



Report Information from ProQuest

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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.

DETAILS

Subject:	Poverty; Health centres; Speech; Marginality; Discourses; Personal experiences; Living conditions; Social mobility; Psychoanalysis; Crises; Social issues; Medical research; Ethnographic research; Treatment methods; Ethnography; Economic crisis; Upward mobility; Narratives; Health facilities; Neoliberalism; Grammar; Psychotherapy; Psychiatry; Middle class; Mental health
Business indexing term:	Subject: Economic crisis Upward mobility Social mobility
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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), *mërzitna* (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.

DETAILS

Subject:	Language; Politics; Women; Pain; Bones; Social environment; Vocabulary
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Correction to: A Cross-cultural Perspective on Intrathecal Opioid Therapy Between German and Iranian Patients

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

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[ProQuest document link](#)

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.

DETAILS

Subject:	Drugs; Drug abuse; Recovery; Motivation; Everyday life; Opioids; Gratification; Rehabilitation; Drug use; Photography; Emotions; Ambiguity; Elicitation; Computation; Opiates; Narcotics; Substance use disorder
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Ancient Roots of Today's Emerging Renaissance in Psychedelic Medicine

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[ProQuest document link](#)

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.

DETAILS

Subject: Ethics; Western medicine; Morbidity; Hallucinogens; Health services; Healing; Despair; Health problems; Alcoholism; Mental disorders; Clinical research; COVID-19; Faith healing; Health care industry; Medicine; Trauma; Drug overdose; Credibility; Psychological distress; Rituals; Deaths; Antiquity; Epidemics; Pandemics; Therapy; Mental health; Suicide; Clinical medicine

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Interrupting Patients in Healthcare Settings: What is Being Interrupted?

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[ProQuest document link](#)

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.

DETAILS

Subject: Narratives; Discourse analysis; Speech; Health care; Illnesses; Health services; Medical diagnosis; Medicine; Biomedicine; Medical personnel; Patients; Literature; Biopsychosocial aspects; Anthropology; Physicians; Psychiatry; Experiments

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

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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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[ProQuest document link](#)

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.

DETAILS

Subject:	Guilt; Cultural differences; Caregivers; Transformation; Religiosity; Social inequality; Multiculturalism & pluralism; Volunteers; Hospice care; Cultural competence; Race; Black people; Racial identity; Political identity; Colonialism; COVID-19; Racism; Alliances; Palliative care
Identifier / keyword:	Hospice spiritual care; Cultural diversity; South Africa; Apartheid; Colonialism; Race
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Document 9 of 39

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

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[ProQuest document link](#)

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.

DETAILS

Subject:	Public health; Mental disorders; Schizophrenia; Cognitive ability; Ethnographic research; Mental health services; Cognitive deficits; Uncertainty; Psychiatry; Cognition; Psychosocial factors; Rehabilitation; Medicine; Therapy; Patients; Psychiatrists; Psychosocial rehabilitation
Location:	France
Identifier / keyword:	Cognitive remediation therapy; Schizophrenia; Neurosciences; Psychosocial rehabilitation; France
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The Harm Inflicted by Polite Concern: Language, Fat, and Stigma

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[ProQuest document link](#)

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.

DETAILS

Subject:	Social action; Stigma; Body fat; Discourses; Connotation; Pity; Obesity; Language usage
Identifier / keyword:	Stigma; Language; Fat; US; Japan
Publication title:	Culture, Medicine and Psychiatry; New York

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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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[ProQuest document link](#)

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.

DETAILS

Subject: Diagnostic and Statistical Manual; Health problems; Medical diagnosis; Collaboration; Mental disorders; Collaborative approach; Person centred approach; Primacy; Interviews; Well being; Psychosocial factors; Cultural factors; Uptake; Therapy; Psychological assessment; Patients; Mental health; Evaluation; Psychosocial well being; Clinical assessment; Field study; Cultural identity; Child & adolescent psychiatry; Frame analysis

Identifier / keyword: Therapeutic assessment; Cultural formulation; Patient-centered care; Patient participation; Patient involvement

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

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[ProQuest document link](#)

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.

DETAILS

Subject: Interviews; Qualitative research; Gender differences; Globalization; Bipolar disorder; Economic factors; Sociocultural factors; Medical diagnosis; Mental disorders; Resistance; Gender; Women; Self concept; Bipolarity; Social power; Anxiety; Psychiatry; Drugs; Emotions; Psychological distress; Vested interests; Biomedicine; Patients; Psychiatrists; Anxiety disorders

Location: Iran

Identifier / keyword:	Bipolar spectrum disorders; Soft bipolar disorder; Women's mental health; Sociopolitical and cultural determinants; Medicalization; American Psychiatry; Iran's Psychiatry
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'White Child Gone Bankrupt'—The Intersection of Race and Poverty in Youth Fathered by UN Peacekeepers

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Children fathered and abandoned by United Nations peacekeepers are an unintended consequence of peacekeeping operations. Research suggests that the social identity of peacekeeper-fathered children (PKFC) is complex and contradictory. While economically disadvantaged, PKFC's biracial background confers elements of racial privilege. Using the Democratic Republic of Congo as a case study, the present research evaluates the impact of racial differences on PKFC's social standing. Drawing on in-depth interviews with a racially heterogeneous sample of 35 PKFC and 60 mothers, we analyse how race and poverty interact and cause PKFC's conflicting social role. The data demonstrates that being of mixed race leads to the expectation of a higher living standard. Since most PKFC live in extreme economic deprivation, their anticipated privilege contrasts with reality. We found that the stigmatizing effects of poverty were amplified by biracial identification, leading to additional disadvantage, epitomised in the term "Muzungu aliye homba" [white child gone bankrupt]. The findings add to research on 'children born of war' and show the role of culture in shaping youth's social identities. Based on PKFC's intersecting burdens, we make policy recommendations that address the nexus of race and poverty.

DETAILS

Subject: Social identity; Peacekeeping; Research; Standard of living; Race; Social status; Social privilege; Case studies; Peacekeeping forces; Disadvantaged; Racial differences; Poverty; Multiracial people; Children; Deprivation; Stigma; Bankruptcy; Child poverty; Economic deprivation; Mothers; Youth culture

Identifier / keyword: Social identity; Peacekeeping; Children; Poverty; Race

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Database: Public Health Database

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The Politicised Child, Transcultural Constructions of Childhood, Psychological Trauma, and the Mind in the Modern World: Afterword

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(GRID:grid.13097.3c) (ISNI:0000 0001 2322 6764)

[ProQuest document link](#)

DETAILS

Subject: Psychological trauma; Children; Multiculturalism & pluralism; Psychological distress; Childhood; Trauma; Psychology; Psychiatry; Culture; Memory; Stabbings; Society; Mental disorders; Children & youth; Mental health; Consciousness; 19th century; Emotions; Cognition & reasoning

Publication title: Culture, Medicine and Psychiatry; New York

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The Politicised Child During the Seventeenth-Century British Civil Wars: An Historical Perspective on Representations of Children and Trauma During Conflict

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

The seventeenth-century British Civil Wars had a scale and impact to rival modern conflicts and its effects extended to children as well as adults. What might be today termed “child soldiers” were found in the armies in combat and supporting roles. Many more were witnesses to the conflict or had their lives changed by its consequences. This article is an historical case study of socio-cultural constructions of children, childhood and warfare. It aims to highlight the diverse nature of both historic and modern child experiences of warfare, and the plethora of ways that these experiences were and are understood and represented by adults. It argues that the evidence from the Civil Wars supports the scholarship of child psychologists such as Derek Summerfield that children in conflict should not always be regarded as victims but could display agency, whilst also acknowledging social, cultural, economic and political pressures. Although children in the Civil Wars may have experienced trauma, the evidence is insufficient to prove this and evidence for a contemporary concept of the psychologically damaged child as a result of conflict is ambiguous. However, what the evidence does uncover is the ways in which adults used representations of children to express their own anxieties about the Civil Wars.

