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10 November 2023 08:25

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## SEARCH STRATEGY

| Set No. | Searched for | Databases | Results |
|---|---|---|---|
| S1 | Culture, Medicine and Psychiatry | Ebook Central, Public Health Database, Publicly Available Content Database | 74096* |

* Duplicates are removed from your search, but included in your result count.

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

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. |
| **Place of publication:** | New York |
| **Country of publication:** | Netherlands, New York |
| **Publication subject:** | Medical Sciences, Medical Sciences--Psychiatry And Neurology, Anthropology |
| **ISSN:** | 0165005X |
| **e-ISSN:** | 1573076X |
| **Source type:** | Scholarly Journal |
| **Language of publication:** | English |
| **Document type:** | Journal Article |
| **Publication history :** | |
| **Online publication date:** | 2021-06-22 |
| **Milestone dates:** | 2021-06-03 (Registration); 2021-06-03 (Accepted) |
| **Publication history :** | |
| **First posting date:** | 22 Jun 2021 |
| **DOI:** | https://doi.org/10.1007/s11013-021-09727-4 |
| **ProQuest document ID:** | 2572072960 |
| **Document URL:** | https://www.proquest.com/scholarly-journals/society-as-cause-cure-norms-transgender-social/docview/2572072960/se-2?accountid=211160 |
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| **Last updated:** | 2022-12-10 |
| **Database:** | Public Health Database |

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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 |
| **Volume:** | 45 |
| **Issue:** | 3 |
| **Pages:** | 479-502 |
| **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 |

| | |
|---|---|
| **ISSN:** | 0165005X |
| **e-ISSN:** | 1573076X |
| **Source type:** | Scholarly Journal |
| **Language of publication:** | English |
| **Document type:** | Journal Article |
| **Publication history :** | |
| **Online publication date:** | 2021-06-23 |
| **Milestone dates:** | 2021-06-08 (Registration); 2021-06-08 (Accepted) |
| **Publication history :** | |
| **First posting date:** | 23 Jun 2021 |
| **DOI:** | https://doi.org/10.1007/s11013-021-09729-2 |
| **ProQuest document ID:** | 2572072931 |
| **Document URL:** | https://www.proquest.com/scholarly-journals/before-after-prozac-psychiatry-as-medicine/docview/2572072931/se-2?accountid=211160 |
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| **Last updated:** | 2023-05-24 |
| **Database:** | Public Health Database |

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# Getting On in Gotham: The Midtown Manhattan Study and Putting the "Social" in Psychiatry

Smith, Matthew [1]

[1] 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 |
| **Volume:** | 45 |
| **Issue:** | 3 |
| **Pages:** | 385-404 |
| **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 |
| **ISSN:** | 0165005X |
| **e-ISSN:** | 1573076X |
| **Source type:** | Scholarly Journal |
| **Language of publication:** | English |
| **Document type:** | Journal Article |

| | |
|---|---|
| **Publication history :** | |
| **Online publication date:** | 2021-09-07 |
| **Milestone dates:** | 2021-08-30 (Registration); 2021-08-30 (Accepted) |
| **Publication history :** | |
| **First posting date:** | 07 Sep 2021 |
| **DOI:** | https://doi.org/10.1007/s11013-021-09751-4 |
| **ProQuest document ID:** | 2572072920 |
| **Document URL:** | https://www.proquest.com/scholarly-journals/getting-on-gotham-midtown-manhattan-study-putting/docview/2572072920/se-2?accountid=211160 |
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| **Last updated:** | 2023-02-08 |
| **Database:** | Public Health Database |

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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 |
| **Publication title:** | Culture, Medicine and Psychiatry; New York |
| **Volume:** | 45 |
| **Issue:** | 3 |
| **Pages:** | 359-384 |
| **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 |
| **ISSN:** | 01650 05X |
| **e-ISSN:** | 1573076X |
| **Source type:** | Scholarly Journal |
| **Language of publication:** | English |
| **Document type:** | Journal Article |
| **Publication history :** | |
| **Online publication date:** | 2021-04-27 |
| **Milestone dates:** | 2021-04-04 (Registration); 2021-04-04 (Accepted) |
| **Publication history :** | |
| **First posting date:** | 27 Apr 2021 |
| **DOI:** | https://doi.org/10.1007/s11013-021-09719-4 |
| **ProQuest document ID:** | 2572072863 |
| **Document URL:** | https://www.proquest.com/scholarly-journals/transcultural-psychiatry-cultural-difference/docview/2572072863/se-2?accountid=211160 |
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| **Last updated:** | 2023-07-21 |
| **Database:** | Public Health Database |

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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 |
| **Publication title:** | Culture, Medicine and Psychiatry; New York |
| **Volume:** | 45 |
| **Issue:** | 3 |
| **Pages:** | 503-505 |
| **Number of pages:** | 3 |
| **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 |
| **ISSN:** | 0165005X |
| **e-ISSN:** | 1573076X |
| **Source type:** | Scholarly Journal |
| **Language of publication:** | English |
| **Document type:** | Journal Article |

**Publication history :**

| | |
|---|---|
| **Online publication date:** | 2021-08-16 |
| **Milestone dates:** | 2021-07-27 (Registration); 2021-07-29 (Accepted) |
| **Publication history :** | |
| **First posting date:** | 16 Aug 2021 |
| **DOI:** | https://doi.org/10.1007/s11013-021-09739-0 |
| **ProQuest document ID:** | 2572072851 |
| **Document URL:** | ht tps://www.proquest.com/scholarly-journals/concluding-remarks/docview/2572072851/se-2?accountid=211160 |
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| **Last updated:** | 2023-03-23 |
| **Database:** | Public Health Database |

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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 |
| **Publication title:** | Culture, Medicine and Psychiatry; New York |
| **Volume:** | 45 |
| **Issue:** | 3 |
| **Pages:** | 405-428 |
| **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 |
| **ISSN:** | 0165005X |
| **e-ISSN:** | 1573076X |
| **Source type:** | Scholarly Journal |
| **Language of publication:** | English |
| **Document type:** | Journal Article |
| **Publication history :** | |
| **Online publication date:** | 2021-08-02 |
| **Milestone dates:** | 2021-06-28 (Registration); 2021-06-12 (Accepted) |
| **Publication history :** | |
| **First posting date:** | 02 Aug 2021 |
| **DOI:** | https://doi.org/10.1007/s11013-021-09732-7 |

| | |
|---|---|
| **ProQuest document ID:** | 2572072834 |
| **Document URL:** | https://www.proquest.com/scholarly-journals/assembling-adjustment-parergasia-paper/docview/2572072834/se-2?accountid=211160 |
| **Copyright:** | © The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature 2021. |
| **Last updated:** | 2023-03-06 |
| **Database:** | Public Health Database |

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Document 7 of 25

# 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 |

| | |
|---|---|
| **Publication title:** | Culture, Medicine and Psychiatry; New York |
| **Volume:** | 45 |
| **Issue:** | 3 |
| **Pages:** | 343-358 |
| **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 |
| **ISSN:** | 0165005X |
| **e-ISSN:** | 1573076X |
| **Source type:** | Scholarly Journal |
| **Language of publication:** | English |
| **Document type:** | Journal Article |
| **Publication history :** | |
| **Online publication date:** | 2021-06-24 |
| **Milestone dates:** | 2021-04-28 (Registration); 2021-04-28 (Accepted) |
| **Publication history :** | |
| **First posting date:** | 24 Jun 2021 |
| **DOI:** | https://doi.org/10.1007/s11013-021-09723-8 |
| **ProQuest document ID:** | 2572072797 |
| **Document URL:** | https://www.proquest.com/scholarly-journals/most-social-maladies-re-thinking-history/docview/2572072797/se-2?accountid=211160 |
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|---|---|
| **Last updated:** | 2023-11-08 |
| **Database:** | Public Health Database |

