



University of Exeter Institutional Repository, ORE

<https://ore.exeter.ac.uk/repository/>

Article version: Post-print

Citation: G Davies, S. Williamson and R. Day (2004) 'The geography of health knowledge/s' Health & Place editorial 10 (4), pp. 293-297.

Publisher website:

<http://www.sciencedirect.com/science/article/pii/S1353829204000528>

This version is made available online in accordance with publisher policies. To see the **final version** of this paper, please visit the publisher's website (a subscription may be required to access the full text).

Please note: Before reusing this item please check the rights under which it has been made available. Some items are restricted to non-commercial use. Please cite the published version where applicable. Further information about usage policies can be found at: <http://as.exeter.ac.uk/library/resources/openaccess/ore/orepolicies/>

Contact the ORE team: openaccess@exeter.ac.uk

The Geography of Health Knowledge/s

G Davies, S. Williamson and R. Day (2004) 'The geography of health knowledge/s' *Health & Place* editorial 10 (4), pp. 293-297.

Once knowledge can be analysed in terms of region, domain, implantation, displacement, transposition, one is able to capture the processes by which knowledge functions as a form of power (Foucault 1980, p.69).

[We] need an earth-wide network of connections, including the ability to partially translate knowledges among very different – and power differentiated – communities. We need the power of modern critical theories of how meanings and bodies get made, not in order to deny meanings and bodies, but in order to live in meanings and bodies that have a chance for a future (Haraway 1991, p.187).

The idea for a conference session on the geography of health knowledges first emerged from shared interests and conversations at the Department of Geography at UCL, in early summer 2002. The practical processes of locating these dialogues within wider academic debates, through organising an AAG conference session in New Orleans for March 2003, involved more conversations, adverts, abstracts, grants, invitations to participants and discussants, and of course, ultimately, presentations. Latterly, through additional iterations involving e-mail, existing literatures, referees' comments and editorial decisions, these papers have developed into the forms they take here. Throughout these practical organising processes, the name we have given to this endeavour has shifted, and these slippages have been the subject of debate. On different occasions, both deliberately and inadvertently, we found ourselves writing about the geographies of health knowledges, geographies of health knowledge and the geography of health knowledges. A further level of multiplicity and productivity has been added to our deliberations through the rich theoretical languages emerging in the final versions of following papers. Nevertheless, in ultimately codifying the material presented here in the form of a journal special edition, some kind of closure is necessary around this polyphony. An editorial invites a statement of intent, some kind of accountability, from those who have been acting as professional gatekeepers for this contribution to a growing field of work. In this editorial we thus hope to explain some reasons we felt encouraged to collaborate in developing this special edition, and to highlight some themes elaborated in the papers that follow.

As others have noted it is difficult to think and write about knowledge without evoking spatial vocabularies, from metaphoric ideas about fields of expertise, to the specific institutional spaces in which science is located, and the landscape imaginaries against which European ideas about nature, bodies, and cultural practice are shaped (Gregory 1998; Shapin 1998; Thrift, Driver, & Livingstone 1995). A focus on the geography of knowledge draws attention to how different kinds of knowledge are co-constituted through particular places, embodied practices and technological artefacts (for a selection of work in geography and health geography see Demeritt, 2001; Lorimer 2003; Naylor 2002; Dewsbury & Naylor 2002; Philo 1995; Philo 2000; Parr 2002b; Hall 2000; Hall 2003). Much of this work points to the plurality of both knowledges and geographies, to reveal how a multiplicity of intersecting sociotechnical and spatial processes are woven into nodes that emerge into the powerful assemblages that are recognised as knowledge. From this perspective, knowledge emerges as hybrid, embodied and historically and spatially contingent. It is thus a productive point from which to trace the interplay of biological process, social practice, and positionality that is of critical interest to many health geographers. Given this productivity, it is perhaps not surprising that in many areas of cultural geography, an interest in the politics of knowledge has replaced a focus on the politics of identity (Whatmore 2004).

So which terminology best represented this conceptualisation? The double plural in the geographies of health knowledges seems unwieldy and redundant. By bringing geography and knowledge together, the universal truth claims of knowledge are fractured through drawing attention to the situated nature of expertise. The places through which knowledge circulates are, of course, multiple, as knowledges are produced, practiced, contested, consumed, embodied, and stored in the different domains that constitute its geography and transform its meaning. Yet at the same time, there is a productive tension between the singular knowledge and plural knowledges, which we think important to retain. Both terms appear throughout the following papers, and the difference in use is instructive. In particular, there appears a tension between situated processes that produce knowledge enclosed around particular notions of medical expertise or professional conduct, against those moments in which identities, bodies, and knowledges appear more fluid, contested and open. The singular 'knowledge' holds onto the operation of power that often accompanies these projects in the production of truth. The plurality of situated knowledges interrogates the positions from which alternative perspectives can be articulated, either from inside or outside these professional contexts. Knowledge/s appear closed or open, singular or plural, depending on context. In many cases, there appears to be a simultaneous manoeuvre, as the new spaces, which seek either to regularise or open up the processes of expert knowledge production, offer both opportunities for colonisation from a centre or recuperation from more marginal positions. Paying attention to the specific places and practices in which these dynamics are played out shows where power may be concentrated, and how it may be distributed, as well as demonstrating when each process may be productive and for whom.