DETAILS

Subject:	Sociocultural factors; Civil war; Conflict; Military personnel; Childhood; 17th century; Case studies; Ambiguity; Witnesses; Child psychologists; Trauma; Victims; Armed forces; Children; Historical development; Adults; Children & youth; Soldiers
Identifier / keyword:	Children; Warfare; Trauma; Britain; Early modern history
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Pages:	615-631
Publication year:	2022
Publication date:	Sep 2022
Publisher:	Springer Nature B.V.
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'No-One Can Tell a Story Better than the One Who Lived It': Reworking Constructions of Childhood and Trauma Through the Arts in Rwanda

Pells, Kirrily ¹

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

The intergenerational legacies of conflict and violence for children and young people are typically approached within research and interventions through the lens of trauma. Understandings of childhood and trauma are based on bi-psychological frameworks emanating from the Global North, often at odds with the historical, political, economic, social and cultural contexts in which interventions are enacted, and neglect the diversity of knowledge, experiences and practices. Within this paper we explore these concerns in the context of Rwanda and the aftermath of the 1994 Genocide Against the Tutsi. We reflect on two qualitative case studies: Connective Memories and Mobile Arts for Peace which both used arts-based approaches drawing on the richness of Rwandan cultural forms, such as proverbs and storytelling practices, to explore knowledge and processes of meaning-making about trauma, memory, and everyday forms of conflict from the perspectives of children and young people. We draw on these findings to argue that there is a need to refine and elaborate understandings of intergenerational transmission of trauma in Rwanda informed by: the historical and cultural context; intersections of structural and 'everyday' forms of conflict and social trauma embedded in intergenerational relations; and a reworking of notions of trauma 'transmission' to encompass the multiple connectivities between generations, temporalities and expressions of trauma.

DETAILS

Subject:	Intervention; Cultural differences; Storytelling; Sociocultural factors; Childhood; Intergenerational relationships; Case studies; Trauma; Psychological trauma; Children; Arts; Genocide; Multiculturalism & pluralism; Youth; Psychological distress; Cultural factors; Intergenerational transmission; Memories; Conflict
Location:	Rwanda
Identifier / keyword:	Children and youth; Trauma; Memory; Arts-based methods; Rwanda
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Introduction: Politicising Children: Transcultural Constructions of Childhood and Psychological Trauma in the Modern World

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[ProQuest document link](#)

DETAILS

Subject:	Psychological trauma; Children; Multiculturalism & pluralism; Psychological distress; Childhood; Trauma
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In Their Own Words: Using Open-Ended Assessment to Identify Culturally Relevant Concerns among Kenyan Adolescents

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Standardized assessment tools developed in western contexts may systematically miss certain problems that are considered important in non-western cultures. In this mixed-methods study, we used an open-ended assessment tool (the Top Problem Assessment; TPA) to identify culturally relevant concerns among low-income Kenyan youth. We then (a) applied thematic analysis to identify the most frequently reported problems and (b) examined the extent to which these problems were reflected in standardized mental health measures. Using the TPA, we identified common social, academic, and economic problems facing Kenyan youths. Specifically, 61% of the sample reported a social problem, 38% an academic problem, and 35% an economic problem. By contrast, the standardized assessments revealed that worrying and difficulty concentrating were the most commonly reported symptoms. However, the emotional and behavioral problems assessed via the standardized measures were only reported as top problems by 17% of the sample. Overall, our findings are consistent with the idea that standardized measures can miss certain culturally-salient concerns that can be acquired through open-ended assessments. We discuss how brief open-ended assessment tools could complement standardized measures, inform the development of culturally relevant standardized measures, and offer rich data about the experiences of people in understudied cultural contexts.

DETAILS

Subject: Mental health; Cultural factors; Evaluation; Adolescents; Low income groups; Economic problems; Validity; Psychiatry; Quantitative psychology; Mental health care; Intervention; Mental disorders; Drug use; Mental depression; Cultural differences; Teenagers; Anxiety; Behavior problems

Location: United States--US

Identifier / keyword:	Depression and anxiety; Adolescents; Cross-cultural assessment; Open-ended assessment; Global mental health
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Feeling Seen, Being Heard: Perspectives of Patients Suffering from Mental Illness on the Possibility of Physician-Assisted Death in the Netherlands

Pronk Rosalie ¹ ; Willems, Dick L ¹ ; van de Vathorst Suzanne ² ¹ Amsterdam UMC, Academic Medical Centre, Department of Ethics, Law and Humanities, Amsterdam, The Netherlands (GRID:grid.5650.6) (ISNI:0000000404654431) ² Amsterdam UMC, Academic Medical Centre, Department of Ethics, Law and Humanities, Amsterdam, The Netherlands (GRID:grid.5650.6) (ISNI:0000000404654431); Erasmus Medical Centre, Department of Medical Ethics and Philosophy, Rotterdam, The Netherlands (GRID:grid.5645.2) (ISNI:000000040459992X)

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Physician-assisted death (PAD) for patients suffering from a mental illness is allowed in the Netherlands under certain conditions but is a very controversial topic, mainly discussed by ethicists and physicians. The voice of the patient is rarely included in the debate, so we know little about what their views on the topic are. We aim to understand the views of patients with mental illness and wish to die with regard to the possibility of PAD in the Netherlands. The data for this qualitative study were collected through 21 in-depth interviews with Dutch patients who have a wish for PAD as a result of suffering from a mental illness. We identified four themes in relation to the meaning of PAD for the patients suffering from mental illness and wish to die. These themes are (1) Autonomy and self-determination, (2) ending the suffering, (3) recognition, and (4) a dignified end-of-life. The option of PAD for patients suffering from mental illnesses was considered of great importance to the patients who have a wish to die. We highlight the importance of 'recognition' for the situation of the patient, as this could lead to new perspective. We argue that psychiatrists need to reflect on providing this recognition in earlier phases of treatment, taking seriously and discussing a wish for PAD in treatment is beneficial to patients. It provides space for the patient to discuss their wishes and could cause them not wanting to die anymore.

