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## SEARCH STRATEGY

Set No.	Searched for	Databases	Results
S1	Culture, Medicine and Psychiatry	Ebook Central, Public Health Database, Publicly Available Content Database	74096*

\* Duplicates are removed from your search, but included in your result count.

# “Breaking Down”: Afflictions and Treatments During Times of Crisis in Buenos Aires

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## ABSTRACT (ENGLISH)

Based on the ethnographic research carried out on speech-based therapies at health centers in marginalized areas of the Buenos Aires Metropolitan Area, this article problematizes the “breaking down” or “being broken” as a local language of afflictions that emerges from the rapidly deteriorating material living conditions related to downward social mobility. Specifically, I analyze how these discomforts turn into narrative in terms of economic and political subjective and collective crises, which combine and hybridize personal experiences with mainstream discourses of the country’s recent history. Based on a brief analysis of the changing relationships between psychoanalysis and poverty in the Buenos Aires area, I also examine how speech-based approaches classify these afflictions as “social issues,” external to their logic, as they resist to be entirely subdued to current psychological knowledge, categories, and techniques.

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# SymptomSpeak: Women’s Struggle for History and Health in Kosovo

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## ABSTRACT (ENGLISH)

What are the linguistic dimensions of pain, and what kind of articulations arise from these painful experiences? How does the language of pain circulate, connect, and reach across histories, gendered realities, and social politics? In what ways might the language of pain act on and transform the world by shaping and changing socio-political agendas? I explored these questions among women in Kosovo and discovered a unique symptomatic language which I call SymptomSpeak. SymptomSpeak is a powerful language evoked, shared, and exchanged by women to articulate political, social, and economic grievances, to challenge societal norms, and to demand justice. The language itself consists of a detailed symptom vocabulary which is variously assembled into meaning complexes. Such assemblages shift depending on the social context in which they are conveyed and are referred to as *nervoz*

(nervousness), *mērzitna* (worried, sad), *mzysh* (evil eye), and *t'bone* (spell). I describe in detail how women variously combine and exchange components of SymptomSpeak and, thereby, question dominant framings of reality. Thereby, my intention is to contribute to a new understanding of pain as language which straddles the fine line between socio-political commentary and illness; produces gendered political realities; and challenges the status quo through its communicative power.

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## Correction to: A Cross-cultural Perspective on Intrathecal Opioid Therapy Between German and Iranian Patients

Kleinmann, Barbara <sup>1</sup> ; Firoozabadi, Nayereh Khodashenas <sup>2</sup> ; Wolter, Tilman <sup>1</sup>

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## Visualizing a Calculus of Recovery: Calibrating Relations in an Opioid Epicenter

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### ABSTRACT (ENGLISH)

This article uses participatory photography to explore the relationships animating efforts towards recovery from opioid use disorder (OUD) in the Dayton, Ohio area, an epicenter of illicit opioid use and overdose death. A photo-

elicitation project was conducted with thirteen people who met the DSM-5 criteria for OUD. Photographs were used as prompts during qualitative interviews, which were thematically analyzed. Analysis of both visual and textual data demonstrated the ways in which recovery became an unfolding process of calculation as participants made strategic choices to navigate relations and encounters with things, people, and places. Relationships across each of these domains could, under some circumstances, serve as supports or motivators in the recovery process, but, in alternate settings, be experienced as “triggers” prompting a resumption of problematic drug use or, at the very least, a reckoning with the feelings and emotions associated with painful or problematic aspects of personal histories and drug use experiences. Findings highlight the importance of understanding recovery as a calibration of the ambiguous relations animating experiences of everyday life. We argue for continued emphasis on recovery as an active performance and ongoing practice of calculation—of risks and benefits, of supports and triggers, of gratification and heartbreak—rather than a goal or static state.

