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By

[Social Studies of Science](#)

[Who's afraid of Ebola? Epidemic fires and locative fears in the Information Age \(OA\)](#)

Wesley Shrum, John Aggrey, Andre Campos, Janaina Pamplona da Costa, Jan Joseph, Pablo Kreimer, Rhiannon Kroeger, Leandro Rodriguez Medina

Epidemics have traditionally been viewed as the widespread occurrence of infectious disease within a community, or a sudden increase above what is typical. But modern epidemics are both more and less than the diffusion of viral entities. We argue that epidemics are 'fire objects', using a term coined by Law and Singleton: They generate locative fears through encounters that focus attention on entities that are unknown or imprecisely known, transforming spaces and humans into indeterminate dangers, alternating appearance and absence. The Ebola epidemic of 2014 had more complex impacts than the number of infections would suggest. We employ multi-sited qualitative interviews to argue that *locative* fear is the essence of modern global epidemics. In the discussion we contrast Ebola with both the Zika epidemic that followed and the ongoing coronavirus (COVID-19) pandemic.

[Ethics in retrospect: Biomedical research, colonial violence, and Iñupiat sovereignty in the Alaskan Arctic](#)

Tess Lanzarotta

Kaare Rodahl, a scientist with the US Air Force's Arctic Aeromedical Laboratory, spent much of the 1950s traveling to villages in the Alaskan Arctic to conduct research on cold acclimatization. Four decades later, it was discovered that during one such study, he had administered radioactive isotopes of iodine-131 to over one hundred Alaska Native research subjects without their knowledge or consent. This news broke just as Alaska Native communities were attempting to recover from a series of revelations surrounding other instances of Cold War radiation exposure. In response, two major federal investigations attempted to

determine whether Rodahl had adhered to ethical regulations and whether his actions could be expected to have a lasting health impact on former research subjects. The National Research Council, framing the study as a singular event in the Cold War past, found that research subjects had been 'wronged, but not harmed'. The North Slope Borough, a powerful Alaska Native municipal government, countered this finding with their own investigation, which identified both the study and the subsequent federal inquiries as facets of the still-unfolding process of American settler colonialism in Alaska. In doing so, the North Slope Borough contested the authority of federal agencies to set the terms by which ethics could be retrospectively judged. This article argues that exploring how competing ethical regimes represent the relationship between violence and time can help us better understand how institutionalized bioethics reproduces settler colonial power relations.

[Sociology of Health & Illness](#)

[How does cultural capital keep you thin? Exploring unique aspects of cultural class that link social advantage to lower body mass index \(OA\)](#)

Joost Oude Groeniger Willem de Koster Jeroen van der Waal Johan P. Mackenbach Carlijn B. M. Kamphuis Frank J. van Lenthe

A widely used indicator for cultural class is strongly related to a lower body mass index (BMI): cultural capital measured as 'highbrow' taste. This study's objective was to theorise and measure aspects of cultural class that are more plausibly linked to low BMI, and subsequently explore their relevance. Building on Bourdieusian theory we derive four of those aspects: 'refinement' (valuing form and appearance over function and substance), 'asceticism' (self-imposed constraints), 'diversity' (appreciation of variety in and of itself) and 'reflexivity' (reflexive deliberation and internal dialogue). Using standardised interviews with 597 participants in the Dutch GLOBE study in 2016, we subsequently demonstrate: (i) newly developed survey items can reliably measure four aspects of cultural class: 'asceticism', 'general refinement', 'food refinement' and 'reflexivity' (Cronbach's alphas between 0.67–0.77); (ii) embodied/objectified cultural capital (i.e. 'highbrow' taste) was positively associated with general refinement, food refinement and reflexivity, whereas institutionalised cultural capital (i.e. education) was positively associated with asceticism and reflexivity; (iii) asceticism, general refinement, reflexivity, but not food refinement, were associated with a lower BMI; (iv) asceticism, general refinement and reflexivity together accounted for 52% of the association between embodied/objectified cultural capital and BMI, and 38% of the association between institutionalised cultural capital and BMI.