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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)

ProQuest document link

## DETAILS

|  |  |
|---|---|
| **Subject:** | Medicine; Psychiatry |
| **Publication title:** | Culture, Medicine and Psychiatry; New York |
| **Volume:** | 45 |
| **Issue:** | 3 |
| **Pages:** | 333-342 |
| **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 |
| **ISSN:** | 0165005X |
| **e-ISSN:** | 1573076X |

| | |
|---|---|
| **Source type:** | Scholarly Journal |
| **Language of publication:** | English |
| **Document type:** | Editorial |
| **Publication history :** | |
| **Online publication date:** | 2021-08-14 |
| **Milestone dates:** | 2021-07-28 (Registration); 2021-07-27 (Accepted) |
| **Publication history :** | |
| **First posting date:** | 14 Aug 2021 |
| **DOI:** | https://doi.or g/10.1007/s11013-021-09740-7 |
| **ProQuest document ID:** | 2572072685 |
| **Document URL:** | https://www.proquest.com/scholarly-journals/introduction-special-issue-psychiatry-as-social/docview/2572072685/se-2?accountid=211160 |
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| **Last updated:** | 2023-02-08 |
| **Database:** | Public Health Database |

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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)

ProQuest document link

## 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

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|---|---|
| **Subject:** | Hospitals; Psychosis; Drugs; Suffering; Schizophrenia; Psychiatry; Psychotropic drugs; Life history; Case records; Transformation; Social policy; Social environment; Patients; Ideology; Psychiatrists |
| **Publication title:** | Culture, Medicine and Psychiatry; New York |
| **Volume:** | 45 |
| **Issue:** | 3 |
| **Pages:** | 429-455 |
| **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 |
| **ISSN:** | 0165005X |
| **e-ISSN:** | 1573076X |
| **Source type:** | Scholarly Journal |
| **Language of publication:** | English |
| **Document type:** | Journal Article |
| **Publication history :** | |
| **Online publication date:** | 2021-08-18 |

| | |
|---|---|
| **Milestone dates:** | 2021-07-30 (Reg istration); 2021-07-27 (Accepted) |
| **Publication history :** | |
| **First posting date:** | 18 Aug 2021 |
| **DOI:** | https://doi.org/10.1007/s11013-021-09744-3 |
| **ProQuest document ID:** | 2572072593 |
| **Document URL:** | https://www.proquest.com/scholarly-journals/psychosis-without-meaning-creating-modern/docview/2572072593/se-2?accountid=211160 |
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| **Last updated:** | 2023-05-19 |
| **Database:** | Public Health Database |

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

Kleinmann, Barbara [1] ; Firoozabadi, Nayereh Khodashenas [2] ; Wolter Tilman [1]

[1] University of Freiburg, Interdisciplinary Pain Center, Medical Center-University of Freiburg, Faculty of Medicine, Freiburg, Germany (GRID:grid.5963.9) [2] Khatam ol Anbia Hospital, Pain Clinic, Department of Anesthesiology, Tehran, Islamic Republic of Iran (GRID:grid.5963.9)

ProQuest document link

## ABSTRACT (ENGLISH)

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

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

## DETAILS

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|---|---|
| **Subject:** | Pain; Mental depression; Cultural differences; Medical diagnosis; Opioids; Patient satisfaction; Side effects; Chart reviews; Efficacy; Disorders; Opiates; Narcotics; Anxiety; Fatigue; Effects; Cultural factors; Drug effects; Therapy; Interdisciplinary aspects; Patients; Disability; Scientific evidence; Dosage; Sexual disorders; Long term |
| **Identifier / keyword:** | Intrathecal opioid therapy; Long-term therapy; Unwanted side effects; Cross-cultural factors |
| **Publication title:** | Culture, Medicine and Psychiatry; New York |
| **Volume:** | 45 |
| **Issue:** | 2 |
| **Pages:** | 218-233 |
| **Publication year:** | 2021 |
| **Publication date:** | Jun 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 |
| **ISSN:** | 0165005X |
| **e-ISSN:** | 1573076X |
| **Source type:** | Scholarly Journal |
| **Language of publication:** | English |
| **Document type:** | Journal Article |
| **Publication history :** | |
| **Online publication date:** | 2020-07-28 |
| **Milestone dates:** | 2020-07-16 (Registration) |
| **Publication history :** | |

| | |
|---|---|
| **First posting date:** | 28 Jul 2020 |
| **DOI:** | https://doi.org/10.1007/s11013-020-09682-6 |
| **ProQuest document ID:** | 2524564866 |
| **Document URL:** | https://www.proquest.com/scholarly-journals/cross-cultural-perspective-on-intrathecal-opioid/docview/2524564866/se-2?accountid=211160 |
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| **Last updated:** | 2023-07-30 |
| **Database:** | Public Health Database |

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

Pronk Rosalie [1] ; Willems, Dick L [2] ; van de Vathorst Suzanne [3] [1] Amsterdam UMC, Department of General Practice, Medical Ethics Section, Academic Medical Centre, Amsterdam, The Netherlands (GRID:grid.509540.d) (ISNI:0000 0004 6880 3010); Amsterdam UMC, Department of General Practice, Medical Ethics Section, Academic Medical Centre, Amsterdam, The Netherlands (GRID:grid.509540.d) (ISNI:0000 0004 6880 3010) [2] Amsterdam UMC, Department of General Practice, Medical Ethics Section, Academic Medical Centre, Amsterdam, The Netherlands (GRID:grid.509540.d) (ISNI:0000 0004 6880 3010) [3] Amsterdam UMC, Department of General Practice, Medical Ethics Section, Academic Medical Centre, Amsterdam, The Netherlands (GRID:grid.509540.d) (ISNI:0000 0004 6880 3010); Erasmus Medical Centre, Department of Medical Ethics and Philosophy, Rotterdam, The Netherlands (GRID:grid.5645.2) (ISNI:000000040459992X)

ProQuest document link

## ABSTRACT (ENGLISH)

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

## DETAILS

| | |
|---|---|
| **Subject:** | Interviews; Qualitative research; Practitioner patient relationship; Suffering; Physicians; Mental disorders; Psychopathology; Death &dying; Assistance; Family physicians; Patients; Psychiatrists; Assisted suicide; Suicides &suicide attempts; Self destructive behavior; Suicide |
| **Location:** | Netherlands |
| **Identifier / keyword:** | Suicide; Physician-assisted death; Psychiatry; Psychiatric patients; Euthanasia; Netherlands |
| **Publication title:** | Culture, Medicine and Psychiatry; New York |
| **Volume:** | 45 |
| **Issue:** | 2 |
| **Pages:** | 268-281 |
| **Publication year:** | 2021 |
| **Publication date:** | Jun 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 |
| **ISSN:** | 016500 5X |
| **e-ISSN:** | 1573076X |
| **Source type:** | Scholarly Journal |
| **Language of publication:** | English |
| **Document type:** | Journal Article |
| **Publication history :** | |

|  |  |
|---|---|
| **Online publication date:** | 2020-08-24 |
| **Milestone dates:** | 2020-08-06 (Registration) |
| **Publication history :** |  |
| **First posting date:** | 24 Aug 2020 |
| **DOI:** | https://doi.org/10.1007/s11013-020-09686-2 |
| **ProQuest document ID:** | 2524564762 |
| **Document URL:** | https://www.proquest.com/scholarly-journals/do-doctors-differentiate-between-suicide/docview/2524564762/se-2?accountid=211160 |
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| **Last updated:** | 2023-07-13 |
| **Database:** | Public Health Database |

