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Dangerous sadness: *nervoza* among first and second generation Macedonian immigrants to Australia

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**ABSTRACT**

**Objective:** *Nervoza* is a commonly-used illness category among Macedonian Australians. Although *nervoza* belongs broadly to the category of ‘nerve illnesses’ little is known of its meaning among Macedonian immigrants, and whether there is intergenerational attrition in its meaning and use. We aimed to explore how *nervoza* and its treatment are perceived by members of the Macedonian community in Australia.

**Design:** In-depth interviews in Macedonian with 18 participants from the Macedonian community in Melbourne, Australia.

**Results:** *Nervoza* is a layered concept relating shame, emotional experience and nerves, used as an idiom of distress and sadness in the presence of acute and chronic stressors. *Nervoza* develops in both the social world (through poverty, grief or the loss of war), and in the psyche of distressed and isolated people. It is viewed as dangerous on many levels: to physical health, as a ‘gateway condition’ to long-term psychological illnesses such as depression and schizophrenia, and to the person’s social well-being. The normalised treatment for *nervoza* in Macedonia – benzodiazepines – is the subject of significant medical control in Australia.

**Conclusion:** For sufferers of *nervoza*, the social self is both medicalized and stigmatised. Health services in Australia are often considered marginal in the management of *nervoza*. Second generation Macedonians viewed the concept as unhelpful, and possibly increasing the stigmatisation of mental illnesses. The lack of knowledge about, and underutilisation of, mental health services and support groups in the Macedonian Australian community should be the focus of community-based inter-generational health literacy initiatives.

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Migrants; anxiety; stress disorders; patient acceptance of health; Macedonia

**INTRODUCTION**

Many Australians from migrant backgrounds employ illness categories that are culturally specific. Macedonian immigrants who have migrated to Australia in successive cohorts since the 1920s (Hill 2001), frequently use the illness construct *nervoza* (Blignault et al. 2009). Anecdotal evidence suggests that *nervoza* articulates a notion of distress through the metaphor of ‘nerves’, and that it is frequently treated with benzodiazepines, particularly diazepam, in Macedonia (Mirchevska et al. 2014).

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Finkler (1989) has argued that illnesses connected to ‘nerves’ can be considered universal illnesses expressed through locally-constructed ways of embodying distress. Nerve illnesses are reported from countries as diverse as Newfoundland and Northern Norway (Davis and Joakimsen 1997), Portugal (James et al. 2009), Egypt (Krieger 1989) and Greece (Clark 1989). Studies of nerve illnesses have tended to view them from a biomedical lens (mapping nerve illnesses across to conditions defined in the Diagnostic and Statistical Manual of Mental Disorders [American Psychiatric Association 2013]) or from a particularist lens in which they are viewed as locally-relevant ways of viewing and responding to distressing circumstances. Studies in the former vein tend to adopt a clinician’s perspective, since mapping an illness experience onto a biomedical category is essentially a biomedical endeavour (James et al. 2009). Because it prioritises the clinician’s perspective, these types of studies are of limited use in illuminating the lived experience of sufferers of nerve illnesses. The particularist approach, on the other hand, focuses on the lived experience, but often assumes that nerve illnesses have stable meanings in an unchanging cultural landscape. Yet nerve illnesses may be recalibrated and expanded under conditions of new stress. Guarnacciam, Lewis-Fernández, and Marano (2003), for example, found that the disease category nervios contained a number of layered notions of illness and distress, some of which emerged or changed after migration of sufferers from Puerto Rico to the USA.

Nervoza is described in Australia by immigrants from countries that include Macedonia, Bosnia, Croatia and Serbia. Prescription of benzodiazepines, the medications that have historically been prescribed for anxiety and ‘nerve conditions’ (Tone 2005), is quite controlled in Australia (Royal Australian College of General Practitioners 2015), and there is debate about whether many benzodiazepines should be available at all (Rintoul, Degenhardt, and Neilson 2013). This is in contrast to the situation in many Balkan countries. In 2012, Croatia and Macedonia had the world’s second and third highest per-capita consumption of diazepam, far higher than other European countries (International Narcotics Control Board 2014). Between 2003 and 2013 diazepam was ranked third in order of frequency of all medications prescribed in Macedonia (Petrushevska and Stefanoska 2015), and it is distributed frequently without prescription. 11% of benzodiazepines used in Macedonia in 2012 were purchased without prescription (Mirchevska et al. 2014). Migrants who employ the illness construct nervoza in Australia may find a mismatch between their expectations of treatment, their understanding of illness, and the treatments provided to them by health care professionals.

