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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.

Reanimating the Body: Comics Creation as an Embodiment of Life with Cancer

McMullin, Juliet ¹

; Rushing, Sharon ¹ ; Sueyoshi, Mark ² ; Salman Jaroslava ³ ¹ University of California Riverside, Department of Anthropology, Riverside, USA (GRID:grid.266097.c) (ISNI:0000 0001 2222 1582) ² Tufts Medical Center, Radiation Oncology, Boston, USA (GRID:grid.67033.31) (ISNI:0000 0000 8934 4045) ³ City of Hope National Medical Center, Supportive Care Medicine Duarte, Duarte, USA (GRID:grid.410425.6) (ISNI:0000 0004 0421 8357)

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Cancer is regarded as a disease that redefines an individual's life and relationships. The medicalization and reclamation of the individual's sense of body, self, and social life have been long examined by psychiatry and anthropology alike. We argue that creating comics is a form of artistic narrative that affirms and proclaims the existence of a past and future possibilities for individuals diagnosed with cancer. Despite the interconnections among lived experience and meaning making, little attention has been paid to the potential therapeutic effects of comics creation. Individuals diagnosed with cancer were recruited for ten weekly comics making workshops. Data include qualitative interviews and workshop observations. Six women who were diagnosed with cancer consented to participate. Meaning making themes included (1) *slowing down* to process their experiences, (2) *expressing frustration* with medical encounters, and (3) *reflecting on traumatic relationships*. The process of redefining their cancer experience connects the sufferer's individual and social context. We find that the physical act of 'making' comics works to create meaning and an embodied expression of meaning. Creating comics, for our participants, offered multiple entry points and perspectives for redefining their stories that provided new insights and paths to explore their medical traumas and reanimating their bodies.

DETAILS

Subject:	Embodiment; Cancer; Medicalization; Meaning; Comics; Psychiatry; Social environment; Anthropology; Women; Medicine; Interconnections; Frustration; Workshops; Trauma; Social life & customs
Identifier / keyword:	Comics; Embodiment; Drawing; Cancer; Personal narratives
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Document 2 of 22

Negotiating Engagement, Worthiness of Care and Cultural Identities Through Intersubjective Recognition: Migrant Patient Perspectives on the

Cultural Formulation Interview in Danish Mental Healthcare

Lindberg, Laura Glahder ¹

; Johansen, Katrine Schepelern ²; Kristiansen, Maria ³; Skammeritz Signe ⁴; Carlsson, Jessica ⁵ ¹ Mental Health Services of the Capital Region of Denmark, Competence Centre for Transcultural Psychiatry, Mental Health Centre Ballerup, Ballerup, Denmark (GRID:grid.466916.a) (ISNI:0000 0004 0631 4836); University of Copenhagen, Department of Public Health, Copenhagen, Denmark (GRID:grid.5254.6) (ISNI:0000 0001 0674 042X) ² Mental Health Services of the Capital Region of Denmark, Competence Centre for Dual Diagnosis, Mental Health Centre Sct. Hans, Roskilde, Denmark (GRID:grid.466916.a) (ISNI:0000 0004 0631 4836) ³ University of Copenhagen, Department of Public Health, Copenhagen, Denmark (GRID:grid.5254.6) (ISNI:0000 0001 0674 042X); University of Copenhagen, Center for Healthy Aging, Copenhagen, Denmark (GRID:grid.5254.6) (ISNI:0000 0001 0674 042X) ⁴ Mental Health Services of the Capital Region of Denmark, Competence Centre for Transcultural Psychiatry, Mental Health Centre Ballerup, Ballerup, Denmark (GRID:grid.466916.a) (ISNI:0000 0004 0631 4836) ⁵ Mental Health Services of the Capital Region of Denmark, Competence Centre for Transcultural Psychiatry, Mental Health Centre Ballerup, Ballerup, Denmark (GRID:grid.466916.a) (ISNI:0000 0004 0631 4836); University of Copenhagen, Department of Clinical Medicine, Copenhagen, Denmark (GRID:grid.5254.6) (ISNI:0000 0001 0674 042X)

[ProQuest document link](#)

ABSTRACT (ENGLISH)

This qualitative study presents migrant patient perspectives on using the Cultural Formulation Interview (CFI) in mental health assessments in Denmark. Empirical data consisted of 20 recorded CFI sessions and 16 patient interviews, coded with a constructivist grounded theory approach. Empirical findings prompted us to draw on the theoretical framework of intersubjective recognition in the analytical process. Our analysis showed how patients had multiple previous experiences of misrecognition in life and healthcare. This seemed to restrain their self-esteem and available positions for expressing preferences and reservations during the CFI and led to negotiations of worthiness of care. Despite occasional lack of flow and information in the recorded CFI sessions, patients subsequently recounted how they felt the CFI recognised the complexity and context of their cultural identities and illness narratives. Patients described how the CFI-guided provider approach of curiosity and empowerment carried significant meaning and left them feeling dignified, hopeful and engaged in future care. Intersubjective recognition is fundamental in all human interaction, but we argue that the recognising CFI approach is particularly important in vulnerable and asymmetrical mental health assessment encounters where access to care is determined and when working with migrants or other marginalised groups.

DETAILS

Subject: Health care access; Qualitative research; Migrants; Worthiness; Health services; Self esteem; Empowerment; Negotiation; Recognition; Acknowledgment; Curiosity; Patients; Cultural identity; Interviews; Health care; Cultural factors; Mental health; Grounded theory

Identifier / keyword:	Recognition; Mental health; Health-related deservingness; Migrants; Cultural Formulation Interview
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Recovering Uncertainty: Exploring Eating Disorder Recovery in Context

LaMarre, Andrea ¹
; Rice, Carla ²

¹ Massey University Albany Campus, School of Psychology, Auckland, New Zealand (GRID:grid.148374.d) (ISNI:0000 0001 0696 9806) ² University of Guelph, Department of Family Relations and Applied Nutrition, Guelph, Canada (GRID:grid.34429.38) (ISNI:0000 0004 1936 8198)

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Attending to the shades of grey in eating disorder recovery may help to illuminate possibilities for navigating recoveries in their full complexity and diversity. There is a need for more complexity and flexibility in understandings of the timelines, processes, endpoints, and versions of eating disorder recoveries. In this article, we explore eating disorder recovery as a dynamic, intercorporeal, and non-linear process. Drawing on interviews with 20 people doing significantly better than they were during a time of acute distress around food and body, we articulate “recoveries” in relation to four themes: Fuzzy Logics of Time, Not Only Recovered, Recovery is Not All Sunshine and Rainbows, and The Life of Recovery. These themes speak to the ways in which participants struggled to articulate the temporalities of their recoveries, situated recovery as one among many events and processes that shaped their being in the world, resisted “too perfect” articulations of recovery journeys/ endpoints, and described preferred versions of and open-ended guidelines for recovery. We argue that eating disorder recoveries are as complicated and messy as lives themselves and are equally entangled in social contexts. We suggest that articulations of recovery be attuned to power dynamics as they operate in dictating which performances of eating disorders and recovery will be honoured as “legitimate” and whose pathways to recovery will be respected.