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# Clinicians' Perspectives on Diagnostic Markers for Depression Among Adolescents in India: An Embedded Mixed-Methods Study

Aggarwal Pankhuri [1]
; Raval, Vaishali V [1] ; Chari Uttara [2] ; Raman Vijaya [2] ; Kadnur Sreenivas Kamalesh [2] ; Krishnamurthy Sanjana [2] ; Visweswariah Ashok Mysore [2] [1] Miami University, Department of Psychology, Oxford, USA (GRID:grid.259956.4) (ISNI:0000 0001 2195 6763) [2] St. John's Medical College, Department of Psychiatry, Bengaluru, India (GRID:grid.416432.6) (ISNI:0000 0004 1770 8558)

ProQuest document link

## ABSTRACT (ENGLISH)

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

## DETAILS

| | |
|---|---|
| **Subject:** | Mental depression; Diagnostic and Statistical Manual; Interpersonal conflict; Adolescents; Mental disorders; Trainees; Research design; Complaints; Usefulness; Anxiety; Classification; Depressive personality disorders; Medical personnel; Anger; Tests; Diagnostic systems; Symptoms; Teenagers; Somatic symptoms; Medical screening; Mixed methods research; Medical diagnosis |
| **Location:** | India |
| **Identifier / keyword:** | Adolescents; Depression; Diagnostic criteria; India; Cultural applicability |
| **Publication title:** | Culture, Medicine and Psychiatry; New York |
| **Volume:** | 45 |
| **Issue:** | 2 |
| **Pages:** | 163-192 |
| **Publication year:** | 2021 |
| **Publication date:** | Jun 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 |
| **ISSN:** | 0165005X |
| **e-ISSN:** | 1573076X |
| **Source type:** | Scholarly Journal |
| **Language of publication:** | English |
| **Document type:** | Journal Article |

| | |
|---|---|
| **Publication history :** | |
| **Online publication date:** | 2020-06-26 |
| **Milestone dates:** | 2020-06-10 (Registration) |
| **Publication history :** | |
| **First posting date:** | 26 Jun 2020 |
| **DOI:** | https://doi.org/10.1007/s11013-020-09680-8 |
| **ProQuest document ID:** | 2524564758 |
| **Document URL:** | https://www.proquest.com/scholarly-journals/clinicians-perspectives-on-diagnostic-markers/docview/2524564758/se-2?accountid=211160 |
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| **Last updated:** | 2023-06-19 |
| **Database:** | Public Health Database |

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

Burraway Joshua [1] [1] University of Virginia, Department of Anthropology, Charlottesville, USA (GRID:grid.27755.32) (ISNI:0000 0000 9136 933X)

ProQuest document link

## ABSTRACT (ENGLISH)

The *DSM-5* proposes that self-harm be recognized as a diagnostic category of mental disease, compared to its previous definition as a behavioral symptom. Based on fieldwork in London, I challenge this proposal by exploring the life-history of a homeless sex-worker and substance-user who practices self-cutting. By bringing phenomenological anthropology into conversation with psychoanalytic theory, this article provisionally re-conceptualizes self-harm as an ethics of self-reparation and existential affirmation in the face of extreme precarity. Approached as an agentive practice through which human beings reclaim “somethingness” by altering their bodily conditions, we can conceive self-harm in a way that is attentive to the situational conditions that shape existential pain, instead of reaching straight for the diagnostic toolkit. In taking self-harm as simultaneously a reaction to and a reflection on existential crisis—rather than a *sui generis* disorder—this paper situates such practices as a pluralized condition-of-world rather than a bounded pathology-of-mind.

## DETAILS

| | |
|---|---|
| **Subject:** | Self injury; Pathology; Ethics; Pain; Anthropology; Homeless people; Self concept; Self destructive behavior; Prostitution; Reparations; Psychoanalytic theory; Psychoanalysis; Disorders; Behavior problems; Conversation; Sex workers |
| **Identifier / keyword:** | Self-harm; Homelessness; Critical phenomenology; Agency; Being-in-the-world |
| **Publication title:** | Culture, Medicine and Psychiatry; New York |
| **Volume:** | 45 |
| **Issue:** | 2 |
| **Pages:** | 282-311 |
| **Publication year:** | 2021 |
| **Publication date:** | Jun 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 |
| **ISSN:** | 0165005X |
| **e-ISSN:** | 1573076X |
| **Source type:** | Scholarly Journal |
| **Language of publication:** | English |
| **Document type:** | Journal Article |
| **Publication history :** | |
| **Online publication date:** | 2020-10-08 |
| **Milestone dates:** | 2020-08-31 (Registration) |
| **Publication history :** | |
| **First posting date:** | 08 Oct 2020 |
| **DOI:** | https://doi.org/10.1007/s11013-020-09687-1 |
| **ProQuest document ID:** | 2524564733 |
| **Document URL:** | https://www.proquest.com/scholarly-journals/attending-aliveness-self-harm-body-world-contexts/docview/2524564733/se-2?accountid=211160 |

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|---|---|
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| **Last updated:** | 2023-10-17 |
| **Database:** | Public Health Database |

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# Medical Education and the Stigmatization of Mental Illness in the Philippines

Taguibao Candice [1]
; Rosenheck, Robert [2] [1] Yale School of Public Health, New Haven, USA (GRID:grid.47100.32) (ISNI:0000000419368710) [2] Yale School of Public Health, New Haven, USA (GRID:grid.47100.32) (ISNI:0000000419368710); Yale School of Medicine, Department of Psychiatry, West Haven, USA (GRID:grid.47100.32) (ISNI:0000000419368710)

ProQuest document link

## ABSTRACT (ENGLISH)

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

## DETAILS

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|---|---|
| **Subject:** | Interviews; Professional education; Health problems; Physicians; Mental disorders; Mental health care; College students; Student attitudes; Stigma; Medical schools; Health behavior; Medical students; Exploratory factor analysis; Southeast Asian cultural groups; Socialization; Medical education; Social integration; Illnesses; Polls &surveys; Supernatural; Attitudes; Medicine; Patients; Philippino; Classrooms; Mental health; Social acceptance; Client relationships |
| **Identifier / keyword:** | Mental health stigma; Medical education; Global health; Global mental health |

| | |
|---|---|
| **Publication title:** | Culture, Medicine and Psychiatry; New York |
| **Volume:** | 45 |
| **Issue:** | 2 |
| **Pages:** | 312-331 |
| **Publication year:** | 2021 |
| **Publication date:** | Jun 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 |
| **ISSN:** | 0165005X |
| **e-ISSN:** | 1573076X |
| **Source type:** | Scholarly Journal |
| **Language of publication:** | English |
| **Document type:** | Journal Article |
| **Publication history :** | |
| **Online publication date:** | 2020-09-15 |
| **Milestone dates:** | 2020-09-04 (Registration) |
| **Publication history :** | |
| **First posting date:** | 15 Sep 2020 |
| **DOI:** | https://doi.org/10.1007/s11013-020-09688-0 |
| **ProQuest document ID:** | 2524564693 |
| **Document URL:** | https://www.proquest.com/scholarly-journals/medical-education-stigmatization-mental-illness/docview/2524564693/se-2?accountid=211160 |
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| **Last updated:** | 2023-07-11 |
| **Database:** | Public Health Database |