DETAILS

Subject: Qualitative research; Dutch language; Practitioner patient relationship; Ethics; Wish to die; Suffering; Physicians; Mental disorders; Recognition; Autonomy; Acknowledgment; Patients; Illnesses; Death & dying; Self determination; Patient satisfaction; End of life decisions; Topics; Psychiatrists

Location: Netherlands

Identifier / keyword: Physician-assisted dying; euthanasia; mental illness; Netherlands; psychiatry

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“A Free People, Controlled Only by God”: Circulating and Converting Criticism of Vaccination in Jerusalem

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

This paper explores how criticism surrounding the ethics and safety of biomedical technologies circulates and ‘converts’ through global–local religious encounters, producing new claims of moral opposition and rights to religious freedom. The paper is concerned with the question of what rhetorical devices make vaccine safety doubt relevant to religiously Orthodox settings and what implications arise? Based on an ethnographic study of vaccine decision-making and non-vaccination advocacy in Jerusalem, the paper examines how opposition is forged amidst evolving global–local encounters and relations. The data reveal how Christian activists attempt to engender ethical and moral opposition to vaccination among American Orthodox Jews in Jerusalem by ‘converting’ public criticism around safety into a religious discourse of bodily governance. Pinpointing how critiques of biomedical technologies discursively ‘convert’ offers a conceptual template in anthropology to chart how counter-positions are formed and transformed amidst evolving tensions between biomedical and religious cosmologies.

DETAILS

Subject: Ethics; Vaccines; Religious orthodoxy; God; Anthropology; Governance; Religion; Immunization; Orthodox Jews; Safety; Decision making; Activism; Advocacy; Biomedicine; Global local relationship; God (Judeo-Christian); Jewish people

Location: Israel; Jerusalem Israel

Identifier / keyword: Conversion; Jerusalem; Religion; USA; Vaccination

Publication title: Culture, Medicine and Psychiatry; New York

Volume: 46

Issue: 2

Pages:	277-296
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Country of publication:	Netherlands, New York
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Cultivating Doctors' Gut Feeling: Experience, Temporality and Politics of Gut Feelings in Family Medicine

Kristensen, Benedikte Møller ¹

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

For the past decade, within family medicine there has been a focus on cultivating doctors gut feelings as 'a way of knowing' in cancer diagnostics. In this paper, building on interviews with family doctors in Oxford shire, UK we explore the embodied and temporal dimensions of clinical reasoning and how the cultivation of doctors' gut feelings is related to hierarchies of medical knowledge, professional training, and doctors' fears of litigation. Also, we suggest that the introduction of gut feeling in clinical practice is an attempt to develop a theory of clinical reasoning that fits the biopolitics of our contemporary. The turn towards predictive medicine and the values introduced by accelerated diagnostic regimes, we conclude, introduce a need for situated and embodied modes of reading bodies. We contribute theoretically by framing our analysis within a sensorial anthropology approach.

DETAILS

Subject:	Families & family life; Physicians; Anthropology; Cultivation; Litigation; Emotions; Professional training; Medicine; Biopolitics; Medical education; Reasoning; Time; Cancer; Science; Clinical medicine; Psychiatry; Perceptions; Public health; Clinical decision making; Frame analysis
Location:	Denmark; United Kingdom--UK; Aarhus Denmark
Company / organization:	Name: Aarhus University; NAICS: 611310
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What Can the Chemical Hold?: The Politics of Efficacy in the Psychedelic Renaissance

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Drawing from ethnographic research with psychedelic therapists and researchers, this article explores political tensions between two sources of efficacy within psychedelic therapy: the self and the chemical. At times researchers and therapists emphasize the specificity of chemical effects in relationship to the neurobiology of particular diagnoses. And at other times they foreground the self as the true source of an experience which is not tied to that same biochemistry. Anthropologists have long emphasized that efficacy is a historically and socially embedded category and practice. Those conversations have new valence in light of recent theorization of the chemicals as material-semiotic structures shaped by their experimental contexts. This article argues that while the empirical claims embedded in these two efficacies can and do mutually include each other, a fundamental political tension remains between the efficacious ends envisioned by each. As clinical trials develop these drugs as therapeutic agents, they do so through linking the specific effects of the chemical to particular diagnostic populations, which may enfranchise these chemicals, but not all their efficacies.

DETAILS

Subject:	Neurobiology; Efficacy; Therapists; Semiotics; Clinical trials; Politics; Clinical research; Neurosciences; Therapy; Ethnographic research; Biochemistry; Drugs; Valence
Identifier / keyword:	Pharmaceuticals; Efficacy; Psychedelics; Science studies; Politics
Publication title:	Culture, Medicine and Psychiatry; New York
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Trauma and Police Violence: Issues and Implications for Mental Health Professionals

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ABSTRACT (ENGLISH)

In this piece, the authors present the case of a young Black American man who experienced symptoms of post-traumatic stress disorder after an episode of police violence. Through engagement with this case, the authors consider whether trauma-focused psychotherapies, particularly trauma-focused cognitive behavioral therapies (TF-CBT), are equipped to attend to contextual factors relevant to traumatic experiences of police violence. The authors suggest further research to determine for whom and in what contexts standard forms of psychotherapy as well as alternatives to TF-CBT are effective, and augmenting provider education to include advocacy strategies aimed at reducing police violence—advocacy that is relevant in the context of nationwide protests occurring after the officer-perpetrated killings of George Floyd, Breonna Taylor, and others.

DETAILS

Subject:	Police; Cognitive-Behavioural factors; Contextual factors; Psychotherapy; Violence; African Americans; Cognitive behavioral therapy; Post traumatic stress disorder; Advocacy; Disorders; Trauma; Police brutality; Medical personnel; Traumatic life events; Mental health professionals; Police community relations; Mental health; Alternative approaches
Identifier / keyword:	Trauma; Police violence; Psychotherapy; Traumatic stress
Publication title:	Culture, Medicine and Psychiatry; New York
Volume:	46
Issue:	2
Pages:	212-220
Publication year:	2022
Publication date:	Jun 2022
Publisher:	Springer Nature B.V.
Place of publication:	New York
Country of publication:	Netherlands, New York
Publication subject:	Medical Sciences, Medical Sciences--Psychiatry And Neurology, Anthropology
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Psychologists' Perspectives on the Psychological Suffering of Refugee Patients in Brazil

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Worldwide there are 79.5 million displaced people, many of which face war, violence, tragic flights and struggles in host countries. Research shows augmented prevalence rates of mental disorders among refugees internationally, but little is known about refugee mental health in Latin American countries. Furthermore, only a few studies have taken into consideration the knowledge of clinical psychologists who treat refugee patients. The present study examines the experiences of 32 psychologists in Brazil regarding their refugee patients' psychological suffering and mental disorders. Semi-structured interviews were conducted in various locations in Brazil and analysed following a consensual qualitative research approach. Four clusters of refugee patients' suffering were synthesised: post-migration stressors, traumatic experiences, flight as life rupture, and the current situation in the country of origin. The most frequently described conditions in patients were anxiety and depression. However, the results also show that the use of manuals for the classification of mental disorders is contested among psychologists in Brazil. Most psychologists stressed patients' socio-political suffering and saw patients' symptoms as normal reactions to their experiences. There is a need to acknowledge the socio-political suffering of refugees in Brazil and foster their mental health by tackling current post-migration stressors such as discrimination.

