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In the Journals...February (Part 1)

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By Jason Alley

Keeping with the spirit of February, the shortest month on the calendar, here is the first part (short and sweet) of what is in the journals this month.

In January, I directed readers to recent articles in [American Ethnologist](#) and [Cultural Anthropology](#) worth checking out. [Click here for further details](#). This month [Social Studies of Science](#) and [Social Theory & Health](#) bring us engaging takes on the construction of knowledges (clinical, expert and scientific).

[How personality became treatable: The mutual constitution of clinical knowledge and mental health law](#)

Martyn Pickersgill

In recent years, personality disorders – psychiatric constructs understood as enduring dysfunctions of personality – have come into ever-greater focus for British policymakers, mental health professionals and service-users. Disputes have focussed largely on highly controversial attempts by the UK Department of Health to introduce mental health law and policy (now enshrined within the 2007 Mental Health Act of England and Wales). At the same time, clinical framings of personality disorder have dramatically shifted: once regarded as untreatable conditions, severe personality disorders are today thought of by many clinicians to be responsive to psychiatric and psychological intervention. In this article, I chart this transformation by means of a diachronic analysis of debates and institutional shifts pertaining to both attempts to change the law, and understandings of personality disorder. In so doing, I show how mental health policy and practice have mutually constituted one another, such that the aims of clinicians and policymakers have come to be closely aligned. I argue that it is precisely through these reciprocally constitutive processes that the profound reconfiguration of personality disorder from being an obdurate to a plastic condition has occurred; this demonstrates the significance of interactions between law and the health professions in shaping not only the State's management of pathology, but also perceptions of its very nature.

[‘I wouldn't say it's sexism, except that ... It's all these little subtle things’: Healthcare scientists' accounts of gender in healthcare science](#)

[laboratories](#)

Valerie Bevan and Mark Learmonth

We explore healthcare scientists' accounts of men in healthcare science laboratories. By focussing on subtle masculinist actions that women find disadvantageous to them, we seek to extend knowledge about women's under-representation in senior positions in healthcare science – despite women being in the majority at junior levels. We maintain that healthcare science continues to be dominated by taken-for-granted masculinities that marginalize women, keeping them in their 'place'. Our aim is to make visible the subtle practices that are normally invisible by showing masculinities in action. Principally using feminist analyses, our findings show that both women and men are often unaware of taken-for-granted masculinist actions, and even when women do notice, they rarely challenge the subtle sexist behaviour.

[Protect the patient from whom? When patients contest governmentality and seek more expert guidance](#)

Kathrine Hoffmann Piia and Kaspar Villadsena

This article presents findings from an empirical study among patients and professionals involved in a preventive health program at a Danish hospital. It shows how patients enrolled in the program interact with health professionals in ways that challenge assumptions common to governmentality studies of prevention and health promotion. This literature has successfully explored how contemporary health promotion transgresses the public/private boundary by shaping the values of collectivities and individuals to fit better with public health objectives. By exploring the complex co-existence and intertwinements of discipline and biopolitics in preventive practices, this study eschews an interpretation that views the powers of the professional health system as invasive and one-directional. Perhaps surprisingly, the study demonstrates how patients in various ways defy a 'patient-centered' and empowering approach and demand to be treated medically and disciplined in a more traditional sense. The blurring of the public/private boundary, then, cannot be straightforwardly described as a result of a professional health system that, more or less subtly, reaches into the private lives of patients. A more complex picture emerges, as patients' attitude reflect both traditional medicine and rationalities foreign to the health system.

['Expert carers': An emergent normative model of the caregiver](#)

Euan Sadlera and Christopher McKevitta

Informal caregivers are increasingly recognised as key providers of care to individuals with long-term conditions. However, caregiving itself is a contested domain and one that is increasingly the object of policy and institutional intervention. A recent development is that of providing formal training to caregivers, to better equip them to carry out what is perceived to be a new and demanding role. A number of such interventions have been developed and evaluated, with mixed results. At the start of a process evaluation of one such intervention, specifically for stroke caregivers, we sought to better understand what implicit model of the caregiver underpins training interventions and how this model might be accounted for. In this article, we aim to address these questions by examining models of the 'caregiver' present in different bodies of literature and their relevance for caregiver training. We consider the extent to which this points to the emergence of a normative model of the caregiver. We propose that training caregivers serves to create expert or semi-professional caregivers, through the transmission of technical knowledge and practices from health professional to lay person. We also consider the wider implications this has for informal caregivers and caregiving practices.

Stay tuned for Part 2 courtesy of Sultana Banulescu.

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