['My relationships have changed because I've changed': biographical disruption, personal relationships and the formation of an early menopausal subjectivity](#)

*Kate Johnston?Ataata Jacinthe Flore Renata Kokanovi? Martha Hickey
Helena Teede Jacqueline A Boyle Amanda Vincent*

Early menopause (EM) or premature ovarian insufficiency (POI) can disrupt gendered and age-related expectations associated with perceived 'normative' biographies for young adult women, with implications for subjectivity and relationships. While previous qualitative research has concentrated on the impacts of EM/POI on biography and sense of self, in this article, we examine the enmeshment of personal relationships with the formation of early menopausal subjectivities. Drawing on research exploring concepts of 'biographical disruption' and personal relationships, and theoretical work on social norms and subject formation, we present findings from a narrative thematic analysis of 25 interviews with women diagnosed with spontaneous or medically induced EM/POI. We identify three main narrative 'types' of subjective and relational experience in response to the 'disruption' of EM/POI: interlude and continuity; disruption and adaptation; and disruption and ambivalence. Women's accounts of their experience of EM/POI indicate that the formation of early menopausal selves is mediated by the extent to which women and those around them identify with gendered norms related to reproduction and age. Consistent with theoretical perspectives that consider the self as relationally produced, we argue that the subjective and relational dimensions of EM/POI are intertwined and must be understood in tandem.

[Men, chronic illness and healthwork: accounts from male partners of women with endometriosis \(OA\)](#)

*Nicky Hudson Caroline Law Lorraine Culley Helene Mitchell Elaine
Denny Wendy Norton Nick Raine?Fenning*

Currently dominant in medical discourse, the concept of self-management sees the responsibility for health and illness shift from the state to the individual. However, while this emphasis on individual responsibility and management has burgeoned, the role and status of partners and other family members in the management of chronic illness remains under-theorised. While self-management privileges individual responsibility for the management of chronic illness, the role of partners remains unclear. This paper utilises data from a study of heterosexual couples' experiences of living with the chronic gynaecological condition endometriosis to explore how male partners engage in its day-to-day management. In all, 22 couples participated in in-depth, semi-structured

interviews with each partner interviewed separately (n = 44). Data were analysed thematically and dyadically, informed by an interpretivist relational approach. The paper utilises the concept of healthwork to describe the illness work, everyday life work, biographical work and emotion work men engaged in. The paper demonstrates how the conceptual value of healthwork is enhanced by incorporating an analysis of the emotional effort required in managing chronic illness. The paper illustrates the value of investigating the role of partners in managing chronic illness to provide a fuller account of the distributed and relational nature of healthwork.

[The diffusion of innovative diabetes technologies as a fundamental cause of social inequalities in health. The Nord-Trøndelag Health Study, Norway \(OA\)](#)

Daniel Weiss Erik R. Sund Jeremy Freese Steinar Krokstad

This study investigates patterns of adoption and diffusion of innovative health technologies by socioeconomic status (SES) in order to assess the extent to which these technologies may be a fundamental cause of health-related inequalities. Quantitative analyses examined SES-based inequalities in the adoption and diffusion of diabetes technologies. Diabetes data from three panels of the Nord-Trøndelag Health Study (HUNT), Norway, were combined with income and education data. Cross-sectional and longitudinal regression analyses were used to examine relevant inequalities. Cross-sectional analyses suggest often present SES-based gradients in the adoption of diabetes technologies, favouring high-SES groups. Statistically significant differences ($p < 0.05$) were most often present when technologies were new. In a cohort followed from 1984 to 1997, high SES individuals were more likely to adopt insulin injection technologies but, due to modest sample sizes, these inequalities were not statistically significant after adjusting for age, gender, and duration of illness. Moreover, compared to low SES individuals, high SES individuals are more active users of diabetes technologies. Results suggest that SES-based variations in access and use of innovative health technologies could act as a mechanism through which inequalities are reproduced. This study provides a discussion of mechanisms and a methodological foundation for further investigation.

