Curtis, Paul Norman, Richard Cookson, Mark Cherrie & Jamie Pearce*

This paper contributes to a growing international literature on the relationships between economic recession and health outcomes, which

has become particularly pertinent during the recent 'great recession',

affecting many countries around the world in the period since 2008.

The study is situated within the interdisciplinary field of research concerned with the wider determinants of health, and relates to an expanding series of publications in health geography (e.g., reviewed by

Pearce, 2018; Pearce et al., 2018) concerned with the significance of

changing environments over the lifecourse of places and how these relate

to variability in health among individual residents. We report here on

an analysis that combines information from two datasets produced by

the United Kingdom Office of National Statistics: data for Local Authorities (Local Government units in Britain), on trends over time in

economic conditions; and data from the Longitudinal Study (LS) for

England and Wales (source ONS LS), providing information on individual's health and other personal characteristics for two time points,

before and after the onset of recession. We present results from analyses

of data on very large samples of individuals, drawn from the LS, which

are derived from the population census and followed up over time at

each decennial census. As discussed below, evidence from this kind of

approach has been identified in reviews of research in the field as relatively unusual and necessary in order to understand the relationships involved and identify the populations most at risk of deteriorating health during recession. Our conclusions consider the implications for policy during this continuing period of economic volatility and austerity.

[Putting the “where” in HIV care: Unpacking narratives of antiretroviral therapy adherence among HIV-Positive men who have sex with men](#)

*Augil Marie Q. Robles & Nico A. Canoy*

This study explores the spatial constitution of adherence to antiretroviral therapy (ART) by recasting therapeutic landscapes (Gesler, 1992) and how it structures the exercise of expressive agency (Bowden, 2014). Engagement in antiretroviral therapy among HIV-positive men who have sex with men (MSM) is contextualized within the discursive-materiality of emplaced assemblages for HIV Care in the Philippines. Combining qualitative data from field visits and semi-structured interviews, three key spatial narratives were derived illustrating how adherence to ART unfolds in place: (a) an unwelcoming treatment hub, (b) an unsafe and safe home, and (c) a constraining workplace. The results illustrate the spatial, multilayered barriers to ART adherence proposing insights for the theorization of adherence as an emplaced process and the implications of using of place-based interventions in resource-limited countries beyond the discourse of free service and availability.

[International Journal of Social Psychiatry](#)

[Lifetime experiences of gender-based violence, depression and condom use among female sex workers in Cameroon](#)

*Anna Abelson, Carrie Lyons, Michele Decker, Sosthenes Ketende, Iliassou Mfochive Njindam, Ghislaine Fouda, Flavien Ndonko, Daniel Levitt, Ubald Tamoufe, Serge Billong, Anne-Cecile Zoung-Kanyi Bissek & Stefan D Baral*

In general populations, consistent data highlight the relationships among violence, HIV risk behavior and depression; however, these patterns are not well understood among female sex workers (FSWs). We examined the relationship between FSWs' experiences with sexual violence and consistent condom use as a

key HIV risk behavior and explored mental health as a potential mediator. In total, 2,165 FSWs were recruited via respondent-driven sampling in Cameroon in 2016. The women answered questions about violence, condom use and mental health. Inconsistent condom use with clients was reported by 23.5% of participants (508/2,165). Lifetime sexual violence was prevalent with 33.0% (713/2,163) of participants. Almost 50% (1,067/2,143) of respondents had some level of depression. Sexual violence was significantly associated with inconsistent condom use (adjusted risk ratio (aRR) 1.4, 95% confidence interval (CI) (1.2–1.6)). Of FSWs with no depression, 24.9% (267/1,071) reported sexual violence, versus 56.1% (32/57) of respondents with severe depression (p