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## Ancient Roots of Today’s Emerging Renaissance in Psychedelic Medicine

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### ABSTRACT (ENGLISH)

An international ban on psychedelics initiated by the United Nations’ Convention on Psychotropic Substances in 1971 restricted the clinical use of these ancient psychoactive substances. Yet, in an era marked by rising mental health concerns and a growing “Deaths of Despair” epidemic (i.e., excess mortality and morbidity from suicide, drug overdose, and alcoholism), the structured psychedelic use that has long been a part of ritual healing experiences for human societies is slowly regaining credibility in Western medicine for its potential to treat various mental health conditions. We use a historical lens to examine the use of psychedelic therapies over time, translate ancient lessons to contemporary clinical and research practice, and interrogate the practical and ethical questions researchers must grapple with before they can enter mainstream medicine. Given the COVID-19 pandemic and its contributions to the global mental health burden, we also reflect on how psychedelic therapy might serve as a tool for medicine in the aftermath of collective trauma. Ultimately, it is argued that a “psychedelic renaissance” anchored in the lessons of antiquity can potentially help shift healthcare systems—and perhaps the broader society—towards practices that are more humane, attentive to underlying causes of distress, and supportive of human flourishing.

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# Interrupting Patients in Healthcare Settings: What is Being Interrupted?

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## ABSTRACT (ENGLISH)

Scientific literature since the 1980s examines the phenomenon of healthcare professionals interrupting patients: at which second patients opening expositions are interrupted and how long they take if unrestrained. Although the goal of this literature is strictly numerical—determining interventions' length—, it reveals a number of its authors' views and preferences. Our discourse analysis reveals, first, that, often in between the lines, this literature suggests reasons for letting patients speak freely and tries to dismantle the myth of the overly-loquacious patient. Second, by turning to some philosophical inquiries into the notion of "interruption," we explore how, within this literature, the ultimate reason for *interrupting patients* and silencing several of their concerns is often the fear of *a certain medical logic being interrupted*—a logic that dates back to Vesalius and Bichat, and that informs nowadays biomedicine: patients' speech is valuable as long as it contributes to a diagnosis in the form of the identification of an underlying tissue damage. That is, this literature presents the interruption of patients as a device of claiming power on the part of an eminently biomedical approach to illness. The paper provides further reasons for not interrupting patients proposed by the biopsychosocial model, "narrative medicine," and anthropologists who study the functions of illness narratives.

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## Correction to: "Women as Troublemakers": The Hard Sociopolitical Context of Soft Bipolar Disorder in Iran

Mianji, Fahimeh <sup>1</sup> ; Kirmayer, Laurence J. <sup>1</sup> <sup>1</sup> McGill University, Division of Social and Transcultural Psychiatry, Department of Psychiatry, Montreal, Canada (GRID:grid.14709.3b) (ISNI:0000 0004 1936 8649); Culture and Mental Health Research Unit, Institute of Community and Family Psychiatry, Montreal, Canada (GRID:grid.14709.3b)

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# 'I am Dying a Slow Death of White Guilt': Spiritual Carers in a South African Hospice Navigate Issues of Race and Cultural Diversity

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## ABSTRACT (ENGLISH)

Culturally appropriate spiritual care is increasingly recognised as a crucial component of spiritual care. As part of a larger study, we were interested in cultural and racial issues as experienced by spiritual carers in a hospice in Cape Town, South Africa. We conducted one-on-one interviews and focus group discussions with a cohort of spiritual care workers, who, being volunteers and relatively privileged South Africans, discussed their sensitivity to cultural issues, but also mentioned a host of political, racial and identity issues which profoundly affect their work. The data suggest that the concept of culturally appropriate care must be understood and acted on contextually. We note that the work of transformation of care cannot be separated from broader questions of social inequality and change.

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# Cognitive Optimisation and Schizophrenia: Assembling Heterogeneity, Overcoming the Precariousness of Life, and Challenging Public Health Policies in Psychiatry in France

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## ABSTRACT (ENGLISH)