[Overcoming adversity: a grounded theory of health management among middle-aged and older gay men](#)

Ingrid Handlovsky Vicky Bungay Joy Johnson John Oliffe

This article presents findings from a grounded theory study in which we explored how self-identifying gay men between 40 and 76 years of age

manage their health in the context of homophobia, heteronormativity and discrimination. Data were collected with 25 men over a 6-month period in a large urban setting in Western Canada. A preliminary theory of health management is discussed, consisting of the central phenomenon of overcoming adversity. Three thematic processes are considered that illustrate how adversity and health management are situated within the interrelationships of historical and ongoing discrimination inclusive of and external to the healthcare encounter, the complexity of men's illnesses, and the temporal aspects of HIV epidemics and treatments that occurred throughout their lives. These themes include: advocating for health needs, knowing about health issues and treatments, and engaging in health promoting practices. These findings help to address a gap in knowledge concerning health management among older gay men and support that initiatives aimed at health care with gay men must appreciate the systemic role of discrimination, while supporting men's individual efforts in actively managing their health.

['That thing in his head': Aboriginal and non-Aboriginal Australian caregiver responses to neurodevelopmental disability diagnoses](#)

Sharynne L. Hamilton Sarah Maslen Rochelle Watkins Katherine Conigrave Jacinta Freeman Melissa O'Donnell Raewyn C. Mutch Carol Bower

Little is known about the significance of cultural differences to how caregivers receive a diagnosis of neurodevelopmental disability. As part of a Fetal Alcohol Spectrum Disorder prevalence study among sentenced, detained youth, our qualitative study explored the experiences of diagnostic assessment among detained young people and their caregivers. We present findings from the perspectives of caregivers. In conversation with the sociology of diagnosis literature, we present vignettes of three Aboriginal and two non-Aboriginal caregivers' experiences of the diagnostic assessment process. We found that Aboriginal caregivers conceptualised their children's diagnosis and ongoing management in the context of their family networks and community. In contrast, non-Aboriginal caregivers focused on how the diagnosis would affect their child and interactions with various institutions including healthcare systems and schools. Caregivers' engagement with diagnostic reports and resources also followed cultural lines. Reflections on intergenerational drinking were voiced by Aboriginal caregivers, who expressed shame at receiving diagnosis. These findings advance our appreciation of cultural difference in receiving a diagnosis, the examination of which is in its nascent stages. We also suggest ways to mitigate harm from a stigmatising diagnosis and soften the well-established effects of medical dominance over the process of defining a person's capacity and status.

[Technologies of time: women's practices of trying to conceive with ovulation biosensing](#)

Joann Wilkinson

Ovulation biosensors are devices worn on or used with the body, which can help women detect ovulation. The manufacturers of such devices claim that if women know when they ovulate, couples can arrange heterosexual intercourse during this time, and thus increase their chances of conceiving. Within the contemporary UK context, in which becoming pregnant is presented in the popular media, and in medical discourses, as more difficult for women in their thirties and forties, manufacturers' claims are attractive for those trying to conceive. Yet few sociological studies have examined women's practices of ovulation biosensing. Drawing on women's accounts of tracking ovulation, this paper explores how such practices fit into their trajectories of trying to conceive. It examines why ovulation biosensing seemingly becomes helpful, relevant or important during this time. Ovulation biosensors, it argues, alter the landscape of trying to become pregnant by introducing new stages and materialities which seemingly place women closer to conception. Women engage in ovulation biosensing, not only to help them become pregnant, but also as a way to manage the complexities of fertility and the uncertainties of becoming pregnant in contemporary society.

[Is it an issue before it's a problem? Investigating men's talk about fertility \(open access\)](#)

[Maja Bodin](#) [Lisa Käll](#)

While fatherhood and male involvement in family life have been the focus of much research during the past few decades, we know less about men's involvement in the stage that precedes fatherhood and reproductive decision-making, their awareness of and sense of responsibility for reproductive health and fertility. This article draws attention to how men talk about fertility and reproductive intentions, focusing on how their perceptions and knowledge of fertility and procreation are structured around social norms and expectations. The study was based on interviews with 25 men in reproductive age with no prior history of infertility, including men with as well as without children and men of different sexual orientations and gender diversity. Our findings indicate a tension between, on the one hand, a general tendency among the men to take their fertility for granted and neither think nor talk about it, and, on the other hand, a latent concern about possible infertility which seemed to be activated in the interview situation. These findings raise questions of how conversations about fertility might impact men's thinking about their own fertility that call for further exploration and that are of

significance in considerations of how to promote fertility awareness and reproductive health.

