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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.

Society as Cause and Cure: The Norms of Transgender Social Medicine

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ABSTRACT (ENGLISH)

This article analyzes how trans health was negotiated on the margins of psychiatry from the late 1970s and early 1980s. In this period, a new model of medical transition was established for trans people in Norway. Psychiatrists and other medical doctors as well as psychologists and social workers with a special interest and training in social medicine created a new diagnostic and therapeutic regime in which the social aspects of transitioning took center stage. The article situates this regime in a long Norwegian tradition of social medicine, including the important political role of social medicine in the creation of the postwar welfare state and its scope of addressing and changing the societal structures involved in disease. By using archival material, medical records and oral history interviews with former patients and health professionals, I demonstrate how social aspects not only underpinned diagnostic evaluations but were an integral component of the entire therapeutic regime. Sex reassignment became an integrative way of imagining and practicing psychiatry as social medicine. The article specifically unpacks the social element of these diagnostic and therapeutic approaches in trans medicine. Because the locus of intervention and treatment remained the individual, an approach with subversive potential ended up reproducing the norms that caused illness in the first place: “the social” became a conformist tool to help the patient integrate, adjust to and transform the pathology-producing forces of society.

Before and After Prozac: Psychiatry as Medicine, and the Historiography of Depression

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

This article examines the historiography of depression, with an eye to illuminating wider issues in the social study of psychiatry and depression. It argues that the advent of Prozac caused notable shifts in how scholars in the looked at depression. Far from solidifying the medical status of depression and psychiatry’s treatment of it, the spread of pill-oriented depression treatment strengthened social researchers’ emphasis on psychiatry’s social nature. The article

further argues that a depiction of psychiatry as mainly a social phenomenon both unduly diminishes its status as medicine, and implicitly underestimates the social in the rest of medicine. This matters if people can benefit from psychiatric treatment. Put another way, if people taking psychiatric medications are indeed ill, and taking medicines that can help them, social analysis should acknowledge this, even as it rightly investigates psychiatry as embedded in social and cultural contexts, as all of medicine is. Doing so means treating psychiatry, whatever its limitations, as a kind of medicine, not as a special case.

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Getting On in Gotham: The Midtown Manhattan Study and Putting the “Social” in Psychiatry

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ABSTRACT (ENGLISH)

In the spring of 1962, a series of alarming headlines greeted American newspaper readers. From “New York Living for Nuts Only” and “One in Five Here Mentally Fit” to “Scratch a New Yorker, and What Do You Find?” and “City Gets Mental Test, Results are Real Crazy,” the stories highlighted the shocking and, to some, incredible statistics that fewer than one in five (18.5%) Manhattanites had good mental health. Approximately a quarter of them had such bad mental health that they were effectively incapacitated, often unable to work or function socially. The headlines were gleaned from *Mental Health in the Metropolis* (1962), the first major output of the Midtown Manhattan Study, a large-scale, interdisciplinary project that surveyed the mental health of 1660 white Upper East Side residents between the ages of 20 and 59. One of the most significant social psychiatry projects to emerge following the Second World War, the Midtown Manhattan Study endeavored to “test the general hypothesis that biosocial and sociocultural factors leave imprints on mental health which are discernible when viewed from the panoramic perspective provided by a large population.” Despite initial media and academic interest, however, the Midtown Manhattan Study’s findings were soon forgotten, as American psychiatry turned its focus to individual—rather than population—psychopathology, and turned to the brain—rather than the environment—for explanations. Relying on archival sources, contemporary medical and social scientific literature, and oral history interviews, this article explains why the Midtown Manhattan Study failed to become more influential, concluding that its emphasis on the role of social isolation and poverty in mental illness should be taken more seriously today.