DETAILS

Subject:	Qualitative research; Mental depression; Suffering; Displaced persons; Mental disorders; Discrimination; Refugees; Psychologists; Clinical psychologists; Trauma; Anxiety; Classification; Traumatic life events; Stress; Patients; Mental health; Migration; Country of origin; Medical diagnosis
Location:	Brazil
Identifier / keyword:	Refugee mental health in Brazil; Qualitative interviews; Psychiatric diagnostic manual; Depression; Anxiety
Publication title:	Culture, Medicine and Psychiatry; New York
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Channeling: A Non-pathological Possession and Dissociative Identity Experience or Something Else?

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Channeling experiences are often compared with Dissociative Trance/Possession Disorders and Dissociative Identity Disorders and more recent diagnostic criteria presented in the DSM 5 and ICD-11. From this comparison, it emerges quite clearly that, for most cases, channeling can either be considered an exceptional non-ordinary mental experience or a non-pathological Dissociative Trance/Possession experience. If this characterization is valid, the next step is to understand the origin of channeling experiences. Are they an expression of channeler's unconscious or voluntary mental mechanisms, or real connections with "other discarnate entities"? Given their peculiar characteristics, channeling experiences offer a unique opportunity for a scientific investigation and in particular, the origin of the information received by the channelers.

DETAILS

Subject:	Possession; Identity; Disorders; Identity disorders; Psychiatry; Neurological disorders; Personality; Amnesia; Mental disorders; Nervous system; Consciousness; Dissociative disorders; Unconsciousness
Location:	Italy
Identifier / keyword:	Channeling; Dissociative Identity Disorder; Non-ordinary mental experiences; Dissociative trance-possession disorders
Publication title:	Culture, Medicine and Psychiatry; New York
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Publication date:	Jun 2022
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Santos Remedios: How Mexican Immigrants Use Authoritative Healing Knowledge to Survive Migration

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Mexicans living in the United States frequently rely upon popular healing to address a broad spectrum of physical, psychological, and spiritual ailments. They practice Mesoamerican healing ways including using herbal remedies, employing nutritional health promotion and illness remediation, over the counter pharmaceuticals, prayer and religion, and visiting expert healers. In this article, we utilize Brigitte Jordan's theory of "authoritative knowledge," to show how Mexican immigrants' ancestral and ecological-based healing knowledge travels with them through

migration. Based on original ethnographic research in the Southwest borderlands, we expand an understanding of the factors that support the continuity of authoritative knowledge spatially and temporally. Mexicans' healing knowledge persisted north of the border because it (1) incorporated a wide array of healing techniques and materials that remained accessible post-migration, (2) enabled immigrants to heal according to Mesoamerican worldviews that privileged natural modalities and a holistic approach to body, mind, and spirit, and (3) remained relevant by allowing immigrants to remedy daily health stressors inherent to Mexican migration, including the border crossing, detention and deportation, and daily fear provoked by undocumented status. While lay practices have often been interpreted as problematic by medical professionals, we conclude that Mexicans' authoritative healing knowledge serves as a survival mechanism during the challenging circumstances of binational migration.

DETAILS

Subject:	Knowledge; Health promotion; Healing; Immigrants; Ethnographic research; Prescription drugs; Holistic approach; Religion; Deportation; Mexican Americans; Migration; Herbalism; Detention; Medical personnel; Medicine; Mind and body; Stress; Borders; Health education
Identifier / keyword:	Authoritative knowledge; Migration; Mexican immigrants; Mesoamerican medicine; Herbal remedies
Publication title:	Culture, Medicine and Psychiatry; New York
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Issue:	2
Pages:	509-530
Publication year:	2022
Publication date:	Jun 2022
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Publication subject:	Medical Sciences, Medical Sciences--Psychiatry And Neurology, Anthropology
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Capacity Trajectory in the Context of Dementia: A Case of Exercising Rights in Troubled Civil Life

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

For years, Common law and Civil Code have determined the legal age as majority which defines adulthood, giving a presumption of legal capacity to adults. At this age, all adults are presumed to be capable of making their own decisions, protecting their interests and exercising the rights they enjoy in the acts of their civil life. This legal presumption of capacity structures the life-course of adults and allows them to act and make decisions either in daily life or for exceptional civil acts, for instance, marriage. Domestic laws, including French laws, do provide for certain exceptions, especially for persons suffering from disease or disabilities. The use of substitutive decision-making, or “coercive legal” measures, is increasing. At the same time, these legal substitutive decision-making measures have encountered challenges. The cornerstone Article of International Convention on the Rights of Persons with Disabilities (CRPD) reaffirms the exigence of equal recognition of all persons before the law with equal capacity. The interpretation of this article 12 is subject to considerable controversy. The controversy around CRPD and the paradox between the normative evolution of fundamental rights and the increasing uses of legal substitutive decision-making measures in social practices raise questions about the place of this legal presumption of capacity.

In this article, we wish to tackle this controversy by starting with situations where the daily capacity to exercise one's rights becomes an issue for the professional or family circle. What happens when persons seem unable to understand the consequences of their actions or when they behave incomprehensibly according to their close ones? When should others around the person worry about the person's ability to take care of oneself? What happens when a person's ways of functioning change? Is it an indication that his or her state of health is experiencing changes? That the person's needs have evolved? What does this imply for family and friends, especially in terms of actions or substitute decisions? Using the core notion of "capacity trajectory," this article intends to empirically shed light on how rights and legal capacity are exercised in situations of vulnerability. We wish to demonstrate that the presumption of capacity requires certain "conditions of capacity" in practice.

DETAILS

Subject:	Marriage; Families & family life; Exceptions; Civil rights; Disputes; Everyday life; Dementia; Coercion; Health status; Law; Decision making; Worry; Legal age; Activities of daily living; Adults; Presumption; Life events; Life course; Statutes; People with disabilities; Friendship
Identifier / keyword:	Legal capacity; Mental capacity; Civil life; Vulnerability; Disabilities; Mental health
Publication title:	Culture, Medicine and Psychiatry; New York
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Negotiating SHI - FEI and shifei : Pursuing a Moralistic Self in China's Community-Based Addiction Treatment Programs

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Based on 16 months of fieldwork conducted at drug addiction treatment facilities in Yunnan, Southwest China, this article examines how Chinese drug users invent moralistic selves during the frequent occurrences of *shifei* incidents. *Shifēi*, meaning literally right/wrong, is a crucial concept in Chinese society with two contradictory meanings: (1) moral norms/judgment that ought to be discerned and followed (*SHI-FEI*); (2) "troubles" or "quarrels" that are often morally undesirable (*shifei*). By delving into a typical incident of *shifei*, this article analyzes the logic, motivation, and interpretations of the drug users and addiction treatment facility staff who are involved in the local moral world. It argues that for drug users, the relationship between *SHI-FEI* and *shifei* is not oppositional, as often assumed. Instead, both are valuable moral experiences and useful cultural means in response to users' moral demands and tensions. Negotiating *SHI-FEI* and *shifei* enables an ambiguous space in which drug users seek, claim, and practice

their moralist selves. This article also argues that under various sociopolitical and moral constraints, drug users' moral selves are characterized by an inward focus on claims of morality and legitimacy. This inward focus reflects a process of moral involution. This study contributes to understandings of moral self-making in stigmatized situations.