Cognitive remediation therapy (CRT) aims to optimise cognitive abilities of people who suffer from schizophrenia in order to improve their social adaptation. This therapeutic orientation was developed in psychiatry in the 1980s and 1990s, at a time when the disorder was being redefined as a neurocognitive deficit disorder. In this article, I describe CRT as an assemblage that lies at the intersection of multiple, overlapping theories and spaces of mental disorders and psychiatric care. To do so, I draw on 18 months of ethnographic research conducted in a French hospital unit dedicated to the development of CRT. I argue that the focus on cognitive health and cognitive abilities (or deficits) is



not only redefining the logics of care and reshaping medical conceptualisations of schizophrenia, but it is also opening up to a new understanding of people's precarious life conditions, where emotional, biological, and cognitive fragility is intertwined with social and economic uncertainty. I then examine the extent to which psychiatrists have extended the goals of CRT to include psychosocial rehabilitation in order to mitigate not only the effects of cognitive deficits, but also the effects of limited social and professional integration encountered by patients. Finally, I conclude with a consideration of how CRT has become, for its proponents in France, a means to develop a policy and organisational project for French psychiatry.

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## The Harm Inflicted by Polite Concern: Language, Fat, and Stigma

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### ABSTRACT (ENGLISH)

Understanding language as a social action draws attention to the ways in which fat stigmatizing discourses do social harm. Drawing on interviews and experiences situated in Osaka, Japan and north Georgia, US, this paper looks closely at the ways in which fat stigma is expressed across the two sites, both blatantly and through more subtle language use. We identified four key themes in people's narratives around localized ideas about fatness. These themes are: (1) expressed pity or concern for fat people; (2) reported experiences of indirect stigma in public settings; (3) reported experiences of direct stigma in private settings; and (4) robust and repeated associations between fat and other conditions that had locally relevant negative connotations in each site. We further identify the expressed concern and pity articulated in the first theme as a form of cloaked, "dressed up" stigma and as such, we argue that it enacts social harm, especially when it co-occurs with more blatant forms of stigma. Linguistic niceties around caring actually, at least in these contexts, reify symbolic connections between fat bodies and their social failure.

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## Could the DSM-5 Cultural Formulation Interview Hold Therapeutic Potential? Suggestions for Further Exploration and Adaptation Within a Framework of Therapeutic Assessment

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## ABSTRACT (ENGLISH)

The Cultural Formulation Interview (CFI), included in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders*, is a person-centered instrument for systematically appraising the impact of cultural factors in psychiatric assessment. A number of key areas in the future development of the CFI have been identified in order to ensure further clinical uptake. In this paper, we suggest that applying a Therapeutic Assessment (TA) approach in using the CFI—i.e., framing the interview in a way that gives primacy to its self-transformative potential by explicitly focusing on those issues that are seen as the most urgent, relevant, and meaningful by the patient—could prove helpful in alleviating patients' suffering beyond what is achieved by merely collecting relevant cultural information that may inform diagnosis and subsequent treatment interventions. The TA methodology has been designed as a collaborative approach to psychological assessment in which the assessment procedure itself is meant to induce therapeutic change. This is achieved by explicitly focusing on the particular questions and queries that patients have about themselves with respect to their mental health problems or psychosocial well-being; these questions are then allowed to guide the assessment process and the interpretation of the findings. We suggest a number of potential modifications to the related Outline for Cultural Formulation and to the CFI content that could strengthen a TA-inspired focus. With this paper, we do not claim to offer a definitive integration of the TA approach in using the CFI but hope to further the discussion of a therapeutic potential of the instrument.

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## “Women as Troublemakers”: The Hard Sociopolitical Context of Soft Bipolar Disorder in Iran

Mianji, Fahimeh <sup>1</sup>; Kirmayer, Laurence J. <sup>1</sup> <sup>1</sup> McGill University, Division of Social and Transcultural Psychiatry, Department of Psychiatry, Montreal, Canada (GRID:grid.14709.3b) (ISNI:0000 0004 1936 8649); Institute of Community and Family Psychiatry, Culture and Mental Health Research Unit, Montreal, Canada (GRID:grid.14709.3b)

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## ABSTRACT (ENGLISH)