DETAILS

Subject: Uncertainty; Flexibility; Eating disorders; Recovery; Psychological distress; Social environment; Power structure; Disorders; Recovery (Medical)

Identifier / keyword: Eating disorders; Recovery; Temporality; Recovery model

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Doodling as a Measure of Burnout in Healthcare Researchers

Nash, Carol ¹

¹ University of Toronto, History of Medicine Program, Department of Psychiatry, Faculty of Medicine, Toronto, Canada (GRID:grid.17063.33) (ISNI:0000 0001 2157 2938)

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Burnout adversely affects healthcare researchers, their place of employment, and the production of valuable research. It is directly associated with symptoms of depression and anxiety. Having an easily employed and reliable measure of depression and anxiety in healthcare researchers is important if burnout is to be diminished. Doodling may be one such measure. Doodling became a possible indicator based on unexpected outcomes associated with one diverse and voluntary health narrative research group where doodling was introduced. The result, with respect to casual, self-reported levels of depression and anxiety, ranged from researchers expressing low levels of distress to those revealing clinical diagnoses of depression and anxiety. Changes to doodling execution and content, and their effect on the doodler—metrics previously unmentioned in the literature—hold promise for evaluating depression and anxiety levels of researchers. Maligned in academic settings with increasingly punitive outcomes, doodling should be reassessed as a possible indicator of internal states of distress, dysphoria, depression, and anxiety based on this University of Toronto Health Narratives Research Group result of doodling. Under certain well-defined conditions, variations in doodling may serve as a measure of change in these internal states and, therefore, act as an aid in reducing burnout.

DETAILS

Subject:	Narratives; Anxiety; Health care; Mental depression; Health services; Health problems; Burnout; Psychological distress; Employment; Medical research; Health research; Researchers
Business indexing term:	Subject: Burnout
Identifier / keyword:	Burnout; Doodling; Health narratives; Anxiety; Depression
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Auditory Hallucination Among Traumatized Cambodian Refugees: PTSD Association and Biocultural Shaping

Hinton, Devon E ^{1 1} Center for Anxiety and Traumatic Stress Disorders, Massachusetts General Hospital, Harvard Medical School, Boston, USA (GRID:grid.38142.3c) (ISNI:000000041936754X)

ABSTRACT (ENGLISH)

At a psychiatric refugee clinic for survivors of the Khmer Rouge genocide, a survey revealed that 42% (38/90) had auditory hallucinations (AHs) in the last month. Of those with AHs, 87% (33/38) had PTSD, whereas of those without AHs, 31% (16/52) had PTSD, giving a chi square of 27.8, $p < .001$, odds ratio 14.8 (4.8–45). Most AHs were of a “ghost summoning” (*khmaoch hao*), considered an exhortation to go with a ghost (e.g., hearing “Please come with me, younger sister”), experienced by 73% percent of patients with AHs. The voices were always exterior and usually loud and clear. AHs were heard most often during hypnagogia (i.e., upon falling asleep or awakening), experienced by 72% of patients with AHs, whereas 42% of patients with AHs experienced AHs when fully awake. AHs were almost always attributed to a ghost, giving rise to great fear: of having the “soul” called away or of being frightened to death. AH episodes almost always triggered trauma recall. AHs caused patients to undertake certain actions to address acute episodes and to prevent further ones. To illustrate these processes, cases are provided. AH appears to be a key part of the Cambodian bioculturally shaped trauma subjectivity.

DETAILS

Subject:	Traumatic incidents; Subjectivity; Hearing; Genocide; Refugees; Khmer; Hallucinations; Patients; Post traumatic stress disorder; Auditory hallucinations; Trauma; Schizophrenia; Psychiatry; Psychosis; Death & dying; Ghosts
Identifier / keyword:	Hallucination; PTSD; Cambodian; Trauma; Culture; Psychosis
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Document 6 of 22

Depression, Deprivation, and Dysbiosis: Polyiatrogenesis in Multiple Chronic Illnesses

Ecks Stefan ¹

¹ University of Edinburgh, Social Anthropology, Edinburgh, UK (GRID:grid.4305.2) (ISNI:0000 0004 1936 7988)

[ProQuest document link](#)

ABSTRACT (ENGLISH)

Biomedicine tends to treat “mental” illnesses as if they could be isolated from multiple social and somatic problems. Yet mental suffering is inseparable from complex somatosocial relations. Clinical fieldwork in a deprived area of the UK shows that nearly all the people treated for “depression” are chronically multimorbid, both in their bodies and in their social relations. Mental suffering is co-produced by poverty, trauma, and excessive medication use. Patients’ guts are as imbalanced as their moods. Single vertical treatments make them worse rather than better. In the UK, patients in poorer neighbourhoods do not “lack access” to healthcare. If anything, they suffer from taking too many medications with too little integration. I conceptualize the bad effects of excessive interventions in patients with

multiple chronic problems as polyiatrogenesis.

DETAILS

Subject:	Poverty; Neighborhoods; Health care; Mental depression; Chronic illnesses; Deprivation; Suffering; Social relations; Drugs; Health services; Interpersonal relations; Mental disorders; Biomedicine; Patients; Treatment methods; Trauma; Comorbidity; Disease; Anthropology; Cultural anthropology; Psychiatry; Life expectancy; Mental health; Health care access
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Leaning into Perplexity: A Case of a Patient Who Did Not Want Treatment But Also Did Not Want to Leave

Hirshbein, Laura ¹

; Im, David ¹ ; Ayubbi Imam Kamau ² ¹ University of Michigan, Department of Psychiatry, Ann Arbor, USA (GRID:grid.214458.e) (ISNI:0000000086837370) ² University of Michigan, Spiritual Care Department, Ann Arbor, USA (GRID:grid.214458.e) (ISNI:0000000086837370)

[ProQuest document link](#)

ABSTRACT (ENGLISH)

This article presents the case of a young, second generation American Muslim man who was admitted involuntarily to an adult psychiatric inpatient unit. The patient's clinical picture was unclear—the treatment team was unsure if he demonstrated signs and symptoms of bipolar disorder or if a personality disorder (antisocial or narcissistic) better explained his presentation. His clinical picture after a couple of weeks of hospitalization was not sufficiently acute that he needed to remain in the hospital, but he refused to leave because he wanted documentation that he had no mental illness. This article considers the patient's history, the nuances of psychiatric diagnosis, the issues involving psychiatry and the law that arose in this case, and the collaboration of the psychiatric providers with the Chaplain Imam at the hospital. The case illustrates a collision between the limitations of science and the expectations of the patient and his family within our broader social, cultural, and professional contexts.