DETAILS

Subject:	Bargaining; Judgment; Meaning; Drugs; Drug abuse; Addictions; Stigma; Motivation; Methadone; Negotiation; Substance abuse treatment; Moral judgment; Morality; Legitimacy; Drug addiction; Ambiguity; Treatment programs
Location:	China
Identifier / keyword:	shifei; Moralist self; Moral involution; Addiction treatment; China
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Intercultural Training in Tense Times: Cultural Identities and Lived Experiences Within a Community of Practice of Youth Mental Health Care in Montréal

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

This article presents an analysis of the lived experiences of youth mental health practitioners taking part in Transcultural Interinstitutional and Interdisciplinary Case Discussion Seminars (TIICDS), an intercultural training initiative developed in Montréal (Québec, Canada), while considering the current context of increasing social polarizations. Using insights from the community of practice (CoP) framework and drawing on the analysis of 21 seminar sessions and 26 semi-structured individual interviews, this article examines the relation between the local sociopolitical context, the participants' verbalization about their identities, and the affect and cognition evoked by the training. Results indicate that TIICDSs present several features of a CoP and that intercultural training needs to build on both theoretical and experiential knowledge, while considering local contextual elements. These include historical and contemporary social representations and power differentials between groups, the cultural identities of trainees, and the institutions and sociopolitical structures in which clinical practices take place. These elements, we argue, are sensitive and potentially conflictual but can be addressed through supportive and reflexive group-based initiatives such as CoPs that bring together practitioners on a regular basis and provide them with a 'culturally safe enough' space in which they can learn to complexify their understanding of clinical situations.

DETAILS

Subject:	Mental health services; Collective representation; Cognition; Seminars; Sociopolitical factors; Trainees; Training needs; Professional training; Social power; Youth; Cultural identity; Power structure; Cultural groups; Medical personnel; Local knowledge; Verbalization; Interdisciplinary aspects; Mental health; Multiculturalism & pluralism; Tense; Mental health care; Child & adolescent psychiatry
Identifier / keyword:	Intercultural training; Youth mental health; Communities of practice; Social polarizations; Cultural identities
Publication title:	Culture, Medicine and Psychiatry; New York
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The Phenomenology of ‘Solved’ Reincarnation Stories Among Druze in Israel: Private Self, Symbolic Type and Daily Life

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

This article examines the self-concept of the person who experienced *Notq*-the Druze phenomenon of remembering and talking about previous life. We focus on ‘solved’ stories- ones in which the person identifies his/her previous incarnation. The central question of this study is: What is the phenomenological experience of a person who has had *Notq*? In-depth semi-structured interviews were conducted with twenty-three Israeli Druze adults. The findings expose the *Notq*’s experience and its manifestations throughout ‘*Notq*’s life career’. The findings also show that *Notq* provides psychological resources which create a symbolic type who represents the central ethos of the Druze. In the discussion we argue that *Notq* can be perceived as a cultural idiom providing unique psychological and cultural resources. This study contributes to the research of psychology and culture by examining the Druze belief in reincarnation, the interpretation of cultural idioms and cautions against treating them as idioms of distress.

DETAILS

Subject: Psychological resources; Idioms; Reincarnation; Everyday life; Psychological distress; Self concept; Activities of daily living; Phenomenology; Religious cultural groups; Psychology; Symbolism; Culture; Cultural resources; Talking; Military service; Community; Religion; Morality; Psychiatry

Location:	Israel; Syria; Lebanon
Identifier / keyword:	Druze; Reincarnation; Notq; Cultural idioms; Symbolic type
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The Recovery Narrative: Politics and Possibilities of a Genre

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Recovery is now widely acknowledged as the dominant approach to the management of mental distress and illness in government, third-sector and some peer-support contexts across the United Kingdom and elsewhere in the Anglophone Global North. Although narrative has long been recognised in practice and in policy as a key “technology of recovery,” there has been little critical investigation of how recovery narratives are constituted and mobilised, and with what consequences. This paper offers an interdisciplinary, critical medical humanities analysis of the politics and possibilities of Recovery Narrative, drawing literary theoretical concepts of genre and philosophical approaches to the narrative self into conversation with the critiques of recovery advanced by survivor-researchers, sociologists and mad studies scholars. Our focus is not on the specific stories of individuals, but on the form, function and effects of Recovery Narrative as a highly circumscribed kind of storytelling. We identify the assumptions, lacunae and areas of tension which compel a more critical approach to the way this genre is operationalised in and beyond mental health services, and conclude by reflecting on the possibilities offered by other communicative formats, spaces and practices.

DETAILS

Subject: Narratives; Mental health services; Genre; Storytelling; Recovery; Mental disorders; Psychological distress; Humanities; Medicine; Self concept; Interdisciplinary aspects; Technology policy; Politics; Technology; Anglophones; Recovery (Medical)

Identifier / keyword: Recovery; Mental illness; Narrative; Genre; Critical medical humanities

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Psychotherapeutic Dimensions of an Islamic-Sufi-Based Rehabilitation Center: A Case Study

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Due to limited professional mental health facilities in Indonesia, traditional and faith-based mental health care is essential to provide an alternative treatment. This study explored the therapeutic aspects of treatment at *Pesantren Tetirah Dhikr (PTD)*, an Islamic-Sufi-based rehabilitation center for people with mental illness and drug addiction in Yogyakarta, Indonesia. We employed a case-study method to understand the process of therapy and the theoretical ideas behind the practice. We conducted interviews with the *Kyai* (head of *PTD*), his assistants, and sixteen patients (called *santri*). The results of a thematic analysis revealed that the practice of *dhikr* was the essential therapeutic component for improving the participants' mental health. From an Islamic psychological perspective, the process of therapy at *PTD* was comparable with the process of purification of the soul in Sufism. This process comprised three stages: *takhalli* (purifying the soul from reprehensible attributes), *tahalli* (adorning the soul with noble and praiseworthy attributes), and *tajalli* (attaining of a pure soul). From a transpersonal psychology perspective, the effect of *dhikr* was comparable with the therapeutic benefits of meditation practice and other psychotherapy.

