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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

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[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.

Negotiating Engagement, Worthiness of Care and Cultural Identities Through Intersubjective Recognition: Migrant Patient Perspectives on the Cultural Formulation Interview in Danish Mental Healthcare

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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.

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Recovering Uncertainty: Exploring Eating Disorder Recovery in Context

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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.

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Doodling as a Measure of Burnout in Healthcare Researchers

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[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.

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Auditory Hallucination Among Traumatized Cambodian Refugees: PTSD Association and

Biocultural Shaping

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[ProQuest document link](#)

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.

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

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[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.

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Leaning into Perplexity: A Case of a Patient Who Did Not Want Treatment But Also Did Not Want to Leave

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[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.

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

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[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.

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A Cross-Cultural Analysis of the Prevalence and Risk Factors for Prenatal Depression in Spain and Mexico

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[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.

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

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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.

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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

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[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.

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Synchronization and Syncopation: Conceptualizing Autism Through Rhythm

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[ProQuest document link](#)

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.

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"Thinking Too Much": A Systematic Review of the Idiom of Distress in Sub-Saharan Africa

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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.

Bibliography

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

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>

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