DETAILS

Subject:	Personality; Bipolar disorder; Narcissism; Medical diagnosis; Mental disorders; Collaboration; Psychiatry; Second generation; Teams; Personality disorders; Hospitalization; Patients; Inpatient care; Antisocial personality disorder; Emergency medical care; Muslims; Forensic psychiatry; Deviance
Identifier / keyword:	Personality disorder; Diagnosis; Spiritual care; Forensic psychiatry
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Database:	Public Health Database

Document 8 of 22

From Lay Depression Narratives to Secular Ritual Healing: An Online Ethnography of Mental Health Forums

Domonkos, Sik ¹

¹ University of Eötvös Loránd, Department of Social Theory, Budapest, Hungary (GRID:grid.5591.8) (ISNI:0000 0001 2294 6276)

[ProQuest document link](#)

ABSTRACT (ENGLISH)

The article aims at analysing online depression forums enabling lay reinterpretation and criticism of expert biomedical discourses. Firstly, two contrasting interpretations of depression are reconstructed: expert psychodiscourses are confronted with the phenomenological descriptions of lay experiences, with a special emphasis on online forums as empirical platforms hosting such debates. After clarifying the general theoretical stakes concerning contested 'depression narratives', the results of an online ethnography are introduced: the main topics appearing in online discussions are summarised (analysing how the abstract tensions between lay and expert discourses appear in the actual discussions), along with the idealtypical discursive logics (analysing pragmatic advises, attempts of reframing self-narratives and expressions of unconditional recognition). Finally, based on these analyses an attempt is made to explore the latent functionality of online depression forums by referring to a secular 'ritual healing' existing as an unreflected, contingent potential.

DETAILS

Subject:	Ethnography; Narratives; Internet; Mental depression; Rituals; Discourses; Healing; Biomedicine; Pragmatics; Faith healing; Pragmatism; Mental health
Identifier / keyword:	Depression; Online forums; Biopower; Ritual healing; Online ethnography
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A Cross-Cultural Analysis of the Prevalence and Risk Factors for Prenatal Depression in Spain and Mexico

Marcos-Nájera, Rosa ¹

; Rodríguez-Muñoz, María Fe ¹ ; Lara Ma Asunción ² ; Navarrete, Laura ² ; Le Huynh-Nhu ^{3 1}

Universidad Nacional de Educación a Distancia, Departamento de Personalidad, Evaluación y Tratamiento Psicológico, Facultad de Psicología, Madrid, Spain (GRID:grid.10702.34) (ISNI:0000 0001 2308 8920) ² Instituto Nacional de Psiquiatría Ramón de la Fuente Muñiz, Ciudad de México, Mexico (GRID:grid.419154.c) (ISNI:0000 0004 1776 9908) ³ George Washington University, Department of Psychology, Washington, USA (GRID:grid.253615.6) (ISNI:0000 0004 1936 9510)

[ProQuest document link](#)

ABSTRACT (ENGLISH)

The prevalence and risk factors associated with prenatal depression among Spanish-speaking women in Spain and Mexico are examined and compared through a cross-cultural study. The study utilizes secondary data from 563 participants who received prenatal care in Madrid ($N=283$) and in Mexico City ($N=280$), assessed with the PHQ-9 and the PDPI-R. Spanish women reported a lower prevalence of depressive symptoms (10.0%) than Mexican women (20.3%). Regression analyses showed that previous prenatal anxiety and lack of family emotional support were common risk factors to the two countries. Within each country, significant risk factors included: (a) previous depression history ($\beta=0.224$; $p<0.001$) in Spain; and (b) unplanned pregnancy ($\beta=-0.116$; $p<0.027$), lack of emotional support from others ($\beta=0.129$; $p<0.032$), marital dissatisfaction ($\beta=0.186$; $p<0.009$), and life stress due to financial problems ($\beta=0.117$; $p<0.026$), and life stress due to marital problems ($\beta=0.114$; $p<0.040$) in Mexico. Health professionals can tailor interventions to their particular risk factors to reduce the adverse effects on mothers and infants.

DETAILS

Subject: Risk reduction; Womens health; Mental depression; Cultural differences; Spanish language; Crosscultural studies; Risk factors; Health problems; Infants; Side effects; Marriage; Emotions; Anxiety; Pregnancy; Women; Unplanned pregnancy; Cultural factors; Medical personnel; Life stress; Stress; Emotional support; Antenatal care; Mothers; Prenatal care; Economic problems; Maternal and infant welfare; Crosscultural analysis; Marital relations

Location: Mexico; Spain

Identifier / keyword: Prenatal depression; Prevalence; Risk factors; Spain; Mexico

Publication title: Culture, Medicine and Psychiatry; New York

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Embodied Memory, Affective Imagination, and Vigilance: Navigating Food Allergies in Japan

Cook, Emma E ¹

¹ Hokkaido University, Modern Japanese Studies Program, Sapporo, Japan (GRID:grid.39158.36) (ISNI:0000 0001 2173 7691)

[ProQuest document link](#)

ABSTRACT (ENGLISH)

“Food is relationships isn’t it,” Yamada san stated in 2017, neatly capturing the importance of food in social life. This article, drawing on the experiences of people with severe food allergies in Japan, illustrates the complexities of safely managing allergies when food—and the importance of sharing the *same* food—is so important to social life. In particular, I argue that individuals develop and practice skills of vigilance and situational awareness to mitigate physical and social risk which emerge through an affective imagination of what they feel *could* happen in the future, built on embodied memories of what has been experienced prior (e.g., severe allergic reactions and difficult social experiences with food). The development and enactment of these skills of vigilance happen through an ‘education of attention’ (Gibson in *The ecological approach to visual perception*, Psychology Press, New York, 1979; Ingold in *The perception of the environment: essays on livelihood, dwelling and skill*, Routledge, London, 2000) developed over time and in different social settings and constitute a somatic mode of attention (Csordas in *Cult Anthropol* 8:135–156, 1993) which shapes social interactions and aims to mitigate against any potential perceived social costs for not being able to eat everything.

