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Mental health \u0026 HIV:
Supporting communities and
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Distress Depression
Research from prior economic downturns shows that job loss is associated with increased depression, anxiety, distress ... just the infected who will suffer. The syndemic of mental health ...

Psychology Today
Research from prior economic downturns shows that job loss is associated with increased depression, anxiety, distress ... just the infected who will suffer. The syndemic of mental health ...

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In a major contribution to the study of diabetes, this book is the first to analyze the disease through a syndemic framework. An innovative, mixed-methods study, Emily Mendenhall shows how adverse social conditions, such as poverty and oppressive relationships, disproportionately stress certain populations and expose them to disease clusters. She goes beyond epidemiological research that has linked diabetes and depression, revealing how broad structural inequalities play out in the life histories of individuals, families, and

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communities, and lead to higher rates of mortality and morbidity. This intimate portrait of syndemic suffering is a model study of chronic disease disparity among the poor in high income countries and will be widely read in public health, medical anthropology, and related fields.

While there is increasing political interest in research and policy-making for global mental health, there remain major gaps in the education of students in health fields for understanding the complexities of diverse

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mental health conditions.

Drawing on the experience of many well-known experts in

this area, this book uses engaging narratives to illustrate that mental illnesses are not only problems experienced by individuals but must also be understood and treated at the social and cultural levels. The book -includes discussion of traditional versus biomedical beliefs about mental illness, the role of culture in mental illness, intersections between religion and mental health, intersections of mind and body, and access to health care; -is ideal for courses on global mental

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health in psychology, public health, and anthropology departments and other health-related programs.

This research study illustrates the overarching syndemic theory, which was used to explain the interconnections of type 2 diabetes, clinical depression, and human suffering among low-income African American outpatients in the southern sector of Dallas TX, USA. The intersections of race, gender, and class were additional variables that were included in this research. Furthermore, this research indicated how

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poverty, social relationships and other conditions stressed individuals and populations, weakened their natural defenses and caused exposure to disease clusters. I have coined the term D2 S2 to deconstruct the social/syndemic interconnections that interface with diabetes, depression and human suffering. The first dimension in the D2 S2 Model is Diabetes - the chronic blood glucose dysregulating condition. The second dimension is Depression - the biochemical mood disorder, which is often chronic, internalized and

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untreated. The third and fourth dimensions are Syndemic Suffering - which entails adverse psychological and social conditions encompassing poverty, social relationships and other conditions. The discussion of these four dimensions in this research was illustrated by the personal narratives of six (6) African American outpatients, was shaped by and associated with social, political and economic inequalities, and was escalated by the chronic adversity of diabetes and depression. The D2 S2 Model was developed from the

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triangulation of the biological, psychosocial and survey data, as well as, through the critical examination of narratives. The narratives indicated that internalized stress and chronic hardships interacted with the self-management of type 2 diabetes and depression. Their narratives indicated that the most frequently occurring themes were physical health problems, mental health problems, occupational problems and economic problems. The research study findings established the value of using narratives in qualitative research and how this methodology provided a

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vast depth and breadth of knowledge from the information that was gathered. Other findings indicated that psychosocial distress, poverty, and unemployment were major contributing factors vis-à-vis type 2 diabetes, depression and syndemic suffering. The results indicated the benefits of Solution Focused Brief Therapy (SFBT) in the treatment of depression with these outpatients who were living with type 2 diabetes, as evidenced by decreased or stabilized scores on the nine question psychometric screening instrument, the Patient Health

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Questionnaire-9 © (PHQ-9 ©).

Further results indicated that applied syndemic theory was very useful and a "goodness of fit" in addressing the research questions and the intersections of race, gender and class.

In *Rethinking Diabetes*, Emily Mendenhall investigates how global and local factors transform how diabetes is perceived, experienced, and embodied from place to place. Mendenhall argues that the link between sugar and diabetes overshadows the ways in which underlying biological processes linking

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hunger, oppression, trauma, unbridled stress, and chronic mental distress produce diabetes. The life history narratives in the book show how deeply embedded these factors are in the ways diabetes is experienced and (re)produced among poor communities around the world. Rethinking Diabetes focuses on the stories of women living with diabetes near or below the poverty line in urban settings in the United States, India, South Africa, and Kenya. Mendenhall shows how women's experiences of living with diabetes cannot be dissociated from their social responsibilities of

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Caregiving, demanding family roles, expectations, and gendered experiences of violence that often displace their ability to care for themselves first. These case studies reveal the ways in which a global story of diabetes overlooks the unique social, political, and cultural factors that produce syndemic diabetes differently across contexts. From the case studies, *Rethinking Diabetes* clearly provides some important parallels for scholars to consider: significant social and economic inequalities, health systems that are a mix of public and private (with substandard provisions

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for low-income patients), and rising diabetes incidence and prevalence. At the same time, Mendenhall asks us to unpack how social, cultural, and epidemiological factors shape people's experiences and why we need to take these differences seriously when we think about what drives diabetes and how it affects the lives of the poor.