Gender differences in the prevalence of psychiatric disorders, with higher prevalence of mood and anxiety disorders among women, have been the focus of much debate. In Iran, the adoption of the construct of Bipolar Spectrum Disorder (BSD) and of the concept of “soft bipolarity” has been associated with a large gender difference in rates of diagnosis. This paper discusses the gendered meanings of the diagnosis of BSD in Iran. In this qualitative study, we conducted 25 in-depth semi-structured interviews with prominent psychiatrists and university professors (7 female and 18 male) at six different universities in Iran and 37 in-depth semi-structured interviews with patients (23 female and 14 male, 18–55 years of age) who had received bipolar spectrum disorder diagnosis and treatment, excluding Bipolar I. Findings suggest that the high rate of diagnosis of bipolar spectrum disorder (i.e., subthreshold or soft bipolar disorder) among women in Iran is influenced by gender, sociocultural, political, and economic factors, as well

as the diagnostic practices of biomedical psychiatry. The dominant biological psychiatry system in Iran has led many psychiatrists to frame sociopolitically and culturally rooted forms of distress in terms of biomedical categories like soft bipolarity and to limit their interventions to medication. This bioreductionist approach silences the voices of vulnerable groups, including those of women, and marginalizes discussions of problematic institutional and social power. To understand the preference for biomedical explanations, we need to consider not only the economic interests at play in the remaking of human identity in terms of biological being and the globalization of biological psychiatry, but also the resistance to addressing the sociocultural, political, and economic determinants of women's mental suffering in particular contexts.

## Bibliography

Citation style: APA 6th - Annotated with Abstracts - American Psychological Association, 6th Edition

Epele, M. E. (2022). "Breaking down": Afflictions and treatments during times of crisis in buenos aires. *Culture, Medicine and Psychiatry*, 46(4), 761-778. doi:<https://doi.org/10.1007/s11013-021-09748-z>

Based on the ethnographic research carried out on speech-based therapies at health centers in marginalized areas of the Buenos Aires Metropolitan Area, this article problematizes the "breaking down" or "being broken" as a local language of afflictions that emerges from the rapidly deteriorating material living conditions related to downward social mobility. Specifically, I analyze how these discomforts turn into narrative in terms of economic and political subjective and collective crises, which combine and hybridize personal experiences with mainstream discourses of the country's recent history. Based on a brief analysis of the changing relationships between psychoanalysis and poverty in the Buenos Aires area, I also examine how speech-based approaches classify these afflictions as "social issues," external to their logic, as they resist to be entirely subdued to current psychological knowledge, categories, and techniques.

Kienzler, H. (2022). SymptomSpeak: Women's struggle for history and health in kosovo. *Culture, Medicine and Psychiatry*, 46(4), 739-760. doi:<https://doi.org/10.1007/s11013-021-09746-1>

What are the linguistic dimensions of pain, and what kind of articulations arise from these painful experiences? How does the language of pain circulate, connect, and reach across histories, gendered realities, and social politics? In what ways might the language of pain act on and transform the world by shaping and changing socio-political agendas? I explored these questions among women in Kosovo and discovered a unique symptomatic language which I call SymptomSpeak. SymptomSpeak is a powerful language evoked, shared, and exchanged by women to articulate political, social, and economic grievances, to challenge societal norms, and to demand justice. The language itself consists of a detailed symptom vocabulary which is variously assembled into meaning complexes. Such assemblages shift depending on the social context in which they are conveyed and are referred to as nervoz (nervousness), mērzitna (worried, sad), mzysh (evil eye), and t'bone (spell). I describe in detail how women variously combine and exchange components of SymptomSpeak and, thereby, question dominant framings of reality. Thereby, my intention is to contribute to a new understanding of pain as language which straddles the fine line between socio-political commentary and illness; produces gendered political realities; and challenges the status quo through its communicative power.