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Transcultural Psychiatry: Cultural Difference, Universalism and Social Psychiatry in the Age of Decolonisation

ABSTRACT (ENGLISH)

In the mid-twentieth century, in the aftermath of WWII and the Nazi atrocities and in the midst of decolonisation, a new discipline of transcultural psychiatry was being established and institutionalised. This was part and parcel of a global political project in the course of which Western psychiatry attempted to leave behind its colonial legacies and entanglements, and lay the foundation for a more inclusive, egalitarian communication between Western and non-Western concepts of mental illness and healing. In this period, the infrastructure of post-colonial global and transcultural psychiatry was set up, and leading psychiatric figures across the world embarked on identifying, debating and sometimes critiquing the universal psychological characteristics and psychopathological mechanisms supposedly shared among all cultures and civilisations. The article will explore how this psychiatric, social and cultural search for a new definition of 'common humanity' was influenced and shaped by the concurrent global rise of social psychiatry. In the early phases of transcultural psychiatry, a large number of psychiatrists were very keen to determine how cultural and social environments shaped the basic traits of human psychology, and 'psy' practitioners and anthropologist from all over the world sought to re-define the relationship between culture, race and individual psyche. Most of them worked within the universalist framework, which posited that cultural differences merely formed a veneer of symptoms and expressions while the universal core of mental illness remained the same across all cultures. The article will argue that, even in this context, which explicitly challenged the hierarchical and racist paradigms of colonial psychiatry, the founding generations of transcultural psychiatrists from Western Europe and North America tended to conceive of broader environmental determinants of mental health and pathology in the decolonising world in fairly reductionist terms—focusing almost exclusively on 'cultural difference' and cultural, racial and ethnic 'traditions', essentialising and reifying them in the process, and failing to establish some common sociological or economic categories of analysis of Western and non-Western 'mentalities'. On the other hand, it was African and Asian psychiatrists as well as Marxist psychiatrists from Eastern Europe who insisted on applying those broader social psychiatry concepts—such as social class, occupation, socio-economic change, political and group pressures and relations etc.—which were quickly becoming central to mental health research in the West but were largely missing from Western psychiatrists' engagement with the decolonising world. In this way, some of the leading non-Western psychiatrists relied on social psychiatry to establish the limits of psychiatric universalism, and challenge some of its Eurocentric and essentialising tendencies. Even though they still subscribed to the predominant universalist framework, these practitioners invoked social psychiatry to draw attention to universalism's internal incoherence, and sought to revise the lingering evolutionary thinking in transcultural psychiatry. They also contributed to re-imagining cross-cultural encounters and exchanges as potentially creative and progressive (whereas early Western transcultural psychiatry primarily viewed the cross-cultural through the prism of pathogenic and traumatic 'cultural clash'). Therefore, the article will explore the complex politics of the shifting and overlapping definitions of 'social' and 'cultural' factors in mid-twentieth century transcultural psychiatry, and aims to recover the revolutionary voices of non-Western psychiatrists and their contributions to the global re-drawing of the boundaries of humanity in the second half of the twentieth century.

Concluding Remarks

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

It would take a very long essay indeed to respond to the many important questions raised by the contributors to this thought-igniting special issue of CMP: 'Psychiatry as Social Medicine.' I will respond, however, to only a few of these useful questions, and not necessarily the ones that are best illuminated by the papers, only those few I feel best prepared to answer.

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Assembling Adjustment: Parergasia, Paper Technologies, and the Revision of Recovery

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Drawing from research on 'paper technologies' conducted by medical historians Volker Hess and Andrew Mendelsohn, among others, this article explores how Adolf Meyer (1866–1950) and his staff at the Phipps Psychiatric Clinic used customized punch cards to develop an alternative conceptualization of schizophrenia: 'parergasia.' It begins by examining 'dementia praecox,' the conceptual precursor to both schizophrenia and parergasia, to explain how earlier paper technologies used to track patients transferred to asylums generated prognostic assumptions that precluded deinstitutionalization and community-based care. It then describes how Meyer's staff modified these technologies to define parergasia in opposition to dementia praecox and other diagnoses that resulted in prolonged hospitalization, primarily by conducting follow-up studies on discharged patients that correlated outcomes with various social factors. After demonstrating how the standardized forms used in these studies limited the possible metrics of recovery, it concludes by suggesting how Meyer's research influenced leaders of the community mental health movement, and prefigured later trends in psychiatric services.

