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Unraveling Trust Issues Towards Mental Health Professionals Among Bedouin-Arab Minority in Israel

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ABSTRAK (ENGLISH)

Trust in mental health professionals and services profoundly impacts health outcomes. However, understanding trust in mental health professionals, especially in ethnic minority contexts, is lacking. To explore this within the Bedouin-Arab minority, a qualitative study conducted semi-structured interviews with 25 Bedouins in southern Israel. Participants were primarily female (60%) married (60%), averaging 34.08 years old. Employing grounded theory, three themes emerged. Firstly, concerns about confidentiality were central, eroding trust due to societal repercussions. Secondly, factors influencing confidentiality concerns and distrust were tied to Bedouin-Arab social structures and cultural values rather than professional attributes. Lastly, the consequences of distrust included reduced help-seeking. This study enriches the understanding of trust in mental health professionals among non-Western ethnic minorities, highlighting how cultural factors shape perceptions of mental health services and distrust. Addressing confidentiality worries demands Bedouin mental health professionals to acknowledge hurdles, build community ties, and demonstrate expertise through personal connections and events.

Necropolitics of Death in Neurodegeneration

de la Rosa, T; Berrocoso, E; Scorza, F. A.

[Link dokumen ProQuest](#)

ABSTRAK (ENGLISH)

Neurodegenerative diseases (ND) pose significant challenges for biomedicine in the twenty-first century, particularly considering the global demographic ageing and the subsequent increase in their prevalence. Characterized as progressive, chronic and debilitating, they often result in higher mortality rates compared with the general population. Research agendas and biomedical technologies are shaped by power relations, ultimately affecting patient wellbeing and care. Drawing on the concepts of bio- and necropolitics, introduced by philosophers Foucault and Mbembe, respectively, this perspective examines the interplay between the territoriality and governmentality around demographic ageing, ND and death, focussing on knowledge production as a *dispositif* of power by highlighting the marginal role that the phenomenon of mortality plays in the ND research landscape. We propose a shift into acknowledging the coloniality of knowledge and embracing its situatedness to attain knowledge 'from death', understood as an epistemic position from which novel approaches and practices could emerge.

Detransition Narratives Trouble the Simple Attribution of Madness in Transantagonistic Contexts: A Qualitative Analysis of 16 Canadians' Experiences

Gould, Wren Ariel; MacKinnon, Kinnon R; Lam, June Sing Hong; Enxuga, Gabriel; Abramovich, Alex; dkk.

[Link dokumen ProQuest](#)

ABSTRAK (ENGLISH)

Emerging evidence suggests that transgender individuals are more likely than cisgender peers to receive a diagnosis with a primary mental disorder. Attributions of madness, though, may serve the social function of dismissing and discrediting transgender individual's self-perceptions. The narratives of individuals who stop or reverse an initial gender transition who also identify as living with mental health conditions can sometimes amplify these socio-political discourses about transgender people. Through a critical mental health lens, this article presents a qualitative analysis of 16 individuals who stopped or reversed a gender transition and who also reported a primary mental health condition. Semi-structured, virtual interviews were conducted with people living in Canada. Applying constructivist grounded theory methodology, and following an iterative, inductive approach to analysis, we used the constant comparative method to analyse these 16 in-depth interviews. Results show rich complexity such that participants narrated madness in nuanced and complex ways while disrupting biased attitudes that madness discredited their thoughts and feelings, including prior gender dysphoria. Instead, participants incorporated madness into expanding self-awareness and narrated their thoughts and feelings as valid and worthy. Future research must consider provider's perspectives, though, in treating mad individuals who detransitioned, since alternate gender-affirming care models may better support the identification and wellness of care-seeking individuals who may be identified (in the past, present, or future) as mad.

"I Felt Like I Was Cut in Two": Postcesarean Bodies and Complementary and Alternative Medicine in Switzerland

Chautems, Caroline.

[Link dokumen ProQuest](#)

ABSTRAK (ENGLISH)

In neoliberal cultural contexts, where the ideal prevails that female bodies should be unchanged by reproductive processes, women often feel uncomfortable with their postpartum bodies. Cesareaned women suffer from additional

discomfort during the postpartum period, and cesarean births are associated with less satisfying childbirth experiences, fostering feelings of failure among women who had planned a vaginal delivery. In Switzerland, one in three deliveries is a cesarean. Despite the frequency of this surgery, women complain that their biomedical follow-up provides minimal postpartum support. Complementary and alternative medicine (CAM) therapists address these issues by providing somatic and emotional postcesarean care. CAM is heavily gendered in that practitioners and users are overwhelmingly women and in that most CAM approaches rely on the essentialization of bodies. Based on interviews with cesareaned women and with CAM therapists specialized in postcesarean recovery, I explore women's postpartum experiences and how they reclaim their postcesarean bodies.

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Curiosity and Creative Experimentation Among Psychiatrists in India

Lang, Claudia; Halliburton, Murphy.