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

Haas, Bridget M [1]
[1] Case Western Reserve University, School of Medicine and Department of Anthropology, Cleveland, USA (GRID:grid.67105.35) (ISNI:0000 0001 2164 3847)

ProQuest document link

## ABSTRACT (ENGLISH)

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

## DETAILS

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|---|---|
| **Subject:** | Mental health services; Intervention; Healing; Psychotherapy; Claimants; Refugees; Ethnographic research; Medicine; Psychotropic drugs; Subjective experiences; Uncertainty; Prescription drugs; Drugs; Time; Psychological distress; Attention; Legal status; Mental health; Political asylum; Mental disorders; Political factors; Mental health care |
| **Identifier / keyword:** | Asylum seekers; Mental health; Therapeutic interventions; Political asylum; Temporality; United States |
| **Publication title:** | Culture, Medicine and Psychiatry; New York |
| **Volume:** | 45 |
| **Issue:** | 2 |
| **Pages:** | 193-217 |
| **Publication year:** | 2021 |

| | |
|---|---|
| **Publication date:** | Jun 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 |
| **ISSN:** | 0165005X |
| **e-ISSN:** | 1573076X |
| **Source type:** | Scholarly Journal |
| **Language of publication:** | English |
| **Document type:** | Journal Article |
| **Publication history :** | |
| **Online publication date:** | 2020-07-13 |
| **Milestone dates:** | 2020-06-28 (Registration) |
| **Publication history :** | |
| **First posting date:** | 13 Jul 2020 |
| **DOI:** | https://doi.org/10.1007/s11013-020-09681-7 |
| **ProQuest document ID:** | 2524564661 |
| **Document URL:** | https://www.proquest.com/scholarly-journals/asylum-is-most-powerful-medicine-navigating/docview/2524564661/se-2?accountid=211160 |
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| **Last updated:** | 2023-07-11 |
| **Database:** | Public Health Database |

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

# Japanese-Americans

Freedman, A [1] ; Hu H [2] ; Liu I T H C [3] ; Stewart, A L [4] ; Adler, S [5] ; Mehling, W E [5]

[1] University of California San Francisco, Osher Center for Integrative Medicine, San Francisco, USA (GRID:grid.266102.1) (ISNI:0000 0001 2297 6811); California Institute of Integral Studies, San Francisco, USA (GRID:grid.462142.7) (ISNI:0000 0001 0290 5872) [2] Georgetown University, Washington, USA (GRID:grid.213910.8) (ISNI:0000 0001 1955 1644) [3] Kyoto University, Kyoto, Japan (GRID:grid.258799.8) (ISNI:0000 0004 0372 2033) [4] University of California San Francisco, Institute for Health and Aging, San Francisco, USA (GRID:grid.266102.1) (ISNI:0000 0001 2297 6811) [5] University of California San Francisco, Osher Center for Integrative Medicine, San Francisco, USA (GRID:grid.266102.1) (ISNI:0000 0001 2297 6811); University of California San Francisco, Department of Family and Community Medicine, San Francisco, USA (GRID:grid.266102.1) (ISNI:0000 0001 2297 6811)

ProQuest document link

## ABSTRACT (ENGLISH)

Interoceptive awareness is the conscious perception of sensations that create a sense of the physiological condition of the body. A validation study for the Japanese translation of the Multidimensional Assessment of Interoceptive Awareness (MAIA) surprised with a factor structure different from the original English-language version by eliminating two of eight scales. This prompted an exploration of the similarities and differences in interoceptive bodily awareness between Japanese and European Americans. Bicultural Japanese-Americans discussed concepts and experiences in the two cultures. We conducted focus groups and qualitative thematic analyses of transcribed recordings. 16 participants illustrated cross-cultural differences in interoceptive bodily awareness: switching between languages changes embodied experience; external versus internal attention focus; social expectations and body sensations; emphasis on form versus self-awareness; personal space; and mind–body relationship; context dependency of bodily awareness and self-construal. The participants explained key concepts that present challenges for a Japanese cultural adaptation of the MAIA, specifically the concept of self-regulation lost in the factor analysis. In Japanese culture, self-regulation serves the purpose of conforming to social expectations, rather than achieving an individual self-comforting sense of homeostasis. Our findings will inform the next phase of improving the MAIA's cross-cultural adaptation.

## DETAILS

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|---|---|
| **Subject:** | Cultural differences; Personal space; Japanese Americans; Selfconstrual; Sociocultural factors; Consciousness; Validity; Self concept; Human body; English language; Anatomical systems; Self regulation; Self control; Regulation; Embodiment; Expectations; Factor analysis; Japanese language; Perceptions; Validation studies; Focus groups; Selfawareness; Homeostasis; Adaptation; Asian cultural groups; Cultural factors; Mind and body; Cultural groups; Translation; Crosscultural analysis; Dependency; Qualitative research |
| **Identifier / keyword:** | Culture; Interoception; Awareness; Japanese Culture; Qualitative research |
| **Publication title:** | Culture, Medicine and Psychiatry; New York |

| | |
|---|---|
| **Volume:** | 45 |
| **Issue:** | 2 |
| **Pages:** | 234-267 |
| **Publication year:** | 2021 |
| **Publication date:** | Jun 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 |
| **ISSN:** | 0165005X |
| **e-ISSN:** | 1573076X |
| **Source type:** | Scholarly Journal |
| **Language of publication:** | English |
| **Document type:** | Journal Article |
| **Publication history :** | |
| **Online publication date:** | 2020-08-01 |
| **Milestone dates:** | 2020-07-16 (Registration) |
| **Publication history :** | |
| **First posting date:** | 01 Aug 2020 |
| **DOI:** | https://doi.org/10.1007/s11013-020-09684-4 |
| **ProQuest document ID:** | 2524564174 |
| **Document URL:** | https://www.proquest.com/scholarly-journals/similarities-differences-interoceptive-bodily/docview/2524564174/se-2?accountid=211160 |
| **Copyright:** | © Springer Science+Business Media, LLC, part of Springer Nature 2020. |
| **Last updated:** | 2021-06-10 |
| **Database:** | Public Health Database |

# On Exclusionary Violence and Its Subcutaneous Consequences: A Commentary

Willen, Sarah S [1]
[1] University of Connecticut, Department of Anthropology, Storrs, USA (GRID:grid.63054.34) (ISNI:0000 0001 0860 4915)

ProQuest document link

## ABSTRACT (ENGLISH)

What is embodied belonging, and how is it achieved or revoked, imperiled or denied? Let's start with four glimpses. These ethnographic glimpses of embodied disruption and embodied (re)connection, all drawn from this exemplary collection of papers, remind us that while the body is the ''existential ground of culture and self'' (Csordas 1994), this ground can itself be shaky and unstable. In these papers, we see how state power, bureaucratic institutions, political ideologies, and social norms can violate individuals' and groups' sense of embodied groundedness—sometimes as a form of collateral damage accompanying larger political projects, at other times by design. Yet we also peer into therapeutic spaces that spotlight modest possibilities for repairing brokenness, or for restitching oneself or others into the fabric of embodied social life, through practices that generate meaning, produce tendrils of relational connection, and offer the promise of hope. Weaving together insights from medical and psychological anthropology, the anthropology of migration (and other forms of precarity and sociopolitical exclusion), population health, and the therapeutic psydisciplines, the authors of these pieces remind us of the many ways in which ''sociopolitical distinctions,'' as I have proposed elsewhere, ''become embodied: how they can penetrate the 'inward parts' of people who have been cast out as Other, as abject'' in ways that affect ''their sense of self, personhood, and interconnection with others'' (Willen 2019:230–231, 11; cf. Kleinman and Kleinman 1994).