DETAILS

Subject:	Mental health services; Charities; Mental disorders; Mental health care; Transpersonal psychology; Psychotherapy; Sufism; Drug addiction; Case studies; Purification; Meditation; Rehabilitation; Islam; Attributes; Patients; Transgender persons; Psychology; Religious beliefs; Case reports
Location:	Indonesia
Identifier / keyword:	Psychotherapy; Mental health; Sufism; Islamic psychology; Indonesia
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Correction to: The Precarious Space for Mourning: Sick Leave as an Ambiguous Topic in Bereaved Parents' Accounts of the Return to Everyday Life

After Reproductive Loss

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

The original version of this article unfortunately contained an error. In the reference list the author name "Joanne Cacciatore" is incorrectly spelled as "Joanne Corriatore".

DETAILS

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Making People Autonomous: A Sociological Analysis of the Uses of Contracts and Projects in the Psychiatric Care Institutions

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

This article aims at describing the tensions arising from working on and with someone in psychiatry, in order to make this person more “autonomous”. First, through the example of the recovery, it acknowledges, the normative horizon of what is considered today as “good care”: a negotiation between partners, aiming at increasing the possibilities for everyone to follow their own lifestyle. It then seeks to describe how this definition of good care is endorsed and applied in two institutions (in Belgium and in France) hosting people with severe mental health issues where the care teams are using three words (“contract”, “project” and “autonomy”). The article analyses the difficulties encountered while putting into practice these demanding ideals and shows how and to what end the care teams take action in defining the “good” projects and, in a more general way, what patients can or should expect from themselves and from their future.

DETAILS

Subject:	Mental health services; Autonomy; Patients; Teams; Mental disorders; Psychiatry; Negotiation; Mental health care; Psychotherapy; Decision making; Sociology; Psychiatrists; Caregivers; Contract negotiations
Business indexing term:	Subject: Contract negotiations
Location:	Belgium; France; Europe
Identifier / keyword:	Sociological approach; Patient's autonomy; Institutional psychotherapy; Constraint; Life project; Language games
Publication title:	Culture, Medicine and Psychiatry; New York
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Publisher:	Springer Nature B.V.
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Tension and Other Idioms of Distress Among Slum Dwelling Young Men: A Qualitative Study of Depression in Urban Bangladesh

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

In low- and middle-income countries (LMIC) it is vital to understand acceptable, comprehensive, and culturally appropriate ways of communicating about mental distress. Diagnostic terminology is rarely used, may be stigmatizing, and is subject to misinterpretation. Local terms, such as idioms of distress, can improve mental health literacy and service delivery. Our objective was to examine lived experience and coping connected to distress and depression in an under-researched population: young men from LMIC urban slums. We conducted 60 qualitative interviews with men (ages 18–29) in Bhashantek slum, Bangladesh. Themes were generated using thematic analysis and grounded theory techniques. The heart-mind (mon), mentality (manoshikota), mood (mejaj), head (matha or “brain”), and body (shorir) comprised the self-concept, and were related to sadness, hopelessness, anger, worry, and mental illness. The English word “tension” was the central idiom of distress. “Tension” existed on a continuum, from mild distress or motivational anxiety, to moderate distress including rumination and somatic complaints, to severe psychopathology including anhedonia and suicidality. Respondents connected “tension” to burnout experiences and mental illness which was summarized in an ethnopsychological model. These findings can inform culturally sensitive measurement tools and interventions that are acceptable to the community, potentially increasing engagement and enhancing therapeutic outcomes.

DETAILS

Subject:	Pessimism; Mental depression; Slums; Brain; Psychopathology; Mental disorders; Burnout; Self concept; Cultural sensitivity; Idioms; Terminology; Measurement; Anxiety; Stigma; Worry; Anger; Sadness; Grounded theory; Psychological distress; Self destructive behavior; Qualitative research; Mental health services; Health literacy; Rumination; Literacy; Young men; Anhedonia; Hopelessness; Coping; Complaints; Men; Emotions; Urban areas; Low income groups; Mental health; Suicide
Location:	Bangladesh
Identifier / keyword:	Idioms of distress; Depression; Slum; Qualitative; Bangladesh
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The Hair in the Garland: Hair Loss and Social Stress Among Women in South India

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Generations of scholars have debated hair's significance as a symbol of womanhood, fertility, and spiritual morality in South India. For contemporary Indian women, hair is a site of concern, often expressed as an everyday preoccupation with hair loss or "hair fall," as it is known in the subcontinent. This exploratory study investigated hair fall among Kannada-speaking Hindu women in the South Indian city of Mysuru, Karnataka. It used a series of focus group discussions to explore how women talk about the causes and consequences of hair fall, and how women cope with hair-related distress. Participants articulated clear, shared ideas about why hair falls and how it can be managed. They connected hair fall to broader stressors in their lives both directly and symbolically. Hair fall, therefore, appears to function idiomatically in this context, both as an idiom of distress in its own right, and as a symptom of other idioms and forms of distress. Additional research is needed to establish the importance of hair fall relative to other distress constructs, and to more directly assess its potential value in research and intervention.

DETAILS

Subject:	Women; Hair loss; Womanhood; Idioms; Preoccupation; Psychological distress; Fertility; Morality; Stress; Hair; Kannada; Social stress
Location:	India
Identifier / keyword:	Distress; India; Women; Hair fall; Idioms of distress; Cultural concepts of distress
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Material Environments and the Shaping of Anorexic Embodiment: Towards A Materialist Account of Eating Disorders

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[ProQuest document link](#)

ABSTRACT (ENGLISH)

Anorexia nervosa is a paradoxical disorder, regarded across disciplines as a body project and yet also an illness of disembodied subjectivity. This overlooks the role that material environments—including objects and spaces—play in producing embodied experiences of anorexia both within and outside treatment. To address this gap, this paper draws together two ethnographic studies of anorexia to explore the shared themes unearthed by research participants' engagements with objects that move across boundaries between treatment spaces and everyday lives. Demonstrating how the anorexic body is at once both phenomenologically lived and socio-medically constituted, we argue that an attention to materiality is crucial to understanding lived experiences. A materialist account of anorexia extends the literature on treatment resistance in eating disorders and offers a reconceptualisation of 'the body in treatment', showing how objects and spaces shape, maintain, and even 'trigger' anorexia. Therefore, against the background of the high rates of relapse in eating disorders, this analysis calls for consideration of how interventions can better take account of eating disordered embodiment as shaped by material environments.