[‘Your wealth is your health’: the fundamental causes of inequalities in diabetes management outcomes: a qualitative analysis](#)

Shane O’Donnell

Fundamental Cause Theory (FCT) is among the most influential explanations for health inequalities. The theory posits that the social gradient in health persists because higher socioeconomic status (SES) groups are systematically more able to take advantage of new medical innovations and health-enhancing knowledge due to their greater access to resources. Taking the life histories of people with diabetes (PwD) (N = 17) in the Republic of Ireland as a case study, this paper aims to elucidate the behaviours and agencies underlying ‘fundamental causality’ through examining how PwD of contrasting SES respond to disease management information. Findings highlight how the most common barriers to effective diabetes control were chronic psychological distress, combined with the cultural significance of alcohol consumption, which was central to both the social and economic subsistence of male participants in particular. However, higher SES groups were more likely to experience a ‘turnabout’ in their life, whereby they could remove themselves from the conditions giving rise to their distress and move into a social space where more health-enhancing behaviours were possible. It concludes with a discussion of potential mechanisms that may explain why such turnabouts were more likely to occur in the case of higher SES groups and the implications for FCT.

[Social networks and health in later life: a state of the literature](#)

Adam R. Roth

Late life is a period frequently marked by decline in personal health and heightened need for social support. Consequently, the social networks in which individuals are embedded assume an increasingly central role in the health and wellbeing of older adults. In the present article, I review the state of the literature on social networks and health in later life. By drawing on insights from the sociology of ageing and the life course, I address new developments and current challenges within the field. Chief among these developments and challenges is the recognition that the ageing process does not occur in a vacuum. Rather, individuals are consistently exposed to numerous changes to their social lives which have strong implications for current and future health outcomes. Upon highlighting the latest innovations within the field of networks and health, I conclude with useful directions for future research.

[Off-label prescribing of stimulant medication to students: a qualitative study on the general practitioner perspective](#)

Sara De Bruyn Edwin Wouters Koen Ponnet Robert Tholen Caroline Masquillier Roy Remmen Guido Van Hal

Students' use of prescription stimulants to enhance study performance is increasingly under the spotlight. Medical guidelines discourage general practitioners (GPs) from prescribing stimulants to students without a diagnosis; yet a considerable proportion of students acquire them from GPs. Building on Eisenberg's theoretical framework on clinical decision-making and Conrad's sociological concept of biomedical enhancement, this study examined the social context of GPs' off-label prescribing decisions for stimulants, using data from 21 semi-structured interviews, including vignettes, undertaken with Flemish GPs. Results identified two groups of GPs: (1) hardliners who strictly follow medical guidelines and who would only prescribe in case of an appropriate diagnosis and (2) context-dependent GPs who would prescribe stimulants depending on the patients' symptoms and extent of need. GPs' decisions depend on one-on-one doctor-patient interactions (i.e. the extent of empathy from the doctor and the extent of assertiveness from the patient); the extent to which GPs define concentration problems as medical problems; GPs' interactions with fellow health care workers; as well as GPs' interaction with the wider community. By disentangling these influences, this paper advances both theoretical and practical understanding of the sociological context in which GPs' off-label prescribing behaviour occurs.

[Risk work in dental practices: an ethnographic study of how risk is managed in NHS dental appointments \(OA\)](#)

Louise Laverty Rebecca Harris

Ideas about disease risk underpin many preventive health strategies. These have assumed even greater importance in recent years as health policies place a growing emphasis on personal responsibility. This is reflected in new national contracts for National Health Service (NHS) dentistry that emphasise informing patients on their oral health risk status to persuade them to be accountable for their health. Thus, 'risk' is now central to the practice of dentistry, particularly primary care delivery. An ethnographic study in dental practices in England looked at how risk is acted on in dental settings. 368 dental appointments were observed in five dental practices over a year. The analysis shows three interrelating forms of risk work. Dentists position risk work as administrative to gain consent, translate risk through temporality to encourage action, whilst protecting rapport and their professional reputation through interactional risk work.