There have been no studies to date exploring nerve illnesses and idioms of distress across generations. This study aims to explore the ways in which nervoza and its treatment is viewed and understood by members of the Macedonian community in Australia and the expected treatments for this condition in Australia, while also addressing the application of the term across different generations.

**Methods**

This was a qualitative study using in-depth interviews by an interviewer who was bilingual in Macedonian and English.
**Participants**

Participants were Macedonian Australians living in Melbourne, Victoria ($n = 18$, 7 men, 11 women). Macedonian immigrants have come to Melbourne in three waves: Aegean Macedonians after the Second World War, joined by a second wave in the 1960s and 1970s from the Socialist Republic of Macedonia and a third wave in the early 1990s after Macedonia’s declaration of independence from Yugoslavia (Hill 2001). Six participants had lived in Australia for their whole lives, or from a young age (five were born here). Twelve had migrated to Australia in adulthood, having grown up in Macedonia, which was at that time part of the Socialist Federal Republic of Yugoslavia (Table 1). Ages ranged from 18 to 75, median, 56 years.

**Recruitment**

We used passive and snowball recruitment (Henry 2009). Participants were invited to participate through posters placed in shopping centres and Macedonian community centres in Melbourne, Victoria. We also invited participants to pass information about the study on to others in the Macedonian community.

**Interview processes**

Interviews were conducted in person or over the phone by AM in Macedonian, with interviewees switching between English and Macedonian at their own discretion. Interviews were conducted in the home of the interviewee, or at some other place of their choosing. The interview schedule addressed descriptions of *nervoza* in both Macedonian and English, the duration and severity of *nervoza*, presentation, views on treatment, the level of understanding of the concept of *nervoza* within the Macedonian community and the wider Australian community, comparisons with *nervoza* in Macedonia, and attitudes towards it. All interviews were taped except one, which was immediately reconstructed after the interview from hand-written notes.

**Table 1.** Demographic details of study participants.

<table>
<thead>
<tr>
<th>Participant no. (Pseudonym)</th>
<th>Sex</th>
<th>Age group</th>
<th>Generation</th>
<th>Approximate number of years in Australia</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>F</td>
<td>46–55</td>
<td>1st</td>
<td>30</td>
</tr>
<tr>
<td>2 (Jovan)</td>
<td>M</td>
<td>56–65</td>
<td>1st</td>
<td>40</td>
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<tr>
<td>3</td>
<td>F</td>
<td>56–65</td>
<td>1st</td>
<td>40</td>
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<td>4</td>
<td>F</td>
<td>66–75</td>
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<td>50</td>
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<td>5</td>
<td>M</td>
<td>56–65</td>
<td>1st</td>
<td>35</td>
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<tr>
<td>6 (Lena)</td>
<td>F</td>
<td>56–65</td>
<td>1st</td>
<td>35</td>
</tr>
<tr>
<td>7 (Mitre)</td>
<td>M</td>
<td>46–55</td>
<td>1st</td>
<td>20</td>
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<tr>
<td>8 (Gordana)</td>
<td>F</td>
<td>36–45</td>
<td>1st</td>
<td>20</td>
</tr>
<tr>
<td>9 (Robert)</td>
<td>M</td>
<td>26–35</td>
<td>2nd</td>
<td>30</td>
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<tr>
<td>10</td>
<td>F</td>
<td>46–55</td>
<td>1st</td>
<td>40</td>
</tr>
<tr>
<td>11 (Darko)</td>
<td>M</td>
<td>66–75</td>
<td>1st</td>
<td>50</td>
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<tr>
<td>12</td>
<td>F</td>
<td>16–25</td>
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<td>13</td>
<td>F</td>
<td>16–25</td>
<td>2nd</td>
<td>20</td>
</tr>
<tr>
<td>14 (Mira)</td>
<td>F</td>
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<td>15</td>
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<td>F</td>
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</tr>
<tr>
<td>17 (Diana)</td>
<td>F</td>
<td>16–25</td>
<td>2nd</td>
<td>20</td>
</tr>
<tr>
<td>18 (Risto)</td>
<td>M</td>
<td>56–65</td>
<td>1st</td>
<td>40</td>
</tr>
</tbody>
</table>
Analysis