## DETAILS

| | |
|---|---|
| **Subject:** | Ethnography; Psychiatry; Mental health; Sociopolitical factors; Society; Political ideologies; Weaving; Belongingness; Anthropology; Disruption; Self concept; Embodiment; Psychological anthropology; Social norms; State power; Personhood; Medicine; Therapy; Bureaucracy; Migration; Social life &customs |
| **Publication title:** | Culture, Medicine and Psychiatry; New York |
| **Volume:** | 45 |
| **Issue:** | 1 |
| **Pages:** | 65-73 |
| **Number of pages:** | 9 |
| **Publication year:** | 2021 |

| | |
|---|---|
| **Publication date:** | Mar 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 |
| **ISSN:** | 0165005X |
| **e-ISSN:** | 1573076X |
| **Source type:** | Scholarly Journal |
| **Language of publication:** | English |
| **Document type:** | Commentary |
| **Publication history :** | |
| **Online publication date:** | 2021-01-01 |
| **Milestone dates:** | 2020-11-16 (Registration); 2020-11-16 (Accepted) |
| **Publication history :** | |
| **First posting date:** | 01 Jan 2021 |
| **DOI:** | https://doi.org/10.1007/s11013-020-09696-0 |
| **ProQuest document ID:** | 2487069989 |
| **Document URL:** | https://www.proquest.com/scholarly-journals/on-exclusionary-violence-subcutaneous/docview/2487069989/se-2?accountid=211160 |
| **Copyright:** | © The Author(s), under exclusive licence to Springer Science+Business Media, LLC part of Springer Nature 2021. |
| **Last updated:** | 2023-03-01 |
| **Database:** | Public Health Database |

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# Traditional Healers and Mental Health in Nepal: A Scoping Review

Pham, Tony V [1]

; Kaiser, Bonnie N [2] ; Koirala Rishav [3] ; Maharjan, Sujen Man [4] ; Nawaraj, Upadhaya [5] ; Franz, Lauren [6] ; Kohrt, Brandon A [7] [1] Duke University, Department of Psychiatry and Behavioral Sciences, Durham, USA (GRID:grid.26009.3d) (ISNI:0000 0004 1936 7961); Duke Global Health Institute, Durham, USA (GRID:grid.26009.3d) [2] Duke Global Health Institute, Durham, USA (GRID:grid.26009.3d); University of California San Diego, Department of Anthropology and Global Health Program, La Jolla, USA (GRID:grid.266100.3) (ISNI:0000 0001 2107 4242) [3] Transcultural Psychosocial Organization Nepal, Kathmandu, Nepal (GRID:grid.266100.3); University of Oslo, Oslo, Norway (GRID:grid.5510.1) (ISNI:0000 0004 1936 8921); Brain and Neuroscience Center Nepal, Kathmandu, Nepal (GRID:grid.5510.1) [4] Transcultural Psychosocial Organization Nepal, Kathmandu, Nepal (GRID:grid.5510.1) [5] Utrecht University, Utrecth, The Netherlands (GRID:grid.5477.1) (ISNI:0000000120346234) [6] Duke University, Department of Psychiatry and Behavioral Sciences, Durham, USA (GRID:grid.26009.3d) (ISNI:0000 0004 1936 7961); Duke Global Health Institute, Durham, USA (GRID:grid.26009.3d); University of Cape Town, Division of Child and Adolescent Psychiatry, Cape Town, South Africa (GRID:grid.7836.a) (ISNI:0000 0004 1937 1151) [7] Duke University, Department of Psychiatry and Behavioral Sciences, Durham, USA (GRID:grid.26009.3d) (ISNI:0000 0004 1936 7961); Duke Global Health Institute, Durham, USA (GRID:grid.26009.3d); Transcultural Psychosocial Organization Nepal, Kathmandu, Nepal (GRID:grid.26009.3d); George Washington, Department of Psychiatry and Behavioral Sciences, Washington, USA (GRID:grid.26009.3d)

ProQuest document link

## ABSTRACT (ENGLISH)

Despite extensive ethnographic and qualitative research on traditional healers in Nepal, the role of traditional healers in relation to mental health has not been synthesized. We focused on the following clinically based research question, “What are the processes by which Nepali traditional healers address mental well-being?” We adopted a scoping review methodology to maximize the available literature base and conducted a modified thematic analysis rooted in grounded theory, ethnography, and phenomenology. We searched five databases using terms related to traditional healers and mental health. We contacted key authors and reviewed references for additional literature. Our scoping review yielded 86 eligible studies, 65 of which relied solely on classical qualitative study designs. The reviewed literature suggests that traditional healers use a wide range of interventions that utilize magico-religious explanatory models to invoke symbolic transference, manipulation of local illness narratives, roles, and relationships, cognitive restructuring, meaning-making, and catharsis. Traditional healers’ perceived impact appears greatest for mild to moderate forms of psychological distress. However, the methodological and sample heterogeneity preclude uniform conclusions about traditional healing. Further research should employ methods which are both empirically sound and culturally adapted to explore the role of traditional healers in mental health.

## DETAILS

| | |
|---|---|
| **Subject:** | Ethnography; Qualitative research; Databases; Literature reviews; Catharsis; Traditional medicine; Healing; Transference; Manipulation; Traditional healers; Well being; Cognitive restructuring; Psychological distress; Phenomenology; Mental health; Grounded theory; Systematic review |
| **Location:** | Nepal |

| | |
|---|---|
| **Identifier / keyword:** | Religion; Psychotherapy; Spirituality; Traditional healer; Mental health |
| **Publication title:** | Culture, Medicine and Psychiatry; New York |
| **Volume:** | 45 |
| **Issue:** | 1 |
| **Pages:** | 97-140 |
| **Publication year:** | 2021 |
| **Publication date:** | Mar 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 |
| **ISSN:** | 0165005X |
| **e-ISSN:** | 1573076X |
| **Source type:** | Scholarly Journal |
| **Language of publication:** | English |
| **Document type:** | Literature Review, Journal Article |
| **Publication history :** | |
| **Online publication date:** | 2020-05-22 |
| **Milestone dates:** | 2020-04-28 (Registration) |
| **Publication history :** | |
| **First posting date:** | 22 May 2020 |
| **DOI:** | https://doi.org/10.1007/s11013-020-09676-4 |
| **ProQuest document ID:** | 2487069830 |
| **Document URL:** | https://www.proquest.com/scholarly-journals/traditional-healers-mental-health-nepal-scoping/docview/2487069830/se-2?accountid=211160 |
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| **Last updated:** | 2023-03-01 |

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# Authentic Self and Last Resort: International Perceptions of Psychiatric Neurosurgery