DETAILS

Subject: Enactment; Social costs; Skills; Social experiences; Food allergies; Ecological approach; Vigilance; Psychology; Visual perception; Food; Social interaction; Allergies; Social environment; Consciousness; Attention; Imagination; Memories; Livelihood; Social life & customs

Location: Japan

Identifier / keyword: Food allergies; Embodied memory; Affective imagination; Education of attention; Vigilance; Japan

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ProQuest document ID:	2583218481
Document URL:	https://www.proquest.com/scholarly-journals/embodied-memory-affective-imagination-vigilance/docview/2583218481/se-2?accountid=211160
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“We Need Other Human Beings in Order to be Human”: Examining the Indigenous Philosophy of Umunthu and Strengthening Mental Health Interventions

Wright, Jerome ¹

; Jayawickrama Janaka ² ¹ University of York, Department of Health Sciences, Heslington, UK (GRID:grid.5685.e) (ISNI:0000 0004 1936 9668) ² University of York, Department of Health Sciences, Heslington, UK (GRID:grid.5685.e) (ISNI:0000 0004 1936 9668); College of Liberal Arts, Shanghai University, Centre for Community Wellbeing, Department of History, Shanghai, China (GRID:grid.39436.3b) (ISNI:0000 0001 2323 5732)

[ProQuest document link](#)

ABSTRACT (ENGLISH)

This paper examines how cultural, historical and contemporary perspectives of mental health continue to inform ways of understanding and responding to mental distress even under the biomedical gaze of the Movement for Global Mental Health (MGMH). Based on experiences in Malawi, the authors explore three prominent interventions (practical support, counselling and support groups) employed by village health workers within a mental health task-shifting initiative and reveal how the ancient philosophy of *Umunthu* with its values of interconnectedness, inclusion and inter-relationships informs and shapes the direction of these interventions. Practical support is marshalled through traditional village structures, counselling provides advice and an encouragement to hope, and support groups provide a place for emotional exchange and a forum for the enactment of values, reflection and reinforcement of *Umunthu*. What are pronounced as biomedical psychosocial interventions are in fact the delivery of culturally embedded therapeutic approaches. Historical and socio-political evidence is offered to explain the dominance of biomedical perspectives and the HSAs' responses and a call is made for a transformation of MGMH to embrace rich philosophies such as *Umunthu* and enact respectful, inclusive and democratic values to enlist collaborations between equals to develop relevant and effective knowledge and local responses to mental distress.

DETAILS

Subject:	Mental health services; Enactment; Intervention; Philosophy; Reinforcement; Counseling; Values; Psychosocial intervention; Support groups; Transformation; Psychosocial factors; Connectedness; Psychological distress; Biomedicine; Local knowledge; Mental health; Dominance; Therapeutic approaches; Intergenerational relationships
Identifier / keyword:	Umunthu; Malawi; Mental distress; Collaboration; Health Surveillance Assistants
Publication title:	Culture, Medicine and Psychiatry; New York
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Pages:	613-628
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Place of publication:	New York
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Document URL:	https://www.proquest.com/scholarly-journals/we-need-other-human-beings-order-be-examining/docview/2583218466/se-2?accountid=211160
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Synchronization and Syncopation: Conceptualizing Autism Through Rhythm

Christensen Fie Lund Lindegaard ^{1 1} Aarhus University, Department of Anthropology, School of Culture and Society, Aarhus C, Denmark (GRID:grid.7048.b) (ISNI:0000 0001 1956 2722)

ABSTRACT (ENGLISH)

In this article, I argue that rhythm is a key concept in understanding autism. The article builds on fieldwork conducted amongst autistic children at two specialized institutions in Denmark, as well as interviews with parents of autistic children, some of whom were also autistic themselves. The paper draws on Lefebvre's theory of 'rhythmanalysis' and treats rhythm as a 'way of being'. Viewing autism as a rhythm by using locutions expressed by my interlocutors, such as staccato, schematic, robotic, desynchronized, not tuning in and dissonant, illustrates the many ways to perceive social interaction as rhythmic. I add to this the concept of syncopation, to describe some of the most common features associated with autism, pointing to a non-pathological way of being irregular or offbeat. This 'non-pathologizing language' communicates both the challenges and contributions of social interactions between autistic people and their friends and family members.

DETAILS

Subject:	Parent-child relations; Autistic children; Rhythm; Social interaction; Interpersonal communication; Relatives; Autism; Children; Friendship
Literature indexing term:	Author: Lefebvre, Henri, 1901-1991
People:	Lefebvre, Henri (1901-1991)
Identifier / keyword:	Denmark; Autism; Sociality; Neurodiversity; Rhythm
Publication title:	Culture, Medicine and Psychiatry; New York
Volume:	45
Issue:	4
Pages:	683-705
Publication year:	2021
Publication date:	Dec 2021
Publisher:	Springer Nature B.V.
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Country of publication:	Netherlands, New York
Publication subject:	Medical Sciences, Medical Sciences--Psychiatry And Neurology, Anthropology
ISSN:	0165005X
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Language of publication:	English
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Online publication date:	2021-01-02
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“Thinking Too Much”: A Systematic Review of the Idiom of Distress in Sub-Saharan Africa

Backe, Emma Louise ¹

; Bosire, Edna N ² ; Kim, Andrew Wooyoung ³ ; Mendenhall, Emily ⁴ ¹ The George Washington University, Department of Anthropology, Washington, USA (GRID:grid.253615.6) (ISNI:0000 0004 1936 9510) ² University of the Witwatersrand, SAMRC/Wits Developmental Pathways for Health Research Unit (DPHRU), School of Clinical Medicine, Faculty of Health Sciences, Johannesburg, South Africa (GRID:grid.11951.3d) (ISNI:0000 0004 1937 1135) ³ University of the Witwatersrand, SAMRC/Wits Developmental Pathways for Health Research Unit (DPHRU), School of Clinical Medicine, Faculty of Health Sciences, Johannesburg, South Africa (GRID:grid.11951.3d) (ISNI:0000 0004 1937 1135); Northwestern University, Department of Anthropology, Evanston, USA (GRID:grid.16753.36) (ISNI:0000 0001 2299 3507) ⁴ University of the Witwatersrand, SAMRC/Wits Developmental Pathways for Health Research Unit (DPHRU), School of Clinical Medicine, Faculty of Health Sciences, Johannesburg, South Africa (GRID:grid.11951.3d) (ISNI:0000 0004 1937 1135); Georgetown University, Edmund A Walsh School of Foreign Service, Washington, USA (GRID:grid.213910.8) (ISNI:0000 0001 1955 1644)