All transcripts were transcribed in Macedonian (and English where necessary) by a multilingual transcribing service (Matinee Multilingual, Reading, UK). Transcripts were then translated by AM and analysed thematically, beginning with the construction of a semantic web, using the method described by Good (1977). The first set of thematic clusters that were generated were subjected to a reanalysis of the data seeking negative cases.

This study was approved by the Australian National University Human Research Ethics Committee.

Results

Participants reported that nervoza was readily recognisable, both within the Macedonian community and in other communities, and confusion about the term was denied by older participants. However, explanations of the concept were varied, as were perceptions of the symptoms and consequences of nervoza. When asked to explain nervoza and its causes in Macedonian, many semantic associations were made (Figure 1). Signs associated with nervoza were said to include facial redness, fidgeting, shaking, a short temper, yelling, increased aggression, and also negative thoughts, sadness, silence, and crying. Causes for nervoza included acute events such as car accidents or near-misses, disagreements with people, family issues, problems at work, financial problems, language barriers in

Figure 1. Semantic web of nervoza and its relationship causes, consequences and symptoms.
the context of recent migration, pain, illness, disability and the loss of a family member. This connection with great loss was extended by one participant to summarise the impact of the Yugoslav Wars in the Balkans:

Nobody has more nervoza than a Bosnian (Risto, aged 60)

Nervoza was frequently translated by participants of the older generation as ‘nervous’ or ‘nervousness’. Participants in the younger generation argued that the straightforward translation of nervoza as ‘nervous’ was an incorrect transposition of the term into a homophonous English word which did not have the same meaning, and resulted in it being too neatly categorised as a biological anxiety condition. For participants in this study, nervosa reflected a state closer to sadness than anxiety. ‘Stress’ was also a recurring term used to translate nervoza, however the existence of another Macedonian word for stress (stres) implies that these two concepts differ, despite their overlap.

The presence of nervoza in the struggles of immigration was a common theme among first generation Macedonian immigrants. Poverty, both in Macedonia and in Australia, was considered a constant stressor leading to nervoza that accumulates over time. The language barrier was another challenge, as most participants arrived in Australia with little to no knowledge of English, relying on friends or family to aid them. Working conditions and disagreements with colleagues or employers, which for most participants were in a factory or manual labour environment, combined to exacerbate nervoza. This broad set of experiences and possibility for adverse mental health outcomes is not unique among Macedonians in Australia, and has been recorded in various migrant groups worldwide (Lindert et al.1982; Escandell and Tapias 2010).

I had a friend here in Australia [with nervoza], they put him … in the hospital – the mental hospital and the doctors said, you have to send him back [to Macedonia] – they sent him back, he didn’t have anything wrong! … He specialised and ended up a director at customs, yet here he was in a madhouse. (Darko, aged 75)

The above quote illustrates one extreme of the distress that can affect immigrants, and how explanations of nervoza are contextualized and particularised. Darko’s friend was a university graduate who, after reaching Australia with no knowledge of English, had to work in a factory. This drastic change of circumstances and his inability to explain his severe nervoza to the doctors led to a diagnosis of mental illness and subsequent hospitalisation, ultimately leading to his deportation. In Macedonia, where he was able to explain his condition, he was able to be treated and move on from his nervoza, which for Darko was a temporary reflection of settlement stress. Cases such as this are not limited to Macedonian migrants – culture changes and the underlying issues may trigger mental health problems in any susceptible individuals of a migrant population (Bhugra and Becker 2005).