This qualitative study demonstrates that the everyday nature of risk work in NHS dental practices is often implicit, defensive and focused on social interaction rather than the explicit discussions of individual lifestyle risks that policymakers assume. The study contributes to the literature on 'risk work' by illustrating how health professionals use risk to manage situationally sensitive contexts.

[‘I just don’t think it’s that natural’: adolescent mothers’ constructions of breastfeeding as deviant \(OA\)](#)

Kimberly Jamie Lucy McGeagh Hannah Bows Roisin O’Neill

Breastfeeding is recognised globally as the optimal method of infant feeding. For Murphy (1999) its nutritional superiority positions breastfeeding as a moral imperative where mothers who formula-feed are open to charges of maternal deviance and must account for their behaviour. We suggest that this moral superiority of breastfeeding is tenuous for mothers from marginalised contexts and competes with discourses which locate breastfeeding, rather than formula feeding, as maternal deviance. We draw on focus group and interview data from 27 adolescent mothers from socio-economically deprived neighbourhoods in three areas of the UK, and five early years professionals working at a Children’s Centre in the Northeast of England. We argue that breastfeeding is constructed as deviance at three ‘levels’ as (i) a deviation from broad social norms about women’s bodies, (ii) a deviation from local mothering behaviours and (iii) a transgression within micro-level interpersonal and familial relationships. Given this positioning of breastfeeding as deviant, breastfeeding mothers feel obliged to account for their deviance. In making this argument, we extend and rework Murphy’s (1999) framework to encompass diverse experiences of infant feeding. We conclude with reflections on future research directions and potential implications for practice.

[Correcting medical decisions: a study in nurses’ patient advocacy in \(Finnish\) hospital ward rounds \(OA\)](#)

Salla Kurhila Inkeri Lehtimaja Paul Drew

During daily hospital ward rounds, medical teams, led by doctors, assess the progress of an individual patient’s health. It is widely reported in the research literature that nurses play a relatively passive role during these rounds, because although they may have valuable information about the patient’s condition and progress, and indeed their role includes advocacy on behalf of their patients, nurses nevertheless can experience difficulties in participating during case constructions. Here we report an instance from a (gastro-surgical) ward round in a Finnish hospital, in which nurses

played a key role in reversing a consultant's initial decision to discharge a patient. They did so not by directly challenging the consultant's opinion, but by employing indirect means to introduce their discrepant perspective: they provide descriptions and ask questions that draw attention to information that results in the doctor coming to a different assessment than theirs of the patient's condition, and a different decision about what should be done (the patient was not discharged from hospital). The encounter reported here is taken from a corpus of ward round discussions in a Finnish hospital. The method of our study is Conversation Analysis.

[Professional boundary struggles in the context of healthcare change: the relational and symbolic constitution of nursing ethos in the space of possible professionalisation](#)

Jette Ernst

The paper draws on Bourdieu's conceptualisation of the symbolic order and his little used concept of ethos in order to gain novel understandings of boundary struggles between nursing and medicine as well as internally in nursing. The constituents of boundary struggles are analysed in the context of healthcare transformation, focusing on organisational, institutional and political boundary undertakings. Changing conditions for boundary demarcations and professionalisation include a preference for evidence-based knowledge and practice, seen as a remedy against common problems in health care. The paper shows how nurses use the changes in 'the space of possible professionalisation' in their struggle for professionalisation when they expand their scope of practice and embark on what is conceptualised as a curing ethos, where nursing is understood as a discipline performing practices that lead to cure. However, this is repudiated by the medical profession at all levels. Moreover, curing stands opposed to the caring ethos in nursing and boundary struggles surface as 'ethos confrontation' between caring- and curing-oriented nurses in practice. The boundary struggles analysed in this paper raise important questions about healthcare manageability and the development of sustainable professional environments.