There are a number of papers in which the processes of knowledge production are seen as calculative, centred and enclosed. Suzanne Williamson's paper is perhaps most explicit about this process, drawing on ideas about governmentality and the professions, to trace how medical expertise is able to resist drives to produce more interdisciplinary public health, through framing educational institutions and experiences. Her account demonstrates how established centres of knowledge production can actively seek to redraw boundaries and hierarchies between medical and social models of health, and biomedical and social science expertise. New educational spaces are opened up, but their multidisciplinary nature is not universally well regarded. The result appears to be the emergence of two separate but unequal professional projects, as new public health knowledges are created, which are still largely considered inferior to traditional public health medicine. In other instances, the spatiality of enclosed expertise is revealed as more complex and dynamic. In Ed Hall's paper, the apparently determined spaces of new genetic medicine are revealed as multiple and fluid. Through taking three slices through the production, application and consumption of new knowledges about the geneticisation of heart disease, he demonstrates how knowledge is performed in encounters between genetic scientists and rats, patients and doctors, family biographies and everyday life to produce the most meaningful translation of the hybrid knowledges of heart disease for that situation. Using the theoretical tenets of actor-network theory he demonstrates how dominant actors can still incorporate or marginalise others, yet he indicates that all actors and actants play a role in knowledge-making.

Other papers indicate that an understanding of the way expertise is able to generate bounded locales within which power and authority is concentrated, also requires careful consideration of the boundaries of these enclosures (for a discussion of boundary work see Gieryn 1983, 1999; Davies, 2000). Two processes are particularly well illustrated in the four remaining papers, processes of professionalisation, and processes of public participation. For both counselling practice and the range of complementary and alternative medicine (CAM), professionalisation is an ambivalent process, yet it is one that is difficult to ignore as demands for more effective regulation, public protection and consumer accountability increase. Liz Bondi's paper locates the emergence of counselling practice as a movement that sought to challenge established relations of authority within medicalised psychotherapy. Thus, whilst professionalisation potentially offers counselling the status and privilege of a self-regulating profession, conversely, this codification may threaten the basis of its therapeutic work in qualities of relating, rather than in bodies of expert knowledge. There is a tension between the drive to standardise materials, procedures and professional conduct through the professionalisation of previously excluded knowledges, and the specific situations in which these knowledges have emerged and are valued. For counselling, this is evident in the multiple meanings associated with the idea of 'professional' counselling, as well as in the hope of developing a new kind of professional space in which power is not so much

exercised, but reflected upon. In the paper on the professionalisation of CAM by Dave Clark, Marcus Doel and Jeremy Segrott, these tensions are equally evident. Additionally complicated by the range of therapeutic interventions this field encompasses, and their divergent views of the body, their account traces the tensions between professional autonomy and institutional collaboration; standardisation and interpretation; formalisation and adaptation, to reflect on the desirability and difficulties of professionalizing CAM, and on the potential pitfalls of becoming commensurate with other healthcare professions.

The relationship between expert and lay knowledge is the subject of the final two papers. Also conceivable within this framework of boundary work are the processes of public participation charted by Sarah Dyer, and Gail Davies and Jacquie Burgess. Such processes are normatively about the redistribution of power and authority in relation to existing forms of expertise. The rationales and contexts for such public engagement processes are diverse, and the field is now characterised by intense theoretical debate around its political and epistemic procedures. As the vocabulary of Collins and Evans (2002) indicates, in their characterisation of a 'problem of extension', such social science processes are now themselves entangled in the political processes of boundary work around disciplinary 'centres'. The two papers here are a useful empirical addition to understanding the situated and complex forms of translation involved in bringing expert and lay knowledge into new spaces of public engagement. Both papers furnish these theoretical debates with detailed accounts of the positionality of different kinds of situated lay knowledges in relation to the medical expertise that they encounter in public engagement processes. Both identify the complex positions lay publics assume in relation to more established expertise, their contributions to, and risks of co-option by, professional vocabularies. However, there is a difference in the resolutions offered. Whilst Dyer is keen to clarify the roles for lay members on local research ethics committees, Davies and Burgess seek to explore how public engagement processes directed to appraising technology options can be open to the diversity of reasonings and knowledges of differently situated publics. Attention to boundary work raises important questions about how different knowledges are translated and legitimated in these new spaces of engagement. It also draws attention to the differentiated nature of these spaces and to the different kinds of boundaries that are negotiated within them, for example, around the relation between existing NHS renal services and the commercial development of new transplantation technologies, or around the ethical acceptability of medical research within the NHS. In these different contexts, publics have different knowledges and perform different roles. In all papers, the nature of expert knowledge and the nature of lay knowledge – indeed what it is to be expert and what it is to be lay – are highly situated and contextual, shaped in time and space under the operation of politics and power relations.