ABSTRACT (ENGLISH)

Idioms of distress have been employed in psychological anthropology and global mental health to solicit localized understandings of suffering. The idiom “thinking too much” is employed in cultural settings worldwide to express feelings of emotional and cognitive disquiet with psychological, physical, and social consequences on people’s well-being and daily functioning. This systematic review investigates how, where, and among whom the idiom “thinking too much” within varied Sub-Saharan African contexts was investigated. We reviewed eight databases and identified 60 articles, chapters, and books discussing “thinking too much” across Sub-Saharan Africa. Across 18 Sub-Saharan African countries, literature on “thinking too much” focused on particular sub-populations, including clinical populations, including people living with HIV or non-communicable diseases, and women experiencing perinatal or postnatal depression; health workers and caregivers; and non-clinical populations, including refugees and conflict-affected communities, as well as community samples with and without depression. “Thinking too much” reflected a broad range of personal, familial, and professional concerns that lead someone to be consumed with “too many thoughts.” This research demonstrates that “thinking too much” is a useful idiom for understanding rumination and psychiatric distress while providing unique insights within cultural contexts that should not be overlooked when applied in clinical settings.

DETAILS

Subject:	Databases; Mental depression; Caregivers; Rumination; Perinatal; Anthropology; Human immunodeficiency virus--HIV; Systematic review; Alcoholism; Women; Idioms; Refugees; Psychological anthropology; Well being; Cognition; Postpartum depression; Psychological distress; Cultural factors; Infectious diseases; Mental disorders; Mental health
Location:	Sub-Saharan Africa
Identifier / keyword:	Idioms of distress; Thinking too much; Sub-Saharan Africa; Mental health
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Society as Cause and Cure: The Norms of Transgender Social Medicine

Slagstad Ketil ¹

¹ University of Oslo, Institute of Health and Society, Oslo, Norway (GRID:grid.5510.1) (ISNI:0000 0004 1936 8921); Charité Universitätsmedizin Berlin, Institut für Geschichte der Medizin und Ethik in der Medizin, Berlin, Germany (GRID:grid.6363.0) (ISNI:0000 0001 2218 4662)

[ProQuest document link](#)

ABSTRACT (ENGLISH)

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

DETAILS

Subject:	Diagnostic tests; Physicians; Negotiation; Social workers; Medicine; Cure; Disorders; Sex change surgery; Oral history; Pathology; Psychiatry; Transgender persons; Medical personnel; Social factors; Welfare state; Therapy; Patients; Medical records; Psychiatrists; Therapeutic approaches; Social education
Identifier / keyword:	Transgender history; History of social medicine; History of psychiatry; Medical transition
Publication title:	Culture, Medicine and Psychiatry; New York
Volume:	45
Issue:	3
Pages:	456-478
Publication year:	2021
Publication date:	Sep 2021
Publisher:	Springer Nature B.V.
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Publication subject:	Medical Sciences, Medical Sciences--Psychiatry And Neurology, Anthropology
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Before and After Prozac: Psychiatry as Medicine, and the Historiography of Depression

Sadowsky, Jonathan ¹ ¹ Case Western Reserve University, Department of History, Cleveland, USA (GRID:grid.67105.35) (ISNI:0000 0001 2164 3847)

[ProQuest document link](#)

ABSTRACT (ENGLISH)

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

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

DETAILS

Subject:	Historiography; Psychiatry; Medicine; Prescription drugs; Mental depression; Drugs; Cultural factors; Fluoxetine; Social research
Identifier / keyword:	Depression; Psychiatry; Prozac; Historiography
Publication title:	Culture, Medicine and Psychiatry; New York
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Pages:	479-502
Publication year:	2021
Publication date:	Sep 2021
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Country of publication:	Netherlands, New York
Publication subject:	Medical Sciences, Medical Sciences--Psychiatry And Neurology, Anthropology
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Getting On in Gotham: The Midtown Manhattan Study and Putting the “Social” in Psychiatry

Smith, Matthew ¹¹ University of Strathclyde, Centre for the Social History of Health and Healthcare, Glasgow, UK (GRID:grid.11984.35) (ISNI:0000000121138138)[ProQuest document link](#)

ABSTRACT (ENGLISH)

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

DETAILS

Subject:	Social isolation; Poverty; Sociocultural factors; Social psychiatry; Brain; Mental disorders; Mental health care; Psychopathology; Newspapers; World War II; Oral history; Psychiatry; Medicine; Interdisciplinary aspects; Physicians; Mental health
Publication title:	Culture, Medicine and Psychiatry; New York
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Transcultural Psychiatry: Cultural Difference, Universalism and Social Psychiatry in the Age of Decolonisation

Antić Ana ¹

¹ University of Copenhagen, Department of English, Germanic and Romance Studies, Copenhagen, Denmark (GRID:grid.5254.6) (ISNI:0000 0001 0674 042X)

[ProQuest document link](#)

ABSTRACT (ENGLISH)

In the mid-twentieth century, in the aftermath of WWII and the Nazi atrocities and in the midst of decolonisation, a new discipline of transcultural psychiatry was being established and institutionalised. This was part and parcel of a global political project in the course of which Western psychiatry attempted to leave behind its colonial legacies and entanglements, and lay the foundation for a more inclusive, egalitarian communication between Western and non-Western concepts of mental illness and healing. In this period, the infrastructure of post-colonial global and transcultural psychiatry was set up, and leading psychiatric figures across the world embarked on identifying, debating and sometimes critiquing the universal psychological characteristics and psychopathological mechanisms supposedly shared among all cultures and civilisations. The article will explore how this psychiatric, social and cultural search for a new definition of ‘common humanity’ was influenced and shaped by the concurrent global rise of social psychiatry. In the early phases of transcultural psychiatry, a large number of psychiatrists were very keen to determine how cultural and social environments shaped the basic traits of human psychology, and ‘psy’ practitioners and anthropologist from all over the world sought to re-define the relationship between culture, race and individual psyche. Most of them worked within the universalist framework, which posited that cultural differences merely formed a veneer of symptoms and expressions while the universal core of mental illness remained the same across all cultures. The article will argue that, even in this context, which explicitly challenged the hierarchical and racist paradigms of colonial psychiatry, the founding generations of transcultural psychiatrists from Western Europe and North America tended to conceive of broader environmental determinants of mental health and pathology in the decolonising world in fairly reductionist terms—focusing almost exclusively on ‘cultural difference’ and cultural, racial and ethnic ‘traditions’, essentialising and reifying them in the process, and failing to establish some common sociological or economic categories of analysis of Western and non-Western ‘mentalities’. On the other hand, it was African and Asian psychiatrists as well as Marxist psychiatrists from Eastern Europe who insisted on applying those broader social psychiatry concepts—such as social class, occupation, socio-economic change, political and group pressures and relations etc.—which were quickly becoming central to mental health research in the West but were