DETAILS

Subject: Embodiment; Subjectivity; Relapse; Eating disorders; Resistance; Human body; Anorexia; Disorders

Identifier / keyword:	Anorexia nervosa; Eating disorders; Materiality; Embodiment; Ethnography; Mental health
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The Precarious Space for Mourning: Sick Leave as an Ambiguous Topic in Bereaved Parents' Accounts of the Return to Everyday Life After Reproductive Loss

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ABSTRACT (ENGLISH)

This article addresses conflicting concerns related to space for mourning in Norway. It draws on material from qualitative interviews with bereaved parents who have lost a child in stillbirth. Space for mourning, and the need for sick leave, arose as a crucial concern and complex issue in these interviews. Although initiatives have been developed to introduce grief as a valid category in diagnostic repertoires, it is not a legitimate basis for sick leave in the acute phase. Common alternatives have been referrals to psychic instability or depression. Both variations represent a medicalization of the normal with implications that need to be addressed, and which this article discusses from the bereaved parents' point of view. Extended parental leave, and the introduction of grief allowance, are possible alternatives for the provision of space in normal but demanding times of grief. Despite not yet part of the repertoire for gatekeepers in the Norwegian welfare state, they are part of the public discourse. Besides a crucial acknowledgment of the grief of the parents, these options also represent possibilities for preventing a pathologization of what is a normal rite of passage.

DETAILS

Subject:

Interviews; Grief; Medicalization; Bereavement; Sick leave; Children; Parents & parenting; Everyday life; Referrals; Mourning; Welfare state; Ambiguity; Rites of passage; Stillbirth; Family leave

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Therapists' Experiences of Working with Ethnic Minority Females with Eating Disorders: A Qualitative Study

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ABSTRACT (ENGLISH)

Ethnic minority females are less likely to receive a diagnosis or treatment for an eating disorder (ED). This study captured the experiences of therapists who have worked with ethnic minority females to improve outcomes for this group. Twelve therapists in the United Kingdom, London were recruited for semi-structured interviews and thematic analysis was used to analyse the data. Shame was cited as a barrier to accessing help. This influenced therapeutic work such as not challenging shame or linking this to a negative interpretation of parents. Emotional and interpersonal factors were thought to be more common risk factors for the ED. The minimising of weight and shape concern and non-fat-phobic anorexia was thought to lead to a complex and delayed route to accessing ED services. Therapists felt restricted by service management who they felt required them to deliver a narrow range of therapies that had not necessarily demonstrated therapeutic outcomes in ethnic minority females. Nevertheless, therapists reported using curiosity to guide their cultural adaptations when feeling uncertain. When working with ethnic minority females, therapists face challenges from the therapeutic and diagnostic framework that services are aligned to. Creative solutions to address this include adapting the patient care pathway, referral guides, cultural reflective practice, and the use of cultural genograms and scripts in therapeutic work to address unmet needs.

DETAILS

Subject: Qualitative research; Ethnicity; Risk factors; Therapists; Medical diagnosis; Patients; Eating disorders; Ethnic groups; Interpersonal factors; Females; Culture; Reflective practice; Shame; Disorders; Unmet needs; Curiosity; Adjustment; Scripts; Delayed; Minority groups; Minority & ethnic groups; Family medical history; Therapy; Anorexia

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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>

Mahilall, R., & Swartz, L. (2022). 'I am dying a slow death of white guilt': Spiritual carers in a south african hospice navigate issues of race and cultural diversity. *Culture, Medicine and Psychiatry*, 46(4), 779-797. doi:<https://doi.org/10.1007/s11013-021-09750-5>

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.

Moutaud, B. (2022). Cognitive optimisation and schizophrenia: Assembling heterogeneity, overcoming the precariousness of life, and challenging public health policies in psychiatry in France. *Culture, Medicine and Psychiatry*, 46(4), 710-738. doi:<https://doi.org/10.1007/s11013-021-09745-2>

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.

SturtzSreetharan, C., Trainer, S., & Brewis, A. (2022). The harm inflicted by polite concern: Language, fat, and stigma. *Culture, Medicine and Psychiatry*, 46(4), 683-709. doi:<https://doi.org/10.1007/s11013-021-09742-5>

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.

Strand, M., & Bäärnhielm, S. (2022). Could the DSM-5 cultural formulation interview hold therapeutic potential? suggestions for further exploration and adaptation within a framework of therapeutic assessment. *Culture, Medicine and Psychiatry*, 46(4), 846-863. doi:<https://doi.org/10.1007/s11013-021-09761-2>

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.

Mianji, F., & Kirmayer, L. J. (2022). "Women as troublemakers": The hard sociopolitical context of soft bipolar disorder in Iran. *Culture, Medicine and Psychiatry*, 46(4), 864-888. doi:<https://doi.org/10.1007/s11013-021-09743-4>

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.

Wagner, K., Bartels, S. A., Weber, S., & Lee, S. (2022). 'White child gone Bankrupt'—The intersection of race and poverty in youth fathered by UN peacekeepers. *Culture, Medicine and Psychiatry*, 46(3), 654-678. doi:<https://doi.org/10.1007/s11013-022-09772-7>

Children fathered and abandoned by United Nations peacekeepers are an unintended consequence of peacekeeping operations. Research suggests that the social identity of peacekeeper-fathered children (PKFC) is complex and contradictory. While economically disadvantaged, PKFC's biracial background confers elements of racial privilege. Using the Democratic Republic of Congo as a case study, the present research evaluates the impact of racial differences on PKFC's social standing. Drawing on in-depth interviews with a racially heterogeneous sample of 35 PKFC and 60 mothers, we analyse how race and poverty interact and cause PKFC's conflicting social role. The data demonstrates that being of mixed race leads to the expectation of a higher living standard. Since most PKFC live in extreme economic deprivation, their anticipated privilege contrasts with reality. We found that the stigmatizing effects of poverty were amplified by biracial identification, leading to additional disadvantage, epitomised in the term "Muzungu aliye homba" white child gone bankrupt]. The findings add to research on 'children born of war' and show the role of culture in shaping youth's social identities. Based on PKFC's intersecting burdens, we make policy recommendations that address the nexus of race and poverty.

Summerfield, D. (2022). The politicised child, transcultural constructions of childhood, psychological trauma, and the mind in the modern world: Afterword. *Culture, Medicine and Psychiatry*, 46(3), 679-682. doi:<https://doi.org/10.1007/s11013-022-09804-2>

Pells, I. (2022). The politicised child during the seventeenth-century British civil wars: An historical perspective on representations of children and trauma during conflict. *Culture, Medicine and Psychiatry*, 46(3), 615-631. doi:<https://doi.org/10.1007/s11013-021-09741-6>

The seventeenth-century British Civil Wars had a scale and impact to rival modern conflicts and its effects extended to children as well as adults. What might be today termed "child soldiers" were found in the armies in combat and supporting roles. Many more were witnesses to the conflict or had their lives changed by its consequences. This article is an historical case study of socio-cultural constructions of children, childhood and warfare. It aims to highlight the diverse nature of both historic and modern child experiences of warfare, and the plethora of ways that these experiences were and are understood and represented by adults. It argues that the evidence from the Civil

Wars supports the scholarship of child psychologists such as Derek Summerfield that children in conflict should not always be regarded as victims but could display agency, whilst also acknowledging social, cultural, economic and political pressures. Although children in the Civil Wars may have experienced trauma, the evidence is insufficient to prove this and evidence for a contemporary concept of the psychologically damaged child as a result of conflict is ambiguous. However, what the evidence does uncover is the ways in which adults used representations of children to express their own anxieties about the Civil Wars.