[Link dokumen ProQuest](#)

ABSTRAK (ENGLISH)

Medical anthropologists have not paid enough attention to the variation at the level of the individual practitioners of biomedicine, and anthropological critiques of biomedical psychiatry as it is practiced in settings outside the Global North have tended to depict psychiatrists in monolithic terms. In this article, we attempt to demonstrate that, at least in the case of India, some psychiatrists perceive limitations in the biomedical model and the cultural assumptions behind biomedical practices and ideologies. This paper focuses on three practitioners who supplement their own practices with local and alternative healing modalities derived from South Asian psychologies, philosophies, systems of medicine and religious and ritual practices. The diverging psychiatric practices in this paper represent a rough continuum. They range from a bold and confident psychiatrist who uses various techniques including ritual healing to another who yearns to incorporate more Indian philosophy and psychology in psychiatric practice and encourages students of ayurvedic medicine to more fully embrace the science they are learning to a less proactive psychiatrist who does not describe a desire to change his practice but who is respectful and accepting of ayurvedic treatments that some patients also undergo. Rather than simply applying a hegemonic biomedical psychiatry, these psychiatrists offer the possibility of a more locally-attuned, context sensitive psychiatric practice.

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A Glossary of Distress Expressions Among Kannada-Speaking Urban Hindu Women

Weaver, Lesley Jo; Nanjaiah, Shivamma; Begum, Fazila; Ningaiah, Nagalambika; Krupp, Karl; dkk.

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ABSTRAK (ENGLISH)

People's lived experiences of distress are complex, personal, and vary widely across cultures. So, too, do the terms and expressions people use to describe distress. This variation presents an engaging challenge for those doing intercultural work in transcultural psychiatry, global mental health, and psychological anthropology. This article details the findings of a study of common distress terminology among 63 Kannada-speaking Hindu women living in Mysuru, the second largest city in the state of Karnataka, South India. Very little existing scholarship focuses on cultural adaptation for speakers of Dravidian languages like Kannada; this study aims to fill this gap and support greater representation of this linguistic family in research on mental health, idioms of distress, and distress terminology. Between 2018 and 2019, we conducted a 3-phase study consisting of interviews, data reduction, and focus group discussions. The goal was to produce a non-exhaustive list of common Kannada distress terms that could be used in future research and practice to translate and culturally adapt mental health symptom scales or other global mental health tools.

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Managing the Long-Term Effects of Psychological Abuse on (Im)migrant Domestic Workers

Chan, Carol; Trahms, Christine.

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ABSTRAK (ENGLISH)

While researchers have highlighted the emotional distress of migrant domestic workers who experience abuse by employers, less is known about long-term effects of the psychological abuse that they experience. Drawing from a broader ethnographic study of Filipino and Indonesian migration to Chile, we analyze three Filipina domestic workers' migration narratives to examine how they narrate and manage the long-term effects of psychological abuse in the domestic workplace that they experienced more than ten years earlier. Building on insights from medical anthropology and using narrative analysis, we contribute to discussions on migrants' mental health and psychosocial wellbeing by showing how these migrants seek to make meaningful sense of their previous experiences to deal with the enduring effects. We show that they construct alternative narratives that foreground their experiences as linked to structural factors and suggest that their psychosocial wellbeing is linked to their ability to subvert or derive meaning from earlier experiences of structural violence.

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Psychiatry, Law, and Revolution: A View from Egypt

Vinea, Ana.

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ABSTRAK (ENGLISH)

In 2009, Egypt adopted the “Law for the Care of Mental Patients,” a rights-based legislation intended to bring the country’s mental health system—otherwise defined by resource gaps and chronic underfunding—closer to global standards of care. Yet, the new act stirred dissension among Egyptian psychiatrists. And, in the immediate aftermath of the 2011 uprising, debates about the 2009 law became intertwined with debates about the present and future of the ‘new Egypt.’ Based on field research in Cairo, this article provides an ethnographic analysis of the making of this mental health act and of the ensuing debates as they unfolded in 2011–2012. Showing the diverging perspectives at the core of these debates on psychiatric power, patient rights, and the law’s fit in society, the article highlights the challenges of psychiatric reform in a country of the Global South. It also argues that in a context of revolutionary upheaval, debates about psychiatric reform become a site for political reflection and provide a language for imagining the future of the nation. The article also highlights the centrality of temporality in debating psychiatric reform in times of political transformation.

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Continuum of Trauma: Fear and Mistrust of Institutions in Communities of Color During the COVID-19 Pandemic

Vázquez, Evelyn; Juturu, Preeti; Burroughs, Michelle; McMullin, Juliet; Cheney, Ann M.

[Link dokumen ProQuest](#)

ABSTRAK (ENGLISH)

Historical, cultural, and social trauma, along with social determinants of health (SDOH), shape health outcomes, attitudes toward medicine, government, and health behaviors among communities of color in the United States (U.S.). This study explores how trauma and fear influence COVID-19 testing and vaccination among Black/African American, Latinx/Indigenous Latin American, and Native American/Indigenous communities. Leveraging community-based participatory research methods, we conducted 11 virtual focus groups from January to March of 2021 with Black/African American ($n = 4$), Latinx/Indigenous Latin American ($n = 4$), and Native American/Indigenous ($n = 3$) identifying community members in Inland Southern California. Our team employed rapid analytic approaches (e.g., template and matrix analysis) to summarize data and identify themes across focus groups and used theories of intersectionality and trauma to meaningfully interpret study findings. Historical, cultural, and social trauma induce fear and mistrust in public health and medical institutions influencing COVID-19 testing and vaccination decisions in communities of color in Inland Southern California. This work showcases the need for culturally and structurally sensitive community-based health interventions that attend to the historical, cultural, and social traumas unique to racial/ethnic minority populations in the U.S. that underlie fear and mistrust of medical, scientific, and governmental institutions.

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