largely missing from Western psychiatrists' engagement with the decolonising world. In this way, some of the leading non-Western psychiatrists relied on social psychiatry to establish the limits of psychiatric universalism, and challenge some of its Eurocentric and essentialising tendencies. Even though they still subscribed to the predominant universalist framework, these practitioners invoked social psychiatry to draw attention to universalism's internal incoherence, and sought to revise the lingering evolutionary thinking in transcultural psychiatry. They also contributed to re-imagining cross-cultural encounters and exchanges as potentially creative and progressive (whereas early Western transcultural psychiatry primarily viewed the cross-cultural through the prism of pathogenic and traumatic 'cultural clash'). Therefore, the article will explore the complex politics of the shifting and overlapping definitions of 'social' and 'cultural' factors in mid-twentieth century transcultural psychiatry, and aims to recover the revolutionary voices of non-Western psychiatrists and their contributions to the global re-drawing of the boundaries of humanity in the second half of the twentieth century.

DETAILS

Subject:	Political change; Cultural differences; Racism; Social psychiatry; Postcolonialism; Mental health care; Politics; Mental disorders; Race; Economic sociology; Health research; Decolonization; Cultural conflict; Economic change; Infrastructure; Creativity; Race relations; Psychiatry; Universalism; Cultural factors; 20th century; Medical research; Psychology; Social classes; Multiculturalism & pluralism; Colonialism; Psychiatrists; Founding; Healing; Socioeconomic change; Social change; Psychopathology; Socioeconomic factors; Trauma; Boundaries; Pathology; Egalitarianism; Cultural universals; Social factors; Mental health; Traditions; Atrocities
Identifier / keyword:	Transcultural psychiatry; Cultural difference; Social psychiatry; Decolonization
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Publication year:	2021
Publication date:	Sep 2021
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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Concluding Remarks

Kleinman, Arthur ^{1 1} Harvard University, Cambridge, USA (GRID:grid.38142.3c)
(ISNI:000000041936754X)

[ProQuest document link](#)

ABSTRACT (ENGLISH)

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

DETAILS

Subject:	Public health; Psychotherapy; Medical anthropology; Psychiatry; Medicine; Science; Mental health care; Social sciences; Mental disorders; Criticism
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Pages:	503-505
Number of pages:	3
Publication year:	2021
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Assembling Adjustment: Parergasia, Paper Technologies, and the Revision of Recovery

Healey, Michael N ¹

¹ Johns Hopkins University, Department of the History of Medicine, Baltimore, USA
(GRID:grid.21107.35) (ISNI:0000 0001 2171 9311)

[ProQuest document link](#)

ABSTRACT (ENGLISH)

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

DETAILS

Subject: Historians; Deinstitutionalization; Recovery; Dementia; Schizophrenia; Community mental health services; Longitudinal studies; Hospitalization; Leadership; Social factors; Medicine; Community health care; Patients; Psychiatric services; Mental disorders; Concept formation; Alternative approaches; Mental health

Identifier / keyword: History; Mental health; Recovery; Schizophrenia; Paper technology

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

Edington, Claire ¹

¹ University of California, Associate Professor of History, San Diego, USA (GRID:grid.266100.3) (ISNI:0000 0001 2107 4242); Department of History, Humanities and Social Sciences Building, La Jolla, USA (GRID:grid.266100.3)

[ProQuest document link](#)

ABSTRACT (ENGLISH)

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

DETAILS

Subject:	Developing countries--LDCs; Public health; Health services; Health problems; Postcolonialism; Health needs; Decolonization; Medicine; Rural areas; Overcrowding; History; Psychiatry; Institutionalized; Social networks; Rural communities; Colonialism; Psychiatrists
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Introduction to Special Issue: Psychiatry as Social Medicine

Lie Anne Kveim ¹

; Greene, Jeremy ^{2 1} University of Oslo, Institute for Health and Society, Oslo, Norway

(GRID:grid.5510.1) (ISNI:0000 0004 1936 8921) ² Johns Hopkins University, Institute for the History of Medicine and the Center for Medical Humanities & Social Medicine, Baltimore, USA (GRID:grid.21107.35) (ISNI:0000 0001 2171 9311)

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

Braslow, Joel T ¹

¹ UCLA, Department of Psychiatry and Biobehavioral Sciences, Los Angeles, USA (GRID:grid.19006.3e) (ISNI:0000 0000 9632 6718); UCLA, Department of History, Los Angeles, USA (GRID:grid.19006.3e) (ISNI:0000 0000 9632 6718); David Geffen School of Medicine, UCLA, Center for Social Medicine and Humanities, Jane and Terry Semel Institute for Neuroscience and Human Behavior, Los Angeles, USA (GRID:grid.19006.3e) (ISNI:0000 0000 9632 6718)

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ABSTRACT (ENGLISH)

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

DETAILS

Subject: Hospitals; Psychosis; Drugs; Suffering; Schizophrenia; Psychiatry; Psychotropic drugs; Life history; Case records; Transformation; Social policy; Social environment; Patients; Ideology; Psychiatrists

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McMullin, J., Rushing, S., Sueyoshi, M., & Jaroslava, S. (2021). Reanimating the body: Comics creation as an embodiment of life with cancer. *Culture, Medicine and Psychiatry*, 45(4), 775-794.
doi:<https://doi.org/10.1007/s11013-020-09703-4>

Cancer is regarded as a disease that redefines an individual's life and relationships. The medicalization and reclamation of the individual's sense of body, self, and social life have been long examined by psychiatry and anthropology alike. We argue that creating comics is a form of artistic narrative that affirms and proclaims the existence of a past and future possibilities for individuals diagnosed with cancer. Despite the interconnections among lived experience and meaning making, little attention has been paid to the potential therapeutic effects of comics creation. Individuals diagnosed with cancer were recruited for ten weekly comics making workshops. Data include qualitative interviews and workshop observations. Six women who were diagnosed with cancer consented to participate. Meaning making themes included (1) slowing down to process their experiences, (2) expressing frustration with medical encounters, and (3) reflecting on traumatic relationships. The process of redefining their cancer experience connects the sufferer's individual and social context. We find that the physical act of 'making' comics works to create meaning and an embodied expression of meaning. Creating comics, for our participants, offered multiple entry points and perspectives for redefining their stories that provided new insights and paths to explore their medical traumas and reanimating their bodies.