Pells, K., Breed, A., Uwihoreye, C., Ndushabandi, E., Elliott, M., & Nzahabwanayo, S. (2022). 'No-one can tell a story better than the one who lived it': Reworking constructions of childhood and trauma through the arts in Rwanda. *Culture, Medicine and Psychiatry*, 46(3), 632-653. doi:<https://doi.org/10.1007/s11013-021-09760-3>

The intergenerational legacies of conflict and violence for children and young people are typically approached within research and interventions through the lens of trauma. Understandings of childhood and trauma are based on bio-psychological frameworks emanating from the Global North, often at odds with the historical, political, economic, social and cultural contexts in which interventions are enacted, and neglect the diversity of knowledge, experiences and practices. Within this paper we explore these concerns in the context of Rwanda and the aftermath of the 1994 Genocide Against the Tutsi. We reflect on two qualitative case studies: Connective Memories and Mobile Arts for Peace which both used arts-based approaches drawing on the richness of Rwandan cultural forms, such as proverbs and storytelling practices, to explore knowledge and processes of meaning-making about trauma, memory, and everyday forms of conflict from the perspectives of children and young people. We draw on these findings to argue that there is a need to refine and elaborate understandings of intergenerational transmission of trauma in Rwanda informed by: the historical and cultural context; intersections of structural and 'everyday' forms of conflict and social trauma embedded in intergenerational relations; and a reworking of notions of trauma 'transmission' to encompass the multiple connectivities between generations, temporalities and expressions of trauma.

Antic, A. (2022). Introduction: Politicising children: Transcultural constructions of Childhood and psychological trauma in the modern world. *Culture, Medicine and Psychiatry*, 46(3), 603-614. doi:<https://doi.org/10.1007/s11013-022-09805-1>

Wasil, A. R., Venturo-Conerly, K., Gillespie, S., Osborn, T. L., & Weisz, J. R. (2022). In their own words: Using open-ended assessment to identify culturally relevant concerns among Kenyan adolescents. *Culture, Medicine and Psychiatry*, 46(2), 297-321. doi:<https://doi.org/10.1007/s11013-020-09706-1>

Standardized assessment tools developed in western contexts may systematically miss certain problems that are considered important in non-western cultures. In this mixed-methods study, we used an open-ended assessment tool (the Top Problem Assessment; TPA) to identify culturally relevant concerns among low-income Kenyan youth. We then (a) applied thematic analysis to identify the most frequently reported problems and (b) examined the extent to which these problems were reflected in standardized mental health measures. Using the TPA, we identified common social, academic, and economic problems facing Kenyan youths. Specifically, 61% of the sample reported a social problem, 38% an academic problem, and 35% an economic problem. By contrast, the standardized assessments revealed that worrying and difficulty concentrating were the most commonly reported symptoms. However, the emotional and behavioral problems assessed via the standardized measures were only reported as top problems by 17% of the sample. Overall, our findings are consistent with the idea that standardized measures can miss certain culturally-salient concerns that can be acquired through open-ended assessments. We discuss how brief open-ended assessment tools could complement standardized measures, inform the development of culturally relevant standardized measures, and offer rich data about the experiences of people in understudied cultural contexts.

Rosalie, P., Willems, D. L., & van de, V. S. (2022). Feeling seen, being heard: Perspectives of patients suffering from mental illness on the possibility of physician-assisted death in the Netherlands. *Culture, Medicine and Psychiatry*, 46(2), 475-489. doi:<https://doi.org/10.1007/s11013-021-09726-5>

Physician-assisted death (PAD) for patients suffering from a mental illness is allowed in the Netherlands under certain conditions but is a very controversial topic, mainly discussed by ethicists and physicians. The voice of the patient is rarely included in the debate, so we know little about what their views on the topic are. We aim to understand the views of patients with mental illness and wish to die with regard to the possibility of PAD in the Netherlands. The data for this qualitative study were collected through 21 in-depth interviews with Dutch patients who have a wish for PAD as a result of suffering from a mental illness. We identified four themes in relation to the meaning of PAD for the patients suffering from mental illness and wish to die. These themes are (1) Autonomy and self-determination, (2) ending the suffering, (3) recognition, and (4) a dignified end-of-life. The option of PAD for patients suffering from mental illnesses was considered of great importance to the patients who have a wish to die. We highlight the importance of 'recognition' for the situation of the patient, as this could lead to new perspective. We argue that psychiatrists need to reflect on providing this recognition in earlier phases of treatment, taking seriously and discussing a wish for PAD in treatment is beneficial to patients. It provides space for the patient to discuss their wishes and could cause them not wanting to die anymore.

Ben, K. (2022). "A free people, controlled only by god": Circulating and converting criticism of vaccination in Jerusalem. *Culture, Medicine and Psychiatry*, 46(2), 277-296. doi:<https://doi.org/10.1007/s11013-020-09705-2>

This paper explores how criticism surrounding the ethics and safety of biomedical technologies circulates and 'converts' through global-local religious encounters, producing new claims of moral opposition and rights to religious freedom. The paper is concerned with the question of what rhetorical devices make vaccine safety doubt relevant to religiously Orthodox settings and what implications arise? Based on an ethnographic study of vaccine decision-making and non-vaccination advocacy in Jerusalem, the paper examines how opposition is forged amidst evolving global-local encounters and relations. The data reveal how Christian activists attempt to engender ethical and moral opposition to vaccination among American Orthodox Jews in Jerusalem by 'converting' public criticism around safety into a religious discourse of bodily governance. Pinpointing how critiques of biomedical technologies discursively 'convert' offers a conceptual template in anthropology to chart how counter-positions are formed and transformed amidst evolving tensions between biomedical and religious cosmologies.

Kristensen, B. M., Andersen, R. S., Nicholson, B. D., Sue, Z., & Smith, C. F. (2022). Cultivating doctors' gut feeling: Experience, temporality and politics of gut feelings in family medicine. *Culture, Medicine and Psychiatry*, 46(2), 564-581. doi:<https://doi.org/10.1007/s11013-021-09736-3>

For the past decade, within family medicine there has been a focus on cultivating doctors gut feelings as 'a way of knowing' in cancer diagnostics. In this paper, building on interviews with family doctors in Oxford shire, UK we explore the embodied and temporal dimensions of clinical reasoning and how the cultivation of doctors' gut feelings is related to hierarchies of medical knowledge, professional training, and doctors' fears of litigation. Also, we suggest that the introduction of gut feeling in clinical practice is an attempt to develop a theory of clinical reasoning that fits the biopolitics of our contemporary. The turn towards predictive medicine and the values introduced by accelerated diagnostic regimes, we conclude, introduce a need for situated and embodied modes of reading bodies. We contribute theoretically by framing our analysis within a sensorial anthropology approach.

Hendy, K. (2022). What can the chemical hold?: The politics of efficacy in the psychedelic renaissance. *Culture, Medicine and Psychiatry*, 46(2), 322-343. doi:<https://doi.org/10.1007/s11013-021-09708-7>

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