[Materialities in supported housing for people with mental health problems: a blurry picture of the tenants \(OA\)](#)

Jan G. Friesinger Alain Topor Tore Dag Bøe Inger Beate Larsen

Our daily lives and sense of self are partly formed by material surroundings that are often taken for granted. This materiality is also important for people with mental health problems living in supported housing with surroundings consisting of different healthcare services, neighbourhoods, buildings or furniture. In this study, we explored how

understandings of tenants are expressed in the materialities of supported housing. We conducted ethnographic fieldwork in seven different supported accommodations in Norway and analysed the resultant field notes, interviews, photographs and documents using Situational Analysis. The analysis showed that supported housing materialities expressed a blurry picture comprising widening and narrowing understandings of tenants, both by others and by themselves. Widening understandings concerned how tenants were living their lives in their own ways in private rooms while maintaining a social life in common areas. Narrowing understandings pertained to understand the tenants based solely on their diagnosis and need for care and control in hospital-like buildings. The following discussion focusses on the ideas that underlie narrowing materialities and on the importance of striving for atmospheres that entail a sense of belonging.

[Technology and Culture](#)

[Rethinking Reproductive Technologies and Modernities in Time and Space](#)

Gonçalo Santos, Suzanne Z. Gottschang

This overview proposes new ways of interrogating assumptions about globally circulating reproductive technologies and modernities. Comparing and contrasting East Asian experiences of childbirth medicalization provides an alternative to Western-centric discourses and models that tend to focus on notions of individual choice. This special section draws on Chinese and Japanese materials from the twentieth century forward to document how the medicalization of childbirth and use of technology alongside shifting moral ideals and public health policies work to co-produce globalized frameworks of distinctly East Asian modernities. We situate women's birthing experiences in the context of larger reproductive assemblages and hierarchies to highlight the flexible, variable, and contingent spatial and temporal moral tensions and social inequalities shaping ongoing processes of childbirth medicalization and modernization.

[Historical Dynamism of Childbirth in Japan: Medicalization and its Normative Politics, 1868–2017](#)

Chiaki Shirai

This article explores the changing institutional and technological frameworks of childbirth practices in Japan, highlighting the historical dynamism and the normative dimensions of women's experiences. This article shows how childbirth in Japan was subject to a very powerful and

far-reaching process of medicalization going back to the mid-nineteenth century. In present-day Japan, the drive towards high-tech medicalization remains strong, but there is also an emphasis on the need to be “natural” and “healthy” and to avoid unnecessary medical interventions in the body. These two seemingly contradictory sets of demands are an important feature of contemporary Japanese society. Their coexistence is only possible due to the continuing hold of a system of moral responsibility that emphasizes the duty of mothers to do whatever is necessary in terms of medical care to protect the safety and the well-being of their babies.

[Birthing Stories and Techno-moral Change across Generations: Coping with Hospital Births and High-tech Medicalization in Rural South China, 1960s–2010s](#)

Gonçalo Santos

In the last 100 years, new biomedical technologies altered childbirth practices in China on virtually every level. This transformation was significantly accelerated after the launch of the Birth Planning Policy in 1979. At the turn of the millennium, the government enforced a policy of mandatory hospital births to bring the country closer to United Nations' Millennium Development Goals in terms of maternal and infant health, but these reforms were accompanied by a dramatic increase in cesarean rates. Drawing on oral history materials collected in a rural community in Guangdong province, this article shows how China's cesarean surge gave rise to complex generational frictions in women's techno-moral understandings of what should be the right way to give birth. These generational frictions show that the history of childbirth medicalization is not just a history of changing institutions, policies and technologies; it is also a history of changing technological selves and moral ideals.

[Reproductive Modernities in Policy: Maternal Mortality, Midwives, and Cesarean Sections in China, 1900s–2000s](#)

Suzanne Z. Gottschang

China is one of a few countries to reach the 2015 United Nations Millennium Development Goal of reducing maternal mortality by 75 percent in fifteen years. The longstanding and intractable problem of maternal mortality in the Global North and South makes China's success all the more remarkable. This article examines relationships between China's reproductive health policies aimed at reducing maternal mortality and technological changes in managing childbirth associated with them from the early twentieth century to the present day. Tracing technological choices to prevent maternal deaths at junctures in the history of health-based reforms makes visible China's broader economic and

political priorities in its internal modernization projects and in its interest in raising the nation's global standing. Finally, the consequences of state reproductive priorities emerging in recent years suggest that women's decisions to delay childbearing or to bear multiple children, may bring about circumstances increasing the risk of maternal death.