Unmasked is the story of what happened in Okoboji, a small Iowan tourist town, when a collective turn from the coronavirus to the economy occurred in the COVID summer of 2020. State

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political failures, local negotiations among political and public health leaders, and community (dis)belief about the virus resulted in Okoboji being declared a hotspot just before the Independence Day weekend, when an influx of half a million people visit the town. The story is both personal and political. Author Emily Mendenhall, an anthropologist at Georgetown University, grew up in Okoboji, and her family still lives there. As the events unfolded, Mendenhall was in Okoboji, where she spoke formally with over 100 people and observed a community that rejected

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public health guidance, revealing deep-seated mistrust in outsiders and strong commitments to local thinking. Unmasked is a fascinating and heartbreaking account of where people put their trust, and how isolationist popular beliefs can be in America's small communities.

Capturing the important place and power role that culture plays in the decision-making process of migration, this Handbook looks at human movement outside of a vacuum; taking into account the impact of family relationships, access to resources, and security

Download Free Syndemic Suffering Social Distress and Insecurity at both the points of origin and destination. Among Mexican Immigrant Women

This book explains the growing field of syndemic theory and research, a framework for the analysis and prevention of disease interactions that addresses underlying social and environmental causes. This perspective complements single-issue prevention strategies, which can be effective for discrete problems, but often are mismatched to the goal of protecting the public's health in its widest sense. "Merrill Singer has astutely described why health

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problems should not be seen in isolation, but rather in the context of other

diseases and the social and economic inequities that fuel them. An important read for public health and social scientists." –Michael H.

Merson, director, Duke Global Health Institute "Not only does this book provide a persuasive theoretical biosocial model of syndemics, but it also illustrates the model with a wide variety of fascinating historical and contemporary examples." –Peter J. Brown, professor of Anthropology and Global Health and director, Center for Health, Culture, and Society, Emory

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University "The concept of syndemics is Singer's most important contribution to critical medical

anthropology as it interfaces with an ecosocial approach to epidemiology."

—Mark Nichter, Regents Professor, Department of Anthropology, University of Arizona "Merrill Singer offers the public the most comprehensive work ever written on this key area of research and policy making."

—Francisco I. Bastos, chairman of the graduate studies on epidemiology, Fundacao Oswaldo Cruz "Exquisitely describes how this new approach is a critical tool that brings

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Depression, veterinary, diabetes
medical, and social sciences
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to solve emerging infectious
and non-infectious diseases
of today's world." –Bonnie
Buntain, MS, DVM, diplomate,
American College of
Veterinary Preventive
Medicine "For too long the
great integrative
perspectives on modern
biomedicine and public
health disease ecology and
social medicine-have
remained more or less
separate. In this innovative
and provocative book,
Merrill Singer develops a
valuable synthesis that will
reshape the way we think
about health and disease."
–Warwick H. Anderson, MD,

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PhD, professorial research
fellow, Department of
History and Centre for
Values, Ethics, and the Law
in Medicine, University of
Sidney

Central to this volume, and
critical to its unique
creative significance and
contribution, is the
conceptual unification of
syndemics and stigma.
Syndemics theory is
increasingly recognized in
social science and medicine
as a crucial framework for
examining and addressing
pathways of interaction
between biological and
social aspects of chronic
and acute suffering in

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populations. While much research to date addresses known syndemics such as those involving HIV, diabetes, and mental illness, this book explores new directions just beginning to emerge in syndemics research - revealing what syndemics theory can illuminate about, for example the health consequences of socially pathologized pregnancy or infertility, when stigmatization of reproductive options or experiences affect women's health. In other chapters, newly identified syndemics affecting incarcerated or detained individuals are

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highlighted, demonstrating the physical, psychological, structural, and political-economic effects of stigmatizing legal frameworks on human health, through a syndemic lens. Elsewhere in the volume, scholars examine the stigma of poverty and how it affects both nutritional and oral health. The common thread across all chapters is linkages of social stigmatization, structural conditions, and how these societal forces drive biological and disease interactions affecting human health, in areas not previously explored through these lenses.

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The health effects of psychosocial factors are a widely discussed and controversial topic. Do positive and negative emotions affect our risk of developing physical disease? Are depressive individuals more likely to have cancer than those with an optimistic outlook on life? And what is the role of IQ in staying healthy and recovering from disease? Importantly, can we improve our health and life expectancy by avoiding certain psychosocial risk factors and maximizing positive psychological well-being? These and other

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Questions are the focus of psychosocial epidemiology, a discipline linking psychological, social and biological sciences. The Routledge International Handbook of Psychosocial Epidemiology is the first book to map this growing discipline. Including contributions from many of the leading researchers in the field, it is divided into five sections: Part I: Methodological challenges in studying psychosocial factors and health; Part II: Psychosocial factors in the etiology and prognosis of chronic diseases; Part III: Controversies in the psychosocial approach; Part

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IV: Interventions and policy implications Part V: Future research directions Taking advantage of a huge growth in research in recent years, the book provides the reader with the essentials to evaluate the diverse set of studies on psychosocial factors and health that are published today, and describes study designs in this field of research, progress in judging the validity of epidemiological evidence, as well as challenges in translating evidence into action. This is an important and timely book. Providing methodological rigour, critical analysis and the

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policy implications of this emerging field of study, The Routledge International Handbook of Psychosocial Epidemiology will be an invaluable resource for students and researchers within both behavioural and medical sciences, as well as policy makers and others working in health and social care.

In this collection, researchers examine areas in which biosocial health can be better understood through a syndemic framework by looking at how social and biological interactions are driven by stigma.

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