Kleinmann, B., Firoozabadi, N. K., & Wolter, T. (2022). Correction to: A cross-cultural perspective on intrathecal opioid therapy between german and iranian patients. *Culture, Medicine and Psychiatry*, 46(4), 904-905. doi:<https://doi.org/10.1007/s11013-021-09753-2>

Silverstein, S. M., Milligan, K., Osborn, A., Aamir, I., Gainer, D., & Daniulaityte, R. (2022). Visualizing a calculus of recovery: Calibrating relations in an opioid epicenter. *Culture, Medicine and Psychiatry*, 46(4), 798-826. doi:<https://doi.org/10.1007/s11013-021-09758-x>

This article uses participatory photography to explore the relationships animating efforts towards recovery from opioid use disorder (OUD) in the Dayton, Ohio area, an epicenter of illicit opioid use and overdose death. A photo-elicitation project was conducted with thirteen people who met the DSM-5 criteria for OUD. Photographs were used as prompts during qualitative interviews, which were thematically analyzed. Analysis of both visual and textual data demonstrated the ways in which recovery became an unfolding process of calculation as participants made strategic choices to navigate relations and encounters with things, people, and places. Relationships across each of these domains could, under some circumstances, serve as supports or motivators in the recovery process, but, in alternate settings, be experienced as "triggers" prompting a resumption of problematic drug use or, at the very least, a reckoning with the feelings and emotions associated with painful or problematic aspects of personal histories and drug use experiences. Findings highlight the importance of understanding recovery as a calibration of the ambiguous relations animating experiences of everyday life. We argue for continued emphasis on recovery as an active performance and ongoing practice of calculation—of risks and benefits, of supports and triggers, of

gratification and heartbreak—rather than a goal or static state.

George, D. R., Hanson, R., Wilkinson, D., & Garcia-Romeu, A. (2022). Ancient roots of Today's emerging renaissance in psychedelic medicine. *Culture, Medicine and Psychiatry*, 46(4), 890-903. doi:<https://doi.org/10.1007/s11013-021-09749-y>

An international ban on psychedelics initiated by the United Nations' Convention on Psychotropic Substances in 1971 restricted the clinical use of these ancient psychoactive substances. Yet, in an era marked by rising mental health concerns and a growing "Deaths of Despair" epidemic (i.e., excess mortality and morbidity from suicide, drug overdose, and alcoholism), the structured psychedelic use that has long been a part of ritual healing experiences for human societies is slowly regaining credibility in Western medicine for its potential to treat various mental health conditions. We use a historical lens to examine the use of psychedelic therapies over time, translate ancient lessons to contemporary clinical and research practice, and interrogate the practical and ethical questions researchers must grapple with before they can enter mainstream medicine. Given the COVID-19 pandemic and its contributions to the global mental health burden, we also reflect on how psychedelic therapy might serve as a tool for medicine in the aftermath of collective trauma. Ultimately, it is argued that a "psychedelic renaissance" anchored in the lessons of antiquity can potentially help shift healthcare systems—and perhaps the broader society—towards practices that are more humane, attentive to underlying causes of distress, and supportive of human flourishing.

Rosàs Tosas, M. (2022). Interrupting patients in healthcare settings: What is being interrupted? *Culture, Medicine and Psychiatry*, 46(4), 827-845. doi:<https://doi.org/10.1007/s11013-021-09755-0>

Scientific literature since the 1980s examines the phenomenon of healthcare professionals interrupting patients: at which second patients opening expositions are interrupted and how long they take if unrestrained. Although the goal of this literature is strictly numerical—determining interventions' length—, it reveals a number of its authors' views and preferences. Our discourse analysis reveals, first, that, often in between the lines, this literature suggests reasons for letting patients speak freely and tries to dismantle the myth of the overly-loquacious patient. Second, by turning to some philosophical inquiries into the notion of "interruption," we explore how, within this literature, the ultimate reason for interrupting patients and silencing several of their concerns is often the fear of a certain medical logic being interrupted—a logic that dates back to Vesalius and Bichat, and that informs nowadays biomedicine: patients' speech is valuable as long as it contributes to a diagnosis in the form of the identification of an underlying tissue damage. That is, this literature presents the interruption of patients as a device of claiming power on the part of an eminently biomedical approach to illness. The paper provides further reasons for not interrupting patients proposed by the biopsychosocial model, "narrative medicine," and anthropologists who study the functions of illness narratives.

Mianji, F., & Kirmayer, L. J. (2022). Correction to: "Women as troublemakers": The hard sociopolitical context of soft bipolar disorder in iran. *Culture, Medicine and Psychiatry*, 46(4), 889. doi:<https://doi.org/10.1007/s11013-021-09752-3>

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