Cabrera, L Y [1]
; Courchesne, C [2] ; Bittlinger, M [3] ; Müller, S [3] ; Martinez, R [4] ; Racine, E [5] ; Illes, J [6] [1] Michigan State University, Center for Ethics &Humanities in the Life Sciences, Department of Translational Neuroscience, East Lansing, USA (GRID:grid.17088.36) (ISNI:0000 0001 2150 1785) [2] The University of British Columbia, Vancouver, Canada (GRID:grid.17091.3e) (ISNI:0000 0001 2288 9830) [3] Charité – Universitätsmedizin Berlin, Corporate Member of Freie Universität Berlin, Humboldt-Universität zu Berlin, Berlin Institute of Health, Division of Mind and Brain Research, Department of Psychiatry and Psychotherapy, CCM, Berlin, Germany (GRID:grid.17091.3e) [4] Ruber International Hospital, Functional Neurosurgery and Radiosurgery Unit, Madrid, Spain (GRID:grid.17091.3e) [5] Université de Montréal, Institut de Recherches Cliniques de Montréal (IRCM), Department of Medicine and Department of Social and Preventive Medicine, Montreal, Canada (GRID:grid.14848.31) (ISNI:0000 0001 2292 3357); McGill University, Department of Neurology and Neurosurgery and Biomedical Ethics Unit, Montreal, Canada (GRID:grid.14709.3b) (ISNI:0000 0004 1936 8649) [6] The University of British Columbia, Department of Medicine, Vancouver, Canada (GRID:grid.17091.3e) (ISNI:0000 0001 2288 9830)

ProQuest document link

## ABSTRACT (ENGLISH)

Psychiatric neurosurgery has resurfaced over the past two decades for the treatment of severe mental health disorders, with improved precision and safety over older interventions alongside the development of novel ones. Little is known, however, about current public opinions, expectations, hopes, and concerns over this evolution in neurotechnology, particularly given the controversial history of psychosurgery. To fill this knowledge gap, we conducted a study with eight focus groups in Vancouver and Montreal (Canada; *n* = 14), Berlin (Germany; *n* = 22), and Madrid (Spain; *n* = 12). Focus group texts were transcribed and analyzed using qualitative content analysis in the language local to each city, guided by the theoretical framework of pragmatic neuroethics. Findings indicate that participants across all cities hold concerns about the last resort nature of psychiatric neurosurgery and the potential impact on the authentic self of patients who undergo these procedures. The views captured serve to advance discussion on the appropriate timing for psychiatric neurosurgery, promote sound health policy for the allocation of this resource, and foster scientific literacy about advances for mental health internationally.

## DETAILS

| | |
|---|---|
| **Subject:** | Mental health services; Literacy; Psychosurgery; Content analysis; Neurosurgery; Medical ethics; Mental disorders; Authenticity; Disorders; Attitudes; Resource allocation; Focus groups; Pragmatics; Timing; Patients; Mental health; Health care policy; Pragmatism; European cultural groups |

| | |
|---|---|
| **Identifier / keyword:** | Psychiatric neurosurgery; Culture; Neuroethics; Public perspectives |
| **Publication title:** | Culture, Medicine and Psychiatry; New York |
| **Volume:** | 45 |
| **Issue:** | 1 |
| **Pages:** | 141-161 |
| **Publication year:** | 2021 |
| **Publication date:** | Mar 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 |
| **ISSN:** | 0165005X |
| **e-ISSN:** | 1573076X |
| **Source type:** | Scholarly Journal |
| **Language of publication:** | English |
| **Document type:** | Journal Article |
| **Publication history :** | |
| **Online publication date:** | 2020-06-19 |
| **Milestone dates:** | 2020-06-07 (Registration) |
| **Publication history :** | |
| **First posting date:** | 19 Jun 2020 |
| **DOI:** | https://doi.org/10.1007/s11013-020-09679-1 |
| **ProQuest document ID:** | 24 87069731 |
| **Document URL:** | https://www.proquest.com/scholarly-journals/authentic-self-last-resort-international/docview/2487069731/se-2?accountid=211160 |
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| **Last updated:** | 2023-08-01 |

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|---|---|
| **Database:** | Public Health Database |

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# Correction to: Social Exclusion and Care in Underclass Japan: Attunement as Techniques of Belonging

Kim, Jieun [1] [1] University of Leeds, School of Languages, Cultures and Societies, Leeds, UK (GRID:grid.9909.9) (ISNI:0000 0004 1936 8403)

ProQuest document link

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## ABSTRACT (ENGLISH)

The original version of the article unfortunately contained an error and it has been corrected with this erratum.

## DETAILS

| | |
|---|---|
| **Publication title:** | Culture, Medicine and Psychiatry; New York |
| **Volume:** | 45 |
| **Issue:** | 1 |
| **First page:** | 64 |
| **End page:** | 64 |
| **Publication year:** | 2021 |
| **Publication date:** | Mar 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 |
| **ISSN:** | 0165005X |
| **e-ISSN:** | 1573076X |
| **Source type:** | Scholarly Journal |

| | |
|---|---|
| **Language of publication:** | English |
| **Document type:** | Corrections/Retraction |
| **Publication history :** | |
| **Online publication date:** | 2020-08-20 |
| **Milestone dates:** | 2020-07-23 (Registration) |
| **Publication history :** | |
| **First posting date:** | 20 Aug 2020 |
| **DOI:** | https://doi.org/10.1007/s11013-020-09685-3 |
| **ProQuest document ID:** | 2487069717 |
| **Document URL:** | https://www.proquest.com/scholarly-journals/correction-social-exclusion-care-underclass-japan/docview/2487069717/se-2?accountid=211160 |
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| **Last updated:** | 2021-10-14 |
| **Database:** | Public Health Database |

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# Editors' Note

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## DETAILS

| | |
|---|---|
| **Publication title:** | Culture, Medicine and Psychiatry; New York |
| **Volume:** | 45 |
| **Issue:** | 1 |
| **First page:** | 1 |
| **End page:** | 1 |
| **Publication year:** | 2021 |

| | |
|---|---|
| **Publication date:** | Mar 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 |
| **ISSN:** | 0165005X |
| **e-ISSN:** | 1573076X |
| **Source type:** | Scholarly Journal |
| **Language of publication:** | English |
| **Document type:** | News |
| **Publication history :** | |
| **Online publication date:** | 2021-02-02 |
| **Milestone dates:** | 2021-01-22 (Registration) |
| **Publication history :** | |
| **First posting date:** | 02 Feb 2021 |
| **DOI:** | https://doi.org/10.1007/s11013-021-09709-6 |
| **ProQuest document ID:** | 2487069527 |
| **Document URL:** | https://www.proquest.com/scholarly-journals/editors-note/docview/2487069527/se-2?accountid=211160 |
| **Copyright:** | © Springer Science+Business Media, LLC, part of Springer Nature 2021. |
| **Last updated:** | 2021-02-14 |
| **Database:** | Public Health Database |

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# Placing precarity: access and belonging in the shifting landscape of UK mental health care

Brenman Natassia F [1]

[1] Institute of Public Health, University of Cambridge, Cambridge, UK (GRID:grid.5335.0) (ISNI:0000000121885934)

ProQuest document link

## ABSTRACT (ENGLISH)

This paper engages with the notion of ‘embodied belonging’ through an ethnography of the social and material aspects of accessing mental health care in the UK. I focus on moments of access and transition in a voluntary sector organisation in London: an intercultural psychotherapy centre, serving a range of im/migrant communities. Whilst both ‘belonging’ and ‘place’ are often invoked to imply stability, I explore how material contexts of access and inclusion can paradoxically be implicated in the ongoing production of precarity—of unstable, uncertain, and vulnerable ways of being. A sociomaterial analysis of ethnographic material and visual data from two creative mapping interviews attends to material and spatial aspects of the centre and its transitory place in the urban environment. It demonstrates how these aspects of place became entangled in client experiences of access: uncertainties of waiting, ambivalence towards belonging to a particular client group, and questions around deservingness of care. This engendered an embodied and situated experience of ‘precarious belonging’. I therefore argue that precarity should be ‘placed’, both within the concept of embodied belonging, and ethnographically, within the material constraints, impermanence, and spatial politics of projects to include the excluded in UK mental health care.