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The Most Social of Maladies: Re-Thinking the History of Psychiatry From the Edges of Empire

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ABSTRACT (ENGLISH)

This paper argues that the colonial experience was never just “out there” but was a constitutive feature of the global development of psychiatry and, indeed, of social medicine itself. I show how regional knowledge about psychiatry, produced in scientific exchanges across colonial Southeast Asia over four decades and culminating with the 1937 Bandung Conference, became part of new international approaches to health care in rural areas, and later, in developing nations. In particular, I discuss how the embrace of the agricultural colony as a solution to the problem of asylum overcrowding occurred at the same moment that colonial public health experts and officials were moving away from expensive, technocratic fixes to address indigenous health needs. Yet in the search for alternatives to institutionalized care, including forms of family and community support, colonial psychiatrists were increasingly drawn into unpredictable and unwieldy networks of care and economy. Drawing on research from Vietnam, this paper decenters the asylum so as to recast the history of colonial and postcolonial psychiatry as integral to the history of social medicine and global health. The paper then returns to Bandung in 1955, the site of another famous meeting in the history of Third World solidarity, to consider how the embrace of the “Bandung spirit” may provide new avenues for decolonizing the history of colonial and postcolonial psychiatry.

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Introduction to Special Issue: Psychiatry as Social Medicine

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Psychosis Without Meaning: Creating Modern Clinical Psychiatry, 1950 to 1980

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ABSTRACT (ENGLISH)

Over the last fifty years, American psychiatrists have embraced psychotropic drugs as their primary treatment intervention. This has especially been the case in their treatment of patients suffering from psychotic disorders such as schizophrenia. This focus has led to an increasing disregard for patients' subjective lived-experiences, life histories, and social contexts. This transformation of American psychiatry occurred abruptly beginning in the late 1960s and 1970s. My essay looks the ways these major transformations played themselves out in everyday clinical practices of state hospital psychiatrists from 1950 to 1980. Using clinical case records from California state hospitals, I chronicle the ways institutional and ideological forces shaped the clinical care of patients with psychotic disorders. I show there was an abrupt rupture in the late 1960s, where psychiatrists' concerns about the subjective and social were replaced by a clinical vision focused on a narrow set of drug-responsive signs and symptoms. Major political, economic, and ideological shifts occurred in American life and social policy that provided the context for this increasingly pharmacocentric clinical psychiatry, a clinical perspective that has largely blinded psychiatrists to their patients' social and psychological suffering.

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A Cross-cultural Perspective on Intrathecal Opioid Therapy Between German and Iranian Patients

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ABSTRACT (ENGLISH)

Patients often adhere to intrathecal opioid therapy (IOT) for many years, despite the lack of scientific evidence for its efficacy and the scarce knowledge about long-term effects. Moreover, there is no knowledge on how the efficacy of IOT is influenced by cultural factors. We assessed the long-term efficacy and frequency of side effects of IOT in two culturally different patient samples. A chart review was conducted of all patients with IOT, who had been treated in interdisciplinary pain centers in Freiburg and in Tehran in a 15-year span. Personal data, diagnosis, duration of pain disease, pump type in use, revision operations, and opioid doses were recorded. Patients completed a questionnaire containing pain scores, pain-related disability (PDI), anxiety, depression, and unwanted side effects. Fourteen Iranian and 36 German patients (32 m/18 f) were studied. Mean duration of IOT was 10.2 years. Pain levels prior to IOT were 7.64 (NRS) (range 4–10, SD 1.64), 3.86 (range 0–9, SD 2.32) directly after pump implantation, and 4.17 (range 0–10, SD 2.11) at time of follow-up. Iranian patients had significantly lower pain levels directly after implantation, depression scores, and pain-related disability. Frequent side effects were obstipation, sexual dysfunction, urinary retention, and fatigue. Most side effects were significantly less frequent in the Iranian sample.

There were no severe complications or permanent neurological deficit. Our study demonstrates the effectiveness of IOT also for long-term application. Differences in clinical efficacy are partially due to cultural factors. Side effects are frequent but not limiting patient satisfaction.

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Do Doctors Differentiate Between Suicide and Physician-Assisted Death? A Qualitative Study into the Views of Psychiatrists and General Practitioners

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Physician-assisted death for patients suffering from psychiatric disorders is allowed in the Netherlands under certain circumstances. One of the central problems that arise with regard to this practice is the question of whether it is possible to distinguish between suicidality and a request for physician-assisted death. We set up this study to gain insight into how psychiatrists and general practitioners distinguish between suicidality and physician-assisted death. The data for this study were collected through qualitative interviews with 20 general practitioners and 17 psychiatrists in the Netherlands. From the interviews, we conclude that physicians distinguish three types of death wishes among patients suffering from psychiatric disorders: 'impulsive suicidality,' 'chronic suicidality,' and 'rational death wishes.' To discern between them they evaluate whether the death wish is seen as part of the psychopathology, whether it is consistent over time, and whether they consider it treatable. Some considered physician-assisted death an alternative to a 'rational suicide,' as this was perceived to be a more humane manner of death for the patient and their relatives. We argue that physician-assisted death can be justified also in some cases in which the death wish is part of the psychopathology, as the patient's suffering can be unbearable and irremediable. Physician-assisted death in these cases may remain the only option left to relieve the suffering.