Nervoza as a manifestation of grief

People say that they know my pain, but they don’t. Even though they all saw what happened, they don’t know the pain … It gives me more nervoza – those kinds of people. And that’s why sometimes I stay away, it’s better if I stay alone or if I need to I’ll go for a walk, I’ll calm down, and come home after that. (Mira, aged 52)

Mira, a woman dealing with the sudden death of her son in a car accident, experiences nervoza daily. She views it as part of her grief, and it manifests itself as crying and
occasional headaches. It has become progressively worse – she comments that she is more nervozna (feminine singular adjective) now than she has been previously. Although she feels that hiding her nervoza makes it worse, she keeps it inside in order to not upset the rest of her family. Nervoza is here used as an idiom of distress that explains aspects of her illness symptoms and behaviours, and also fuels further symptoms. She explains that a different type of nervoza is brought on when dealing with people who believe she should move on from her grief, or when people act as if she is not still grieving her loss. This manifests itself more as anger and frustration, but again, Mira explains she keeps quiet in order not to worsen the situation.

Mira’s views about her own nervoza and what is best for her clash with the general suggestion by friends of hers, and incidentally the view of most other participants, that it would help to talk more openly about her nervoza with her family rather than keeping her feelings inside. Instead, Mira views her nervoza as a private and inevitable consequence of her loss, and as incurable.

The role of nervoza in bodily pathology

[M]y body succeeded in fighting cancer. If I had nervoza, my body would have broken down, it would been weaker. You know, if– there are lots of examples like that, nervoza can even make a person’s heart stop, of fright, the heart. (Darko, aged 75)

Darko, a retired engineer and cancer survivor, explains the generally accepted notion that nervoza has a negative impact on the body. He recounted that he did not fear death after his cancer was diagnosed, and saw no point in harbouring feelings of nervoza as his wife and family did upon hearing the news. He goes on to describe metaphors regarding the body – including the heart as a pump, the body as a machine, and the brain as a computer – all of which may experience mechanical disruption by nervoza.

The concept of nervoza as a pluripotent condition that seeds other pathology was frequently expressed by participants. Many Macedonians of older generations, said one participant, believe nervoza left uncontrolled can play a role in cancer or stroke. This may however be reflective of generalised opinions on the consequences of not coping with nervoza, rather than a belief detailing a biological pathway relating nervoza and those conditions.

Nervoza in relation to mental illness

Nervoza seemed to occupy a complicated position in relation to notions of mental illness as used in the West. Nervoza was described both as a sign of mental illness and a problem that, if not properly coped with, could lead to mental illnesses. These included depression, dementia, schizophrenia, attention-deficit disorder and conditions described with more colloquial idioms such as ‘crazy’ (zbesnat) and ‘mad’ (budala). The description of nervoza as having to do with the nerves and ultimately the brain, is analogous to other folk aetiologies around the world (Low 1985). This oscillation between a local disease construct and a Western disease construct reflects an awareness among participants of Western psychological illnesses. Second-generation g participants, in particular, tended to discount nervoza from a biomedical perspective, rather than reading it as a legitimate socially-positioned illness.
I don’t use that word ‘nervoza’… I’ll say how I’m feeling in that moment … ‘nervoza’ – isn’t a word that I would use. (Diana, aged 20)

Diana, a young woman who was born in Australia, stated that the term nervoza was used by older Macedonian Australians to refer to a range of problems in different contexts, and that its interpretation is subjective. As explanations using the term are prone to error, labelling an individual as nervozn/nervozna (masculine/feminine adjectival forms) is unhelpful, and even shaming. She also expressed concern that this can lead to inability of patients to explain mental health problems to a doctor; the use of ‘nervous’ as an attempt to describe more sinister but related symptoms could lead to misdiagnosis. While Darko had viewed nervoza as a state that existed so widely that it could apply to his wife and family on hearing the bad news about his cancer, for Diana, this lack of precision represented a problem in translating symptoms into useful meaning.

Mental illness is still stigmatised in the Macedonian community (Blignault et al. 2009, 2010). Individuals suffering from nervoza can lose social support quickly, thereby limiting coping strategies and increasing risk of the development of mental illness. The shame (sram, sramota) associated with suffering from nervoza was generally criticised as being unhelpful and exacerbating problems.