## DETAILS

| | |
|---|---|
| **Subject:** | Ethnography; Creativity; Mental health services; Deservingness; Migrants; Voluntary organizations; Psychotherapy; Urban areas; Politics; Mapping; Community mental health services; Mental health; Insecure; Migration; Ambivalence; Access; Spatial aspects; Mental health care |
| **Location:** | United Kingdom--UK |
| **Identifier / keyword:** | Precarity; Mental health; Access to care; Migration; Sociomateriality |
| **Publication title:** | Culture, Medicine and Psychiatry; New York |
| **Volume:** | 45 |
| **Issue:** | 1 |
| **Pages:** | 22-41 |
| **Publication year:** | 2021 |
| **Publication date:** | Mar 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 |
| **ISSN:** | 0165005X |
| **e-ISSN:** | 1573076X |
| **Source type:** | Scholarly Journal |
| **Language of publication:** | English |
| **Document type:** | Journal Article |
| **Publication history :** | |
| **Online publication date:** | 2020-11-06 |
| **Milestone dates:** | 2020-07-16 (Registration) |
| **Publication history :** | |
| **First posting date:** | 06 Nov 2020 |
| **DOI:** | https://doi.org/10.1007/s11013-020-09683-5 |
| **ProQuest document ID:** | 2487069499 |
| **Document URL:** | https://www.proquest.com/scholarly-journals/placing-precarity-access-belonging-shifting/docview/2487069499/se-2?accountid=211160 |
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| **Last updated:** | 2022-12-10 |
| **Database:** | Public Health Database |

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# Embodied Belonging: In/exclusion, Health Care, and Well-Being in a World in Motion

Mattes Dominik [1] ; Lang, Claudia [2] [1] Freie Universität Berlin, Collaborative Research Center Affective Societies, Berlin, Germany (GRID:grid.14095.39) (ISNI:0000 0000 9116 4836) [2] University of Leipzig, Institute of Anthropology, Leipzig, Germany (GRID:grid.9647.c) (ISNI:0000 0004 7669 9786); Max Planck Institute for Social Anthropology, Halle, Germany (GRID:grid.461785.9) (ISNI:0000 0001 1010 0660)

ProQuest document link

## ABSTRACT (ENGLISH)

In this introduction, we propose the notion of ‘embodied belonging’ as a fruitful analytical heuristic for scholars in medical and psychological anthropology. We envision this notion to help us gain a more nuanced understanding of the entanglements of the political, social, and affective dimensions of belonging and their effects on health, illness, and healing. A focus on embodied belonging, we argue, reveals how displacement, exclusion, and marginalization cause existential and health-related ruptures in people’s lives and bodies, and how affected people, in the struggle for re/emplacement and re/integration, may regain health and sustain their well-being. Covering a variety of regional contexts (Germany/Vietnam, Norway, the UK, Japan), the contributions to this special issue examine how embodied non/belonging is experienced, re/imagined, negotiated, practiced, disrupted, contested, and achieved (or not) by their protagonists, who are excluded and marginalized in diverse ways. Each article highlights the intricate trajectories of how dynamics of non/belonging inscribe themselves in human bodies. They also reveal how belonging can be utilized and drawn on as a forceful means and resource of social resilience, if not (self-)therapy and healing.

## DETAILS

| | |
|---|---|
| **Subject:** | Health care; Well being; Heuristic; Belongingness; Health services; Marginality; Health problems; Anthropology; Healing; Negotiation; Politics; Medicine; Resilience; Human body; Psychological anthropology |
| **Identifier / keyword:** | Belonging; Embodiment; Exclusion; Marginalization; Well-being |
| **Publication title:** | Culture, Medicine and Psychiatry; New York |
| **Volume:** | 45 |
| **Issue:** | 1 |
| **Pages:** | 2-21 |
| **Publication year:** | 2021 |
| **Publication date:** | Mar 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 |
| **ISSN:** | 0165005X |
| **e-ISSN:** | 1573076X |

| | |
|---|---|
| **Source type:** | Scholarly Journal |
| **Language of publication:** | English |
| **Document type:** | Editorial |
| **Publication history :** | |
| **Online publication date:** | 2020-11-21 |
| **Milestone dates:** | 2020-10-21 (Registration) |
| **Publication history :** | |
| **First posting date:** | 21 Nov 2020 |
| **DOI:** | https://doi.org/10.1007/s11013-020-09693-3 |
| **ProQuest document ID:** | 2487069452 |
| **Document URL:** | https://www.proquest.com/scholarly-journals/embodied-belonging-exclusion-health-care-well/docview/2487069452/se-2?accountid=211160 |
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| **Last updated:** | 2023-09-13 |
| **Database:** | Public Health Database |

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# Social Exclusion and Care in Underclass Japan: Attunement as Techniques of Belonging

Kim, Jieun [1] [1] University of Leeds, School of Languages, Cultures and Societies, Leeds, UK (GRID:grid.9909.9) (ISNI:0000 0004 1936 8403)

ProQuest document link

## ABSTRACT (ENGLISH)

While Japan boasts a universal healthcare system and state-of-the-art medical technology, healthcare has often been denied to those who do not conform to moral ideals of a deserving patient. In underclass enclaves known as *yoseba* (day laborers' quarter), patients have been frequently turned away or blacklisted on grounds of their abnormality and non-compliance. As much as healthcare was enmeshed in the normative bonds of family and community sanctioned by the state, *yoseba* men were considered as outsiders who neglected their duties of care, thus, undeserving of any form of care themselves. Focusing on the struggle for healthcare in a *yoseba* enclave in Yokohama over the past three decades, this paper explores how various practices of care have been improvised in this last refuge for the underclass men. The relentless endeavor pursued by local medical activists reveals how attending to *yoseba* patients required creative techniques of spatio-temporal attunement to make healthcare a communal project. Here, a form of "embodied belonging" was sought through bodily care coordinated among various agents and things, rather than through claims for membership in a bounded entity.

## DETAILS

| | |
|---|---|
| **Subject:** | Men; Creativity; Health care; Noncompliance; Belongingness; Health services; Underclass; Activism; Temporary employment; Medicine; Membership; Refuge; Patients; Medical technology; Social exclusion; Ethnography; Activists; Health care policy; International organizations; Manual workers; Welfare; Psychiatry; Clinics; Homeless people |
| **Business indexing term:** | Subject: Manual workers |
| **Location:** | Japan |
| **Identifier / keyword:** | Social exclusion; Care; Temporality; Embodied belonging; Japan |
| **Publication title:** | Culture, Medicine and Psychiatry; New York |
| **Volume:** | 45 |
| **Issue:** | 1 |
| **Pages:** | 42-63 |
| **Publication year:** | 2021 |
| **Publication date:** | Mar 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 |
| **ISSN:** | 0165005X |
| **e-ISSN:** | 1573076X |
| **Source type:** | Scholarly Journal |
| **Language of publication:** | English |
| **Document type:** | Journal Article |