In concluding this review of the relationship between geography and knowledge in the six papers, we want to turn to the other term in our title that did not give rise to debate at the time,

but which in retrospect is perhaps the most contested. This is the concept of health. This collection follows other work that has suggested that a shift from medical geography to the geography of health is more than a change in title, it also represents an epistemological shift that questions the grounds upon which medical geographical knowledge is based (Brown & Duncan 2002; Doel & Segrott 2003; Kearns & Gesler 2002). This has opened the way for a diverse range of work that develops critical understandings of how every aspect of social organisation and experience is implicated in achieving health (for a set of comprehensive reviews of recent work in this field see Parr 2002a, 2003, 2004). Yet, in many ways this is a special edition about the governance of science and technology, as much as a collection of papers about health. The sites traced through these geographies of knowledge are less to do with the practical activities of producing new scientific interpretations of biological disorder, or the experiences of those inhabiting bodies that in different ways and in different times might be considered at risk, than with the differential mobilisation of health knowledges through the technologies, agencies and spaces of governance.

The growing political dimensions to health have been identified elsewhere, as health becomes a central organising motif in modern western societies (Atkinson 2002; Brown & Duncan 2002; Parr 2004; Petersen & Lupton 1996). We would argue the papers that follow indicate the productivity of tracing these dynamics through the way health knowledges are produced, negotiated and legitimated in the dynamics of technological innovation, regulatory concern, consumer action, public engagement and political strategy. The papers use a mix of critical reflection, empirical research and critical engagement with institutions, to offer new ways of asking questions about the shaping of health policies and their professional, patient and public interfaces. However, the papers do not, of course, exhaust this theme. There are many further dimensions to this interface between the body politic and the body, which expand the scope and scale of the articles here. The work of Rose and Novas, for example, challenges the conceptions of the national state and forms of citizenship that underpin many of these articles. They argue new kinds of biological citizenship are taking shape in an age of biological discovery and biotechnological fabrication in which 'a new space of hope and fear is being established about genetic and somatic individuality' (Rose & Novas 2003, p. 36). Their reflections on how new forms of 'biosociality' are being claimed by citizens around such diverse contexts as post-Chernobyl Ukraine, the internet and Iceland, open up consideration of the recuperative possibilities of this politicisation of health, as well as drawing attention to its international and commercial dimensions (see also Epstein 1995; Petryna 2002; Rabinow 1996).

Elsewhere, work on the relationship between consumer cultures and scientific frameworks has multiplied these spaces of citizenship, through tracing the commodification of health care, the emergence of the hybrid consumer-citizenship and the dispersal of medical practices into new forms of everyday life (Henderson & Petersen 2002; Michael 1998; Doel & Segrott 2003).

Legal frameworks are another space, critical to the geography of health and illness, not represented here (see for example Delaney 2001; Lock 2001; Parry 2002). At the other end of the scale, attention to the intimate encounters of clinical practice shows how the production and consumption of 'truths' in medicine rapidly produce new kinds of embodied spaces and experiences (Butler & Parr 1999; McCormack 2003; Mol 2002). Mol's account of how surgical procedures and walking therapies in the treatment of vascular disorders involve different forms of care, patient experiences, and incommensurable outcomes, brings back the multiply located experiences of illness and their political dimensions into these frameworks. Many of the examples above, as well as the papers in this collection, hold on to how inequalities in health are produced, experienced and explored within these cartographies of knowledge and power. Thus, whilst a focus on the geography of knowledge has the potential to open up new questions about how centres of authority and processes of boundary work are constituted, there are also points of connection to enduring concerns in health geography. In particular, there is the opportunity to explore how inequalities in health may be reinforced or resisted through the epistemic communities, procedures and inequalities constituted through the multiple spaces of health knowledges.

Gail Davies

Rosemary Day

Suzanne Williamson

Department of Geography, University College London, London, WC1H 0AP

Corresponding author Gail Davies, phone: 020 7679 5557, fax: 020 7679 7565, e-mail: gdavies@geog.ucl.ac.uk

References

Atkinson, S., 2002. Political cultures, health systems and health policy. *Social Science & Medicine* 55, 113-124.

Brown, T., Duncan, C., 2002. Placing geographies of public health. *Area* 34, 361-369.