[The Half-Life of Radiotherapy and Other Transferred Technologies](#)

Marissa Mika

This article considers the long-term ramifications of biomedical technology transfer in Uganda. It tells the story of the procurement of a radiotherapy machine through a partnership with the International Atomic Energy Agency (IAEA) in the early 1990s. This radiotherapy machine was seen as "rugged," "simple," "affordable," and capable of quickly and cost-effectively treating cancer patients. By the late 2000s, this machine had a reputation for frequent disruptions of service due to breakdowns large and small. In addition, the Cobalt-60 source was severely depleted and in need of replacement. The article highlights the constellation of efforts and decisions made by Ugandan physician-scientists, mechanics, and technocrats to keep radiotherapy services going. The article suggests that the history of the radiotherapy machine offers a much-needed perspective on the half-life of technology transfer, the darker side of repair, and the politics of responsibility.

[The New Surgical Amphitheater: Color Television and Medical Education in Postwar America](#)

Susan Murray

In the late 1940s to early 1950s, medical color television was sold to American hospital administrators and educators as a unique and enhanced form of vision that could modernize, improve upon, and replace the surgical amphitheater. Television and pharmaceutical industry actors, along with medical educators and administrators, asserted such claims in their marketing materials and statements to the press: they positioned color television as *the* ideal tool for medical education. This essay examines how the use of color medical television during this period intersects with, elucidates, and alters both the history of medical education and surgical space, and the discourses around television's relationship to human perception and experience. I focus on the production and visual practices of medical television, concentrating on the expertise of those working in color development for national television networks in the live closed-circuit broadcasts of medical techniques within healthcare institutions. In doing so, I will show that medical color television's promise to establish a virtual surgical amphitheater relied upon the material

construction and maintenance of the in-house hospital television studio, which in turn eventually reconfigured a number of the everyday management, procedures, and visual strategies of the teaching hospital.

[Social Science and Medicine](#)

[“Obviously there is a conflict between confidentiality and what you are required to do by law”: Chilean university faculty and student perspectives on reporting unlawful abortions](#)

Alejandra Ramma, Lidia Casas, Sara Correa, C. Finley Baba, M. Antonia Biggs

While Chile recently decriminalized abortion in cases of rape, lethal fetal anomaly, and to save a woman's life, most abortions are still criminalized. We assessed medical and midwifery school faculty and students' views on punishing and reporting people involved in unlawful abortion, and their understanding of their obligation to protect patient confidentiality and to report unlawful abortions. [...] There is a need to clarify clinicians' ethical obligations in abortion care, in particular in Catholic universities, so that they can ensure that their patients have access to high quality confidential health care services.

[Cultural conceptions of Women's labor pain and labor pain management: A mixed-method analysis \(OA\)](#)

Vani A. Mathura, Theresa Morris, Kelly McNamara

We assess American cultural beliefs about labor pain and labor pain management, including stereotypical and disparate beliefs about labor pain of women from different racial groups. Understanding cultural beliefs about labor pain is critical as these beliefs influence experience, interpretation, and treatment of labor pain. [...] Future consideration of the influence of dominant American cultural beliefs about labor pain – including misunderstanding of the nature of labor pain and racial bias in expectations of labor pain – on individuals, norms, and structures is expected to improve quality of patient care.

[Communal therapeutic mobility in group walking: A meta-ethnography](#)