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Clinicians' Perspectives on Diagnostic Markers for Depression Among Adolescents in India: An

Embedded Mixed-Methods Study

Aggarwal Pankhuri ¹

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Limited research has investigated whether clinicians around the world find diagnostic criteria for depression that were originally developed in the West are useful with diverse populations. Using an embedded mixed-methods design in India, we examined (a) clinicians' and trainees' ($n=143$) ratings of the usefulness of the criteria for Major Depressive Disorder (MDD) outlined in two major diagnostic systems (Diagnostic and Statistical Manual of Mental Disorders-5; DSM-5 and International Classification of Mental and Behavioral Disorders-Tenth Edition; ICD-10), and (b) narrative descriptions of clinical cases of adolescent depression and usefulness of diagnostic and screening instruments in day-to-day practice using semi-structured interviews in a subsample of clinicians ($n=24$). Qualitative findings demonstrated that Indian clinicians identified markers of depression that were consistent with the current diagnostic manuals (affective, cognitive, somatic symptoms), and the numeric ratings suggested that clinicians found a majority of DSM-5 and ICD-10 criteria for MDD to be useful. However, Indian clinicians also identified additional markers of adolescent depression (i.e., interpersonal conflicts and issues, impairment in school-related functioning, anger-based symptoms, anxiety-based symptoms, additional somatic complaints not included in DSM-5 or ICD-10), highlighting the need to modify existing diagnostic criteria to be more inclusive. The findings suggest the need for culturally informed diagnostic practices that consider a wide range of clinical presentations of depression among adolescents worldwide.

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Attending to Aliveness: Self-Harm, Body and World in Contexts of Urban Homelessness

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

The *DSM-5* proposes that self-harm be recognized as a diagnostic category of mental disease, compared to its previous definition as a behavioral symptom. Based on fieldwork in London, I challenge this proposal by exploring the life-history of a homeless sex-worker and substance-user who practices self-cutting. By bringing phenomenological anthropology into conversation with psychoanalytic theory, this article provisionally re-conceptualizes self-harm as an ethics of self-reparation and existential affirmation in the face of extreme precarity. Approached as an agentive practice through which human beings reclaim "somethingness" by altering their bodily

conditions, we can conceive self-harm in a way that is attentive to the situational conditions that shape existential pain, instead of reaching straight for the diagnostic toolkit. In taking self-harm as simultaneously a reaction to and a reflection on existential crisis—rather than a *sui generis* disorder—this paper situates such practices as a pluralized condition-of-world rather than a bounded pathology-of-mind.

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Medical Education and the Stigmatization of Mental Illness in the Philippines

Taguibao Candice ¹

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

A mixed-methods study assessed mental illness stigma within the Philippine medical community. A 43-item survey was completed by three groups: (1) medical students with no prior mental health training ($N=76$, 31%), (2) medical students with psychiatric classroom and/or clerkship experience ($N=43$, 18%), and (3) graduate physicians ($N=125$, 51%). Exploratory factor analysis identified three de-stigmatized factors for comparisons between the three Filipino groups and with medical students from 5 other countries. Surveys were followed by in-depth qualitative interviews ($N=15$). The three de-stigmatized factors were as follows: (1) acceptance of social integration of mental health patients, (2) positive personal interactions with people experiencing mental illness, and (3) rejection of supernatural explanations for mental illness. While overall scores among the sample showed highly de-stigmatized attitudes, graduate physicians reported more stigmatized scores than students on social integration and personal socialization ($F=3.45$, $p=0.033$, $F=4.11$, $p=0.018$, respectively). Filipino medical students also had less stigmatizing mental health attitudes compared to students from the USA, Brazil, Ghana, Nigeria, and China. Qualitative interviews confirmed low levels of mental health stigma among the Philippine medical community, while acknowledging the persistence of stigma in the general Philippine populace.

