Reconfiguring Health: The Importance of Recognizing Embodied Subjectivity and Social Dynamics in Health

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The target article "Bounded Justice, Inclusion and the Hyper/Invisibility of Race in Precision Medicine" raises critical questions about the development of genuinely inclusive, fair and equitable practices in precision medicine. The author, referring to the concept of bounded justice, argues for the need to introduce practices of historical contextualization, ethically guided transparency and a constant reflection on the dynamics of Hypervisibiliation and Invisibilization of Race.

In this commentary, we explore the potential of this approach to address equity and justice in mental health care provision for minorities (migrants, refugees, sexual and gender minorities) who are frequently subjected to different forms of discrimination at the same time (Zoldan and Rousseau 2020). The bounded justice framework requires to constantly question the effects of intersecting processes of exclusion and the failure to consider the specific health care needs of minorities. Building innovative practices in mental health care for minorities demands an interrogation of blind spots, especially about historically embedded relations of inequity. To this end, we draw on Merleau-Ponty's work (1964), and the concept of embodied cognition to situate the dynamics of Hypervisibilization and Invisibilization within the phenomenological field of embodiment and corporeality. Our aim is to extend this analysis to reflect critically on the performativity of bodies in health.

For many years, health research has upheld Cartesian dualism, which separates the mind from the body and individuals from their contexts. However a more ecological perspective rooted in the philosophy of Merleau-Ponty has emerged recently, emphasizing the interconnectedness of health and its systems (Gómez-Carrillo et al. 2023). His concept of *Flesh* challenges dualism by emphasizing the most subjective aspect of our experience of the world. Our flesh is the medium through which we perceive and interact with the world, and it is intersubjectively shared. Therefore, it breaks down the dualism between subject and object and the mind-body dichotomy that has long been promoted in health research. We perceive ourselves from within

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and may experience ourselves as invisible. However, when others view us from the outside, we become real and visible. This phenomenology of recognition (Benjamin 2018) is the essence of our being in the world. Still, these processes are shaped by cultural practices of representation, voicing and silencing of perspectives, and, as Ferryman convincingly argues, by practices of Hypervisibilization and Invisibilization.

We would like to illustrate the utility of the bounded justice framework and the notions of Hypervisibilization and Ivisibilization with examples from our research and intervention in the mental health care field.

Our first example comes from a qualitative research project on adaptation and accessibility of mental health care interventions in France (FTDA in press). The research team interviewed asylum seekers and professionals working at housing centers to get their perspectives on the mental health and the accessibility of mental health care for this population. Professionals in our study reported difficulties referring asylum seekers to adequate health services due to limited resources:

We were bothered for a long time, because […] we never had access to community interpreters. So there was a whole panel of residents, who didn't speak French, and who did not get access [to mental health care] because of that. Even though there was a need [of mental health care interventions]. (FTDA in press)

In this case, the Invisibilization of specific needs lead to a complete exclusion of certain asylum seekers from the public health care system. This illustrates that despite the high prevalence of mental health problems in refugees and asylum seekers, there are still important gaps in adaptation and accessibility of mental health care for this population (Dourgnon, Sturm and Rietsch 2017).

The inadequacy of health care responses and prevention can also be attributed to the Hypervisibilization of certain dimensions of their suffering, such as posttraumatic reactions related to experiences before migration. While these experiences are certainly important for their health, other less highlighted stressors affect migrant mental health, including discrimination and violence in the host countries (Rousseau and Frounfelker 2019). One participant explained the devastating effect of being exposed to this type of Hypervisibilization in a life-threatening situation where she felt that she was exclusively perceived as being "different" (as an asylum seeker), while her basic human needs for support and protection were neglected.

Me, I can say that the asylum seekers, on the one hand, we don't have the respect […]. We are people of no importance. […] I had an emergency surgery when I was pregnant. The baby was not in a good position. The paramedics from the emergency ambulance […] when they saw my documents, they said "You see that, plus she's an asylum seeker!". […] There was blood in, … in all my intestines. I was even supposed to die, I was in pain and there was blood flowing over me, blood all over me […] I had called the ambulance, they came after 40 minutes. […] they weren't nice at all because I'm an asylum seeker. (FTDA in press)

Years after experiencing the non-recognition of her needs as a human being, of fearing for her life and the life of her baby, the memory of this stressful situation seemed to be very present in her mind. She related this experience to other incidents of discrimination, where she was exclusively perceived as Black foreign asylum seeker, unable to escape from these globalizing attributed identities. As the bounded justice framework convincingly indicates, this example could also be contextualized in the historical context of French control over Black women's reproductive function for colonial purposes (Vergès 2020).

Hypervisibilization as a "cultural other" combined with Invisibilization as an embodied being with human needs often leads to an internalized form of suffering that manifests as somatic pain. The following example from clinical practice with migrants in Canada illustrates how engaging in a person-centered interpretation of the migrants' experiences while recognizing and contextualizing the pain they show can help to voice suffering as a human and social experience.

Aïcha is a young woman from the Middle East who has been referred to mental health services on behalf of the severe pain she experienced, while no medical cause could be identified. She describes herself as "being the pain" and feeling at the same time discriminated, unheard, and identified as an over-complaining Arab woman. Her experience only started to change when she felt that her complaints were taken seriously, as a form of human suffering related to painful aspects of her current and past life as a female migrant.

In this case, Aïcha's body has a way of being in the world that she describes as "I am the pain". However, once her pain is understood as a way of experiencing the world and reaching out to others, it becomes understandable and transformable. This situation echoes Fanon's observations that when not recognized as a fellow human being, one can only be a body in pain (Fanon 1952).

Ferryman underscores the significance of social dynamics in medicine and invites us to broaden our phenomenological horizon of perception to be more attuned to the dynamics of visibility and invisibility. This can be extended to the concept of performative health, which refers to how repeated medical acts constitute assigned identities. Our concept of performative health draws on Butler's phenomenological theory of performativity which implies that discriminated identities are constituted by body acts repeated throughout history that give a sense of natural substance (Butler 1988). Patients from marginalized communities, through medical acts in certain historical contexts and cultural horizons, create special subjects with the potential to invisibilize their human condition and visibilize stereotyped figures of rejection. The body shapes the mind, which then performs on a medical stage made of historical and cultural reifications.

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