Tessa M. Pollard, Cornelia Guell, Stephanie Morriss

Increased attention to links between walking, health and wellbeing have contributed to a growth in the number of walking groups meeting on a regular basis to offer short, social walks. Walking group interventions are

known to increase physical activity and to have wide-ranging health benefits, and there is evidence that drop out is generally low. The aim of this paper is to synthesise qualitative research on experiences and perceptions of group walking in order to develop a new conceptual understanding of the group walking experience. We conducted a systematic search of the literature and identified 22 such studies which we synthesised using meta-ethnography. Included studies were conducted in the UK, USA, Australia and Ireland. Most reported research was undertaken with outdoor walking groups, some of which catered specifically for people who shared a disease experience or a disability. A smaller number of studies examined indoor mall walking groups, while two looked at perceptions of non-participants of group walking as a potential activity. From the original constructs identified in the papers we derived five higher order constructs: *seeking and enjoying health and fitness, attachment to walking, providing purpose and confidence, mobile companionship and a peaceful and contemplative shared respite from everyday life*. We argue that participating in a walking group provides a set of experiences that together constitute a specific form of shared or communal therapeutic mobility that is not simply the accumulation of the constructs we have outlined. Rather, we suggest that an initial instrumental and disciplinary focus on health and fitness is transformed through the experience of group walking into a shared meaningful and enjoyable practice; an emergent communal therapeutic mobility, which recruits and retains large numbers of group walkers. However, this communal therapeutic mobility is not equally accessible to all.

[The relationship between Jim Crow laws and social capital from 1997–2014: A 3-level multilevel hierarchical analysis across time, county and state](#)

Yulin Hswen, Qiuyuan Qin, David R. Williams, K. Viswanatha, John S. Brownstein, S.V. Subramanian

Jim Crow laws in the United States promoted racial prejudice, which may have reduced social capital. Our study tests the relationship between Jim Crow laws and social capital. *Methods:* We conducted 3-level multilevel hierarchical modeling to study differences in the stock of social capital for 1997, 2005, 2009 in Jim Crow states compared to states without Jim Crow laws. We examined the moderation effects of county level median income, percent Black and percent with high school education and Jim Crow laws on social capital. *Results:* Jim Crow laws significantly reduced stock of social capital across 1997, 2005, 2009. The model was robust to the inclusion of random county, states, time and fixed county and state level covariates for median income, percent Black and percent with high school education. The largest percent of between state variations explained for fixed variables was from the addition of Jim Crow laws with 2.86%. These

results demonstrate that although Jim Crow laws were abolished in 1965, the effects of racial segregation appear to persist through lower social connectiveness, community and trust. A positive moderation effect was seen for median income and percent Black with Jim Crow laws on social capital. *Discussion:* Our study supports a negative association between Jim Crow laws and reduction in the stock of social capital. This may be attributed to the fracturing of trust, reciprocity and collective action produced by legal racial segregation. Findings from this study offer insight on the potential impacts of historical policies on the social structure of a community. Future research is necessary to further identify the mechanistic pathways and develop interventions to improve social capital.

[Parenting and the vaccine refusal process: A new explanation of the relationship between lifestyle and vaccination trajectories](#)

Kerrie E. Wiley, Julie Leask, Katie Attwell, Catherine Helps, Chris Degeling, Paul Ward, Stacy M. Carter

Recent research illuminates the characteristics of non-vaccinating parents in well-defined geographic communities, however the process by which they came to reject vaccines is less clearly understood. Between September 11th, 2017 and February 20th, 2019, we recruited a nationally derived sample of Australian parents of children under 18 years who rejected some or all vaccines for semi-structured interviews. We used various strategies, including advertising on national radio, in community centres and playgrounds in low coverage areas, and snowballing. Grounded Theory methodology guided data collection and analysis. Twenty-one parents from regional and urban locations were interviewed. All spoke of wanting happy, healthy, robust children. All endorsed parenting values and approaches aligned with modern societal expectations of taking responsibility for their child's health. They varied, however, in their lifestyle and vaccination trajectories. Participants self-identified as situated along an 'alternative' to 'mainstream' lifestyle spectrum and had moved both away from and toward vaccination over time. Some had decided before birth that they never would vaccinate their children and had not changed. Others stopped vaccinating after perceived post-vaccine reactions in their children. Still others initially rejected vaccines, but eventually accepted them. The variation and dynamic nature of the vaccination trajectories described in this study suggests that vaccine refusal is not a static trait but rather the result of ever-changing experience and continual risk assessment; not all non-vaccinating parents fit the 'alternative lifestyle' stereotype. This suggests that nuanced personalised engagement with non-vaccinating parents is more appropriate than a one-size-fits-all approach.

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