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“Asylum is the Most Powerful Medicine”: Navigating Therapeutic Interventions in Limbo

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Drawing on ethnographic research among asylum seekers in the Midwestern United States, this article investigates how a profound sense of limbo informed the use, meaning, and experiences of psychotherapeutic interventions, namely psychiatric medication and psychotherapy. In doing so, the article brings into dialogue a consideration of temporal and spatial uncertainty as a key feature of refugee distress, on the one hand, and attention to the subjective experiences of mental health care, on the other. Asylum seekers used therapeutic interventions and found them meaningful in the multiple ways these modalities help claimants endure the asylum process. Yet, ultimately, because they identified the unjust, protracted asylum system as the primary locus of their distress, asylum seekers perceived therapeutic interventions to be limited in their ability to assuage their suffering. In this context, legal status was often understood as the most effective form of healing. Thus, a sense of limbo was often both the impetus for using mental health care *and* the reason for its perceived limitations. My analyses have implications beyond the context of political asylum, underscoring how attention to temporality is important to better understanding the use and experience of mental health care more broadly.

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Similarities and Differences in Interoceptive Bodily Awareness Between US-American and Japanese Cultures: A Focus-Group Study in Bicultural Japanese-Americans

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Interoceptive awareness is the conscious perception of sensations that create a sense of the physiological condition of the body. A validation study for the Japanese translation of the Multidimensional Assessment of Interoceptive Awareness (MAIA) surprised with a factor structure different from the original English-language version by eliminating two of eight scales. This prompted an exploration of the similarities and differences in interoceptive bodily awareness between Japanese and European Americans. Bicultural Japanese-Americans discussed concepts and experiences in the two cultures. We conducted focus groups and qualitative thematic analyses of transcribed

recordings. 16 participants illustrated cross-cultural differences in interoceptive bodily awareness: switching between languages changes embodied experience; external versus internal attention focus; social expectations and body sensations; emphasis on form versus self-awareness; personal space; and mind–body relationship; context dependency of bodily awareness and self-construal. The participants explained key concepts that present challenges for a Japanese cultural adaptation of the MAIA, specifically the concept of self-regulation lost in the factor analysis. In Japanese culture, self-regulation serves the purpose of conforming to social expectations, rather than achieving an individual self-comforting sense of homeostasis. Our findings will inform the next phase of improving the MAIA's cross-cultural adaptation.

Bibliography

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Ketil, S. (2021). Society as cause and cure: The norms of transgender social medicine. *Culture, Medicine and Psychiatry*, 45(3), 456-478. doi:<https://doi.org/10.1007/s11013-021-09727-4>

This article analyzes how trans health was negotiated on the margins of psychiatry from the late 1970s and early 1980s. In this period, a new model of medical transition was established for trans people in Norway. Psychiatrists and other medical doctors as well as psychologists and social workers with a special interest and training in social medicine created a new diagnostic and therapeutic regime in which the social aspects of transitioning took center stage. The article situates this regime in a long Norwegian tradition of social medicine, including the important political role of social medicine in the creation of the postwar welfare state and its scope of addressing and changing the societal structures involved in disease. By using archival material, medical records and oral history interviews with former patients and health professionals, I demonstrate how social aspects not only underpinned diagnostic evaluations but were an integral component of the entire therapeutic regime. Sex reassignment became an integrative way of imagining and practicing psychiatry as social medicine. The article specifically unpacks the social element of these diagnostic and therapeutic approaches in trans medicine. Because the locus of intervention and treatment remained the individual, an approach with subversive potential ended up reproducing the norms that caused illness in the first place: “the social” became a conformist tool to help the patient integrate, adjust to and transform the pathology-producing forces of society.

Sadowsky, J. (2021). Before and after prozac: Psychiatry as medicine, and the historiography of depression. *Culture, Medicine and Psychiatry*, 45(3), 479-502. doi:<https://doi.org/10.1007/s11013-021-09729-2>

This article examines the historiography of depression, with an eye to illuminating wider issues in the social study of psychiatry and depression. It argues that the advent of Prozac caused notable shifts in how scholars in the looked at depression. Far from solidifying the medical status of depression and psychiatry's treatment of it, the spread of pill-oriented depression treatment strengthened social researchers' emphasis on psychiatry's social nature. The article further argues that a depiction of psychiatry as mainly a social phenomenon both unduly diminishes its status as medicine, and implicitly underestimates the social in the rest of medicine. This matters if people can benefit from psychiatric treatment. Put another way, if people taking psychiatric medications are indeed ill, and taking medicines that can help them, social analysis should acknowledge this, even as it rightly investigates psychiatry as embedded in social and cultural contexts, as all of medicine is. Doing so means treating psychiatry, whatever its limitations, as a kind of medicine, not as a special case.