Jovan, who migrated to Melbourne 40 years ago cited a psychiatrist who discussed the tendency of Macedonians to discount the weight of their symptoms, or to contest a psychiatric explanation.

Quite a few Macedonians – that is my opinion – I think they avoid seeking professional advice … Plus I have spoken with a psychiatrist, ‘When they [Macedonians] come’ he says, ‘they don’t tell me the truth’. They’re not honest … Nervoza is, how do I put it, a big evil. (Jovan, aged 62)

Jovan describes the shame of nervoza as resulting in people being dishonest to themselves about their symptoms. Robert, a young man who has lived most of his life in Australia, articulates the challenge of discussing the symptoms to anyone.

I keep it [nervoza] to myself … Well, it doesn’t work well … I feel ashamed to go to these free counsellors. Ashamed to state what the problem is and I keep it inside. [It’s] bad, a person needs to state what it is that they have inside … There are lots [of people who do the same]. (Robert, aged 29)

Robert argues that shame of nervoza in daily life is a widespread problem among the Macedonian community, yet acknowledges that he himself feels so unable to speak about it or attend a GP for a referral to a Medicare-subsidised psychologist. Robert is an example of a younger Macedonian Australian who struggles with the weight of social meaning attributed to nervoza, an experience which other young Macedonians described as more common among older Macedonian Australians.

Respondents generally agreed that being able to talk about nervoza was preferable to medications, and could limit the development of other psychological illnesses. There was no consensus on whether it is best to talk to close friends or family, or with professionals, and if so, which professionals within the health system (GPs, psychiatrists, psychologists, counsellors). Utilising support networks, whether existing or newly generated, was considered the key step in beginning to deal with the problem. Some respondents thought that nervoza was not serious enough to see a doctor; but this sentiment is
couched in a general unwillingness to bring mental health problems to doctors among many participants. Many respondents drew a distinction between nervoza which was due to major stress and loss (as Darko’s friend had experienced, or Mira) and posed a future danger to the mental health of the person, and nervoza which was a current mental illness.

Views on medication as possible treatment were also mixed, and knowledge of medications was varied. Speaking of a friend who had lost her child, Lena said

She needs to take tablets, to calm her down. She thinks about it a lot. And she does need the tablets. The tablets don’t let her think much. They make her almost happy, a bit. (Lena, aged 57)

Benzodiazepines were described as being easily available in Macedonia without prescription, used to treat even the mildest symptoms of nervoza, such as any form of pain or anxiety. Benzodiazepines were described as ‘calming’ or ‘relaxing’ medications (tableti za smiruvanje/relaksiranje).

If we are talking about Macedonian people in Macedonia, if not every one of them, then every other one of them is taking diazepam. And there is no prescription for it, they can just get it over the counter, so everyone is taking it … just to relax them and calm them down. (Gordana, age 40)

**Conclusion**

This study showed that nervoza is a layered concept relating shame, emotional expression and nerves, used as an idiom of distress in the presence of acute and chronic stressors. Nervoza joins the territories of social and inner selves, as it develops in both the social world (through poverty, grief, or the loss of war), and in the psyche of distressed and isolated people. While the general academic view of ‘nerve illnesses’ is that they map across to the anxiety illnesses in DSM (eg Lewis-Fernández et al. 2010), for participants in this study, the affective state most referenced was sadness.

In his work on cultural expressions of emotion, Robert Levy (1973) proposed a distinction between hypercognized and hypocognized affective states. Hypercognized emotions are those to which a society has devoted some theorising about the causes and elaboration of the emotion. Hypocognized emotions are not so clearly delineated or recognised in a society. Levy cites the example of Tahitian society where he proposes anger in hypercognized, whereas sadness in hypocognized. Among Macedonians, our findings suggest that nervoza is socially-recognised way of codifying and theorising sadness, a hypercognized emotion.

Nervoza was viewed as a gateway condition to a range of serious conditions, including schizophrenia and dementia. Whether nervoza among the Macedonian Australian community is, like ataque de nervios in the Hispanic American community and nerves in the American South, linked to increased mortality remains to be seen, and further studies would be warranted to explore the possibility (Nations, Camino, and Walker 1988; Hinton and Lewis-Fernández 2010).