Lindberg, L. G., Johansen, K. S., Kristiansen, M., Signe, S., & Carlsson, J. (2021). Negotiating engagement, worthiness of care and cultural identities through intersubjective recognition: Migrant patient perspectives on the cultural formulation interview in danish mental healthcare. *Culture, Medicine and Psychiatry*, 45(4), 629-654.
doi:<https://doi.org/10.1007/s11013-020-09694-2>

This qualitative study presents migrant patient perspectives on using the Cultural Formulation Interview (CFI) in mental health assessments in Denmark. Empirical data consisted of 20 recorded CFI sessions and 16 patient interviews, coded with a constructivist grounded theory approach. Empirical findings prompted us to draw on the theoretical framework of intersubjective recognition in the analytical process. Our analysis showed how patients had multiple previous experiences of misrecognition in life and healthcare. This seemed to restrain their self-esteem and available positions for expressing preferences and reservations during the CFI and led to negotiations of worthiness of care. Despite occasional lack of flow and information in the recorded CFI sessions, patients subsequently recounted how they felt the CFI recognised the complexity and context of their cultural identities and illness narratives. Patients described how the CFI-guided provider approach of curiosity and empowerment carried significant meaning and left them feeling dignified, hopeful and engaged in future care. Intersubjective recognition is fundamental in all human interaction, but we argue that the recognising CFI approach is particularly important in vulnerable and asymmetrical mental health assessment encounters where access to care is determined and when working with migrants or other marginalised groups.

LaMarre, A., & Rice, C. (2021). Recovering uncertainty: Exploring eating disorder recovery in context. *Culture, Medicine and Psychiatry*, 45(4), 706-726. doi:<https://doi.org/10.1007/s11013-020-09700-7>

Attending to the shades of grey in eating disorder recovery may help to illuminate possibilities for navigating recoveries in their full complexity and diversity. There is a need for more complexity and flexibility in understandings of the timelines, processes, endpoints, and versions of eating disorder recoveries. In this article, we explore eating disorder recovery as a dynamic, intercorporeal, and non-linear process. Drawing on interviews with 20 people doing significantly better than they were during a time of acute distress around food and body, we articulate "recoveries" in relation to four themes: Fuzzy Logics of Time, Not Only Recovered, Recovery is Not All Sunshine and Rainbows, and The Life of Recovery. These themes speak to the ways in which participants struggled to articulate the temporalities of their recoveries, situated recovery as one among many events and processes that shaped their being in the world, resisted "too perfect" articulations of recovery journeys/ endpoints, and described preferred versions of and open-ended guidelines for recovery. We argue that eating disorder recoveries are as complicated

and messy as lives themselves and are equally entangled in social contexts. We suggest that articulations of recovery be attuned to power dynamics as they operate in dictating which performances of eating disorders and recovery will be honoured as “legitimate” and whose pathways to recovery will be respected.

Nash, C. (2021). Doodling as a measure of burnout in healthcare researchers. *Culture, Medicine and Psychiatry*, 45(4), 565-598. doi:<https://doi.org/10.1007/s11013-020-09690-6>

Burnout adversely affects healthcare researchers, their place of employment, and the production of valuable research. It is directly associated with symptoms of depression and anxiety. Having an easily employed and reliable measure of depression and anxiety in healthcare researchers is important if burnout is to be diminished. Doodling may be one such measure. Doodling became a possible indicator based on unexpected outcomes associated with one diverse and voluntary health narrative research group where doodling was introduced. The result, with respect to casual, self-reported levels of depression and anxiety, ranged from researchers expressing low levels of distress to those revealing clinical diagnoses of depression and anxiety. Changes to doodling execution and content, and their effect on the doodler—metrics previously unmentioned in the literature—hold promise for evaluating depression and anxiety levels of researchers. Maligned in academic settings with increasingly punitive outcomes, doodling should be reassessed as a possible indicator of internal states of distress, dysphoria, depression, and anxiety based on this University of Toronto Health Narratives Research Group result of doodling. Under certain well-defined conditions, variations in doodling may serve as a measure of change in these internal states and, therefore, act as an aid in reducing burnout.

Hinton, D. E. (2021). Auditory hallucination among traumatized cambodian refugees: PTSD association and biocultural shaping. *Culture, Medicine and Psychiatry*, 45(4), 727-750. doi:<https://doi.org/10.1007/s11013-020-09701-6>

At a psychiatric refugee clinic for survivors of the Khmer Rouge genocide, a survey revealed that 42% (38/90) had auditory hallucinations (AHs) in the last month. Of those with AHs, 87% (33/38) had PTSD, whereas of those without AHs, 31% (16/52) had PTSD, giving a chi square of 27.8, $p < .001$, odds ratio 14.8 (4.8–45). Most AHs were of a “ghost summoning” (khmaoch hao), considered an exhortation to go with a ghost (e.g., hearing “Please come with me, younger sister”), experienced by 73% percent of patients with AHs. The voices were always exterior and usually loud and clear. AHs were heard most often during hypnagogia (i.e., upon falling asleep or awakening), experienced by 72% of patients with AHs, whereas 42% of patients with AHs experienced AHs when fully awake. AHs were almost always attributed to a ghost, giving rise to great fear: of having the “soul” called away or of being frightened to death. AH episodes almost always triggered trauma recall. AHs caused patients to undertake certain actions to address acute episodes and to prevent further ones. To illustrate these processes, cases are provided. AH appears to be a key part of the Cambodian bioculturally shaped trauma subjectivity.

Stefan, E. (2021). Depression, deprivation, and dysbiosis: Polyiatrogenesis in multiple chronic illnesses. *Culture, Medicine and Psychiatry*, 45(4), 507-524. doi:<https://doi.org/10.1007/s11013-020-09699-x>

Biomedicine tends to treat “mental” illnesses as if they could be isolated from multiple social and somatic problems. Yet mental suffering is inseparable from complex somatosocial relations. Clinical fieldwork in a deprived area of the UK shows that nearly all the people treated for “depression” are chronically multimorbid, both in their bodies and in their social relations. Mental suffering is co-produced by poverty, trauma, and excessive medication use. Patients’ guts are as imbalanced as their moods. Single vertical treatments make them worse rather than better. In the UK, patients in poorer neighbourhoods do not “lack access” to healthcare. If anything, they suffer from taking too many medications with too little integration. I conceptualize the bad effects of excessive interventions in patients with multiple chronic problems as polyiatrogenesis.