Smith, M. (2021). Getting on in gotham: The midtown manhattan study and putting the “Social” in psychiatry. *Culture, Medicine and Psychiatry*, 45(3), 385-404. doi:<https://doi.org/10.1007/s11013-021-09751-4>

In the spring of 1962, a series of alarming headlines greeted American newspaper readers. From “New York Living for Nuts Only” and “One in Five Here Mentally Fit” to “Scratch a New Yorker, and What Do You Find?” and “City Gets Mental Test, Results are Real Crazy,” the stories highlighted the shocking and, to some, incredible statistics that fewer than one in five (18.5%) Manhattanites had good mental health. Approximately a quarter of them had such bad mental health that they were effectively incapacitated, often unable to work or function socially. The headlines were gleaned from *Mental Health in the Metropolis* (1962), the first major output of the Midtown Manhattan Study, a large-scale, interdisciplinary project that surveyed the mental health of 1660 white Upper East Side residents between the ages of 20 and 59. One of the most significant social psychiatry projects to emerge following the Second World War, the Midtown Manhattan Study endeavored to “test the general hypothesis that biosocial and sociocultural factors leave imprints on mental health which are discernible when viewed from the panoramic perspective provided by a large population.” Despite initial media and academic interest, however, the Midtown Manhattan Study's findings were soon forgotten, as American psychiatry turned its focus to individual—rather than population—psychopathology, and turned to the brain—rather than the environment—for explanations. Relying on archival sources, contemporary medical and social scientific literature, and oral history interviews, this article explains why the Midtown Manhattan Study failed to become more influential, concluding that its emphasis on the

role of social isolation and poverty in mental illness should be taken more seriously today.

Antić Ana. (2021). Transcultural psychiatry: Cultural difference, universalism and social psychiatry in the age of decolonisation. *Culture, Medicine and Psychiatry*, 45(3), 359-384. doi:<https://doi.org/10.1007/s11013-021-09719-4>

In the mid-twentieth century, in the aftermath of WWII and the Nazi atrocities and in the midst of decolonisation, a new discipline of transcultural psychiatry was being established and institutionalised. This was part and parcel of a global political project in the course of which Western psychiatry attempted to leave behind its colonial legacies and entanglements, and lay the foundation for a more inclusive, egalitarian communication between Western and non-Western concepts of mental illness and healing. In this period, the infrastructure of post-colonial global and transcultural psychiatry was set up, and leading psychiatric figures across the world embarked on identifying, debating and sometimes critiquing the universal psychological characteristics and psychopathological mechanisms supposedly shared among all cultures and civilisations. The article will explore how this psychiatric, social and cultural search for a new definition of 'common humanity' was influenced and shaped by the concurrent global rise of social psychiatry. In the early phases of transcultural psychiatry, a large number of psychiatrists were very keen to determine how cultural and social environments shaped the basic traits of human psychology, and 'psy' practitioners and anthropologist from all over the world sought to re-define the relationship between culture, race and individual psyche. Most of them worked within the universalist framework, which posited that cultural differences merely formed a veneer of symptoms and expressions while the universal core of mental illness remained the same across all cultures. The article will argue that, even in this context, which explicitly challenged the hierarchical and racist paradigms of colonial psychiatry, the founding generations of transcultural psychiatrists from Western Europe and North America tended to conceive of broader environmental determinants of mental health and pathology in the decolonising world in fairly reductionist terms—focusing almost exclusively on 'cultural difference' and cultural, racial and ethnic 'traditions', essentialising and reifying them in the process, and failing to establish some common sociological or economic categories of analysis of Western and non-Western 'mentalities'. On the other hand, it was African and Asian psychiatrists as well as Marxist psychiatrists from Eastern Europe who insisted on applying those broader social psychiatry concepts—such as social class, occupation, socio-economic change, political and group pressures and relations etc.—which were quickly becoming central to mental health research in the West but were largely missing from Western psychiatrists' engagement with the decolonising world. In this way, some of the leading non-Western psychiatrists relied on social psychiatry to establish the limits of psychiatric universalism, and challenge some of its Eurocentric and essentialising tendencies. Even though they still subscribed to the predominant universalist framework, these practitioners invoked social psychiatry to draw attention to universalism's internal incoherence, and sought to revise the lingering evolutionary thinking in transcultural psychiatry. They also contributed to re-imagining cross-cultural encounters and exchanges as potentially creative and progressive (whereas early Western transcultural psychiatry primarily viewed the cross-cultural through the prism of pathogenic and traumatic 'cultural clash'). Therefore, the article will explore the complex politics of the shifting and overlapping definitions of 'social' and 'cultural' factors in mid-twentieth century transcultural psychiatry, and aims to recover the revolutionary voices of non-Western psychiatrists and their contributions to the global re-drawing of the boundaries of humanity in the second half of the twentieth century.