The denial of confusion about the concept among respondents is consistent with the view that nervoza is an expression of distress in response to identifiable triggers (Low 1985). Especially among first generation Macedonian immigrants, nervoza was described as
universal, existing across cultures, and was not considered a Macedonian culture-bound syndrome (Finkler 1989). Second generation Macedonian Australians expressed irritation with the literal translation of nervoza to indicate an emotional state (nervous). This may reflect the distaste of more proficient English speakers towards inaccurate metaphrase used by older Macedonian Australians, but also a reluctance to read nervoza as an illness of emotions. This suggests that there are indeed differences in the use of the term nervoza and how it is conveyed, even within the Macedonian community, despite the view among first generation Macedonian immigrants that nervoza is a well-defined and easily understandable term.

The linking of nervoza with debilitating and chronic illnesses should charge nervoza with a therapeutic urgency, but many participants described reluctance to engage with mental health care, as has been reported also among Macedonian Australians in Sydney (Blignault et al. 2009, 2010). While the majority of respondents denied that there would be a problem in explaining nervoza to doctors, most either denied having nervoza that warranted seeing a doctor, as in the case of Robert, or felt that a doctor would not help their specific type of nervoza, as in the case of Mira. This suggests that the dangers of nervoza are felt at many levels, some of which undermine treatment. While nervoza may pose dangers to the physical and psychological stability of the person, it also poses a risk to their social self, through the shame associated with the condition. This tends to render health services as marginal in the care of patients with nervoza. Added to this may be the well-recognised structural constraints around Australian doctors prescribing benzodiazepines, a medication which is normalised as a treatment for these symptoms in Macedonia. While many respondents spoke negatively about the high rates of benzodiazepine use in Macedonia and the Balkans, they may have been expressing an opinion that was crafted for the interviewer, who was a medical student. In any case, the acknowledged low likelihood of being able to access benzodiazepines for these conditions in Australia may close off an avenue of health-seeking that may have resulted in the patient accessing other treatments for their distress.

Partly because they did not take this condition to doctors, respondents in our study did not recount stories of health practitioners treating nervoza insensitively – with the possible exception of Jovan’s psychiatrist who was frustrated by Macedonians not “telling the truth”. In other countries, studies of illnesses relating to idioms of distress point to a failure of doctors to properly treat layered concepts of a biopsychosocial nature, focusing on the physical aspects of the disorder in order to find an underlying biomedical cause (Good 1977; Nations, Camino, and Walker 1988).

In our study, participants suggested that more information is needed about nervoza and its role in mental health and illness. Initiatives suggested were pamphlets, support groups, and advertising initiatives directed at the Macedonian Australian community, especially towards older generations of migrants with less proficiency in English. These suggestions mirror current efforts to raise awareness about mental health in the wider Australian community by the Australian Government and State health directorates. Blignault et al. (2009, 2010) yielded promising results by using culture-specific measures, including education sessions and theatre, to encourage mental health literacy and reduce stigma in the Macedonian Australian community in Sydney. Based on these results, there is room for targeting the lack of knowledge about, and underutilisation of, mental health services and support groups in the Macedonian Australian community. There may be particular value in encouraging second generation Macedonian Australians to participate in community-based inter-generational health literacy initiatives. Such steps may lead to gains in community wellbeing regarding nervoza, and a reduction in the shame associated with it.
This study is limited by its small numbers, and so the results may not be readily generalisable to Macedonian immigrants with different experiences of settlement. Nevertheless, it does illustrate that an idiom of distress can be read simultaneously as both medical and non-medical. It can lead some people to hide their nervoza symptoms, and others to regard their symptoms as not suited to psychotherapeutic care. At the same time, nervoza is constructed as dangerous for long term physical and psychological health. This is an uneasy place for sufferers of nervoza, who find that an expression of the social self is both medicalized and stigmatised, with health services occupying an uncertain position in their care.

**Disclosure statement**

No potential conflict of interest was reported by the authors.

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