Hirshbein, L., Im, D., & Ayubbi, I. K. (2021). Leaning into perplexity: A case of a patient who did not want treatment but also did not want to leave. *Culture, Medicine and Psychiatry*, 45(4), 525-543. doi:<https://doi.org/10.1007/s11013-020-09704-3>

This article presents the case of a young, second generation American Muslim man who was admitted involuntarily to an adult psychiatric inpatient unit. The patient's clinical picture was unclear—the treatment team was unsure if he demonstrated signs and symptoms of bipolar disorder or if a personality disorder (antisocial or narcissistic) better explained his presentation. His clinical picture after a couple of weeks of hospitalization was not sufficiently acute that he needed to remain in the hospital, but he refused to leave because he wanted documentation that he had no mental illness. This article considers the patient's history, the nuances of psychiatric diagnosis, the issues involving psychiatry and the law that arose in this case, and the collaboration of the psychiatric providers with the Chaplain Imam at the hospital. The case illustrates a collision between the limitations of science and the expectations of the patient and his family within our broader social, cultural, and professional contexts.

Domonkos, S. (2021). From lay depression narratives to secular ritual healing: An online ethnography of mental health forums. *Culture, Medicine and Psychiatry*, 45(4), 751-774. doi:<https://doi.org/10.1007/s11013-020-09702-5>

The article aims at analysing online depression forums enabling lay reinterpretation and criticism of expert biomedical discourses. Firstly, two contrasting interpretations of depression are reconstructed: expert psychodiscourses are confronted with the phenomenological descriptions of lay experiences, with a special emphasis on online forums as empirical platforms hosting such debates. After clarifying the general theoretical stakes concerning contested 'depression narratives', the results of an online ethnography are introduced: the main topics appearing in online discussions are summarised (analysing how the abstract tensions between lay and expert discourses appear in the actual discussions), along with the idealtypical discursive logics (analysing pragmatic advises, attempts of reframing self-narratives and expressions of unconditional recognition). Finally, based on these analyses an attempt is made to explore the latent functionality of online depression forums by referring to a secular 'ritual healing' existing as an unreflected, contingent potential.

Marcos-Nájera, R., Rodríguez-Muñoz, M. F., Lara Ma Asunción, Navarrete, L., & Le Huynh-Nhu. (2021). A cross-cultural analysis of the prevalence and risk factors for prenatal depression in Spain and Mexico. *Culture, Medicine and Psychiatry*, 45(4), 599-612. doi:<https://doi.org/10.1007/s11013-020-09691-5>

The prevalence and risk factors associated with prenatal depression among Spanish-speaking women in Spain and Mexico are examined and compared through a cross-cultural study. The study utilizes secondary data from 563 participants who received prenatal care in Madrid (N=283) and in Mexico City (N=280), assessed with the PHQ-9 and the PDPI-R. Spanish women reported a lower prevalence of depressive symptoms (10.0%) than Mexican women (20.3%). Regression analyses showed that previous prenatal anxiety and lack of family emotional support were common risk factors to the two countries. Within each country, significant risk factors included: (a) previous depression history ($\beta=0.224$; $p<0.001$) in Spain; and (b) unplanned pregnancy ($\beta=-0.116$; $p<0.027$), lack of emotional support from others ($\beta=0.129$; $p<0.032$), marital dissatisfaction ($\beta=0.186$; $p<0.009$), and life stress due to financial problems ($\beta=0.117$; $p<0.026$), and life stress due to marital problems ($\beta=0.114$; $p<0.040$) in Mexico. Health professionals can tailor interventions to their particular risk factors to reduce the adverse effects on mothers and infants.

Cook, E. E. (2021). Embodied memory, affective imagination, and vigilance: Navigating food allergies in Japan. *Culture, Medicine and Psychiatry*, 45(4), 544-564. doi:<https://doi.org/10.1007/s11013-020-09689-z>

"Food is relationships isn't it," Yamada san stated in 2017, neatly capturing the importance of food in social life. This article, drawing on the experiences of people with severe food allergies in Japan, illustrates the complexities of safely managing allergies when food—and the importance of sharing the same food—is so important to social life. In particular, I argue that individuals develop and practice skills of vigilance and situational awareness to mitigate physical and social risk which emerge through an affective imagination of what they feel could happen in the future, built on embodied memories of what has been experienced prior (e.g., severe allergic reactions and difficult social experiences with food). The development and enactment of these skills of vigilance happen through an 'education of attention' (Gibson in *The ecological approach to visual perception*, Psychology Press, New York, 1979; Ingold in *The perception of the environment: essays on livelihood, dwelling and skill*, Routledge, London, 2000) developed over

time and in different social settings and constitute a somatic mode of attention (Csordas in *Cult Anthropol* 8:135–156, 1993) which shapes social interactions and aims to mitigate against any potential perceived social costs for not being able to eat everything.

Wright, J., & Janaka, J. (2021). "We need other human beings in order to be human": Examining the indigenous philosophy of umunthu and strengthening mental health interventions. *Culture, Medicine and Psychiatry*, 45(4), 613-628. doi:<https://doi.org/10.1007/s11013-020-09692-4>

This paper examines how cultural, historical and contemporary perspectives of mental health continue to inform ways of understanding and responding to mental distress even under the biomedical gaze of the Movement for Global Mental Health (MGMH). Based on experiences in Malawi, the authors explore three prominent interventions (practical support, counselling and support groups) employed by village health workers within a mental health task-shifting initiative and reveal how the ancient philosophy of Umunthu with its values of interconnectedness, inclusion and inter-relationships informs and shapes the direction of these interventions. Practical support is marshalled through traditional village structures, counselling provides advice and an encouragement to hope, and support groups provide a place for emotional exchange and a forum for the enactment of values, reflection and reinforcement of Umunthu. What are pronounced as biomedical psychosocial interventions are in fact the delivery of culturally embedded therapeutic approaches. Historical and socio-political evidence is offered to explain the dominance of biomedical perspectives and the HSAs' responses and a call is made for a transformation of MGMH to embrace rich philosophies such as Umunthu and enact respectful, inclusive and democratic values to enlist collaborations between equals to develop relevant and effective knowledge and local responses to mental distress.

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