Kleinman, A. (2021). Concluding remarks. *Culture, Medicine and Psychiatry*, 45(3), 503-505. doi:<https://doi.org/10.1007/s11013-021-09739-0>

It would take a very long essay indeed to respond to the many important questions raised by the contributors to this thought-igniting special issue of CMP: 'Psychiatry as Social Medicine.' I will respond, however, to only a few of these useful questions, and not necessarily the ones that are best illuminated by the papers, only those few I feel best prepared to answer.

Healey, M. N. (2021). Assembling adjustment: Parergasia, paper technologies, and the revision of recovery. *Culture, Medicine and Psychiatry*, 45(3), 405-428. doi:<https://doi.org/10.1007/s11013-021-09732-7>

Drawing from research on 'paper technologies' conducted by medical historians Volker Hess and Andrew Mendelsohn, among others, this article explores how Adolf Meyer (1866–1950) and his staff at the Phipps Psychiatric Clinic used customized punch cards to develop an alternative conceptualization of schizophrenia: 'parergasia.' It begins by examining 'dementia praecox,' the conceptual precursor to both schizophrenia and parergasia, to explain how earlier paper technologies used to track patients transferred to asylums generated prognostic assumptions that precluded deinstitutionalization and community-based care. It then describes how Meyer's staff modified these technologies to define parergasia in opposition to dementia praecox and other diagnoses that resulted in prolonged hospitalization, primarily by conducting follow-up studies on discharged patients that correlated outcomes with various social factors. After demonstrating how the standardized forms used in these studies limited the possible metrics of recovery, it concludes by suggesting how Meyer's research influenced leaders of the community mental health movement, and prefigured later trends in psychiatric services.

Edington, C. (2021). The most social of maladies: Re-thinking the history of psychiatry from the edges of empire. *Culture, Medicine and Psychiatry*, 45(3), 343-358. doi:<https://doi.org/10.1007/s11013-021-09723-8>

This paper argues that the colonial experience was never just "out there" but was a constitutive feature of the global development of psychiatry and, indeed, of social medicine itself. I show how regional knowledge about psychiatry, produced in scientific exchanges across colonial Southeast Asia over four decades and culminating with the 1937 Bandung Conference, became part of new international approaches to health care in rural areas, and later, in developing nations. In particular, I discuss how the embrace of the agricultural colony as a solution to the problem of asylum overcrowding occurred at the same moment that colonial public health experts and officials were moving away from expensive, technocratic fixes to address indigenous health needs. Yet in the search for alternatives to institutionalized care, including forms of family and community support, colonial psychiatrists were increasingly drawn into unpredictable and unwieldy networks of care and economy. Drawing on research from Vietnam, this paper decenters the asylum so as to recast the history of colonial and postcolonial psychiatry as integral to the history of social medicine and global health. The paper then returns to Bandung in 1955, the site of another famous meeting in the history of Third World solidarity, to consider how the embrace of the "Bandung spirit" may provide new avenues for decolonizing the history of colonial and postcolonial psychiatry.

Lie, A. K., & Greene, J. (2021). Introduction to special issue: Psychiatry as social medicine. *Culture, Medicine and Psychiatry*, 45(3), 333-342. doi:<https://doi.org/10.1007/s11013-021-09740-7>

Braslow, J. T. (2021). Psychosis without meaning: Creating modern clinical psychiatry, 1950 to 1980. *Culture, Medicine and Psychiatry*, 45(3), 429-455. doi:<https://doi.org/10.1007/s11013-021-09744-3>

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