Publication history :

| | |
|---|---|
| **Online publication date:** | 2020-06-15 |
| **Milestone dates:** | 2020-06-02 (Registration) |
| **Publication history :** | |
| **First posting date:** | 15 Jun 2020 |
| **DOI:** | https://doi.org/10.1007/s11013-020-09678-2 |
| **ProQuest document ID:** | 2487069446 |
| **Document URL:** | https://www.proquest.com/scholarly-journals/social-exclusion-care-underclass-japan-attunement/docview/2487069446/se-2?accountid=211160 |
| **Copyright:** | © Springer Science+Business Media, LLC, part of Springer Nature 2020. |
| **Last updated:** | 2023-03-06 |
| **Database:** | Public Health Database |

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# Trauma, Violence, and Memory in African Child Soldier Memoirs

Hynd, Stacey [1]

[1] University of Exeter, Department of History, Exeter, UK (GRID:grid.8391.3) (ISNI:0000 0004 1936 8024)

ProQuest document link

## ABSTRACT (ENGLISH)

Child soldiers have been heavily involved in contemporary African warfare. Since the 1990s, the ‘child soldier crisis’ has become a major humanitarian and human rights project. The figure of the child soldier has often been taken as evidence of the ‘barbarism’, dehumanization and trauma generated by modern warfare, but such images can obscure the complex reality of children’s experiences of being part of armed groups during conflict. This article uses the published memoirs of former child soldiers from Sierra Leone, Sudan, Uganda, Eritrea and the Democratic Republic of the Congo to explore the instrumental and discursive nexus between child soldiers, memory, violence and humanitarianism. It assesses how (former-) children combatants remember and recount their experiences of war, and how these narratives can be shaped by humanitarian, literary and/or therapeutic framings. The article argues that these memoirs’ significance lies in their affective truths and what they reveal about children’s experience, and narrations, of war. Former child soldiers engage with, but also challenge, dominant contemporary humanitarian discourses surrounding childhood and violence to develop a ‘victim, savage, saviour, campaigner’ framework for their narratives. The article historically contextualizes the emergence of the ‘child soldier memoir’, before analysing the narratives of recruitment, indoctrination, and violence recounted by these former child soldiers, and their attempts to rework their identities in a post-conflict environment. It explores how former child soldiers narrate suffering and deploy discourses of trauma in their memoirs: some seeking to process wartime traumas, others leveraging their own suffering to position themselves as campaigners for those children still caught in conflict.

## DETAILS

| | |
|---|---|
| **Subject:** | Narratives; Suffering; War; Discourses; Indoctrination; Military personnel; Recruitment; Memory; Humanitarianism; Childhood; Violence; Dehumanization; Human rights; Trauma; Armed forces; Children; Autobiographies; Autobiographical literature; Conflict; Child soldiers; Soldiers; Child abuse &neglect |
| **Identifier / keyword:** | Child soldier; Memoir; Africa; Humanitarianism; Trauma; Conflict |
| **Publication title:** | Culture, Medicine and Psychiatry; New York |
| **Volume:** | 45 |
| **Issue:** | 1 |
| **Pages:** | 74-96 |
| **Publication year:** | 2021 |
| **Publication date:** | Mar 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 |
| **ISSN:** | 0165005X |
| **e-ISSN:** | 1573076X |
| **Source type:** | Scholarly Journal |
| **Language of publication:** | English |
| **Document type:** | Journal Article |
| **Publication history :** | |
| **Online publication date:** | 2020-03-02 |
| **Milestone dates:** | 2020-02-15 (Registration) |
| **Publication history :** | |

| | |
|---|---|
| **First posting date:** | 02 Mar 2020 |
| **DOI:** | https://doi.org/10.1007/s11013-020-09668-4 |
| **ProQuest document ID:** | 2487069422 |
| **Document URL:** | https://www.proquest.com/scholarly-journals/trauma-violence-memory-african-child-soldier/docview/2487069422/se-2?accountid=211160 |
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| **Last updated:** | 2023-03-28 |
| **Database:** | Public Health Database |

# Bibliography

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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.

Kleinmann, B., Firoozabadi, N. K., & Tilman, W. (2021). A cross-cultural perspective on intrathecal opioid therapy between german and iranian patients. Culture, Medicine and Psychiatry, 45(2), 218-233. doi:https://doi.org/10.1007/s11013-020-09682-6

Patients often adhere to intrathecal opioid therapy (IOT) for many years, despite the lack of scientific evidence for its efficacy and the scarce knowledge about long-term effects. Moreover, there is no knowledge on how the efficacy of IOT is influenced by cultural factors. We assessed the long-term efficacy and frequency of side effects of IOT in two culturally different patient samples. A chart review was conducted of all patients with IOT, who had been treated in interdisciplinary pain centers in Freiburg and in Tehran in a 15-year span. Personal data, diagnosis, duration of pain disease, pump type in use, revision operations, and opioid doses were recorded. Patients completed a questionnaire containing pain scores, pain-related disability (PDI), anxiety, depression, and unwanted side effects. Fourteen Iranian and 36 German patients (32 m/18 f) were studied. Mean duration of IOT was 10.2 years. Pain levels prior to IOT were 7.64 (NRS) (range 4–10, SD 1.64), 3.86 (range 0–9, SD 2.32) directly after pump implantation, and 4.17 (range 0–10, SD 2.11) at time of follow-up. Iranian patients had significantly lower pain levels directly after implantation, depression scores, and pain-related disability. Frequent side effects were obstipation, sexual dysfunction, urinary retention, and fatigue. Most side effects were significantly less frequent in the Iranian sample. There were no severe complications or permanent neurological deficit. Our study demonstrates the effectiveness of IOT also for long-term application. Differences in clinical efficacy are partially due to cultural factors. Side effects are frequent but not limiting patient satisfaction.

Rosalie, P., Willems, D. L., & van de, V. S. (2021). Do doctors differentiate between suicide and physician-assisted death? A qualitative study into the views of psychiatrists and general practitioners. Culture, Medicine and Psychiatry, 45(2), 268-281. doi:https://doi.org/10.1007/s11013-020-09686-2

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

Pankhuri, A., Raval, V. V., Uttara, C., Vijaya, R., Kadnur, S. K., Sanjana, K., & Visweswariah, A. M. (2021). Clinicians’ perspectives on diagnostic markers for depression among adolescents in india: An embedded mixed-methods study. Culture, Medicine and Psychiatry, 45(2), 163-192. doi:https://doi.org/10.1007/s11013-020-09680-8

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

Joshua, B. (2021). Attending to aliveness: Self-harm, body and world in contexts of urban homelessness. Culture, Medicine and Psychiatry, 45(2), 282-311. doi:https://doi.org/10.1007/s11013-020-09687-1

The DSM-5 proposes that self-harm be recognized as a diagnostic category of mental disease, compared to its previous definition as a behavioral symptom. Based on fieldwork in London, I challenge this proposal by exploring the life-history of a homeless sex-worker and substance-user who practices self-cutting. By bringing phenomenological anthropology into conversation with psychoanalytic theory, this article provisionally re-conceptualizes self-harm as an ethics of self-reparation and existential affirmation in the face of extreme precarity. Approached as an agentive practice through which human beings reclaim “somethingness” by altering their bodily conditions, we can conceive self-harm in a way that is attentive to the situational conditions that shape existential pain, instead of reaching straight for the diagnostic toolkit. In taking self-harm as simultaneously a reaction to and a reflection on existential crisis—rather than a sui generis disorder—this paper situates such practices as a pluralized condition-of-world rather than a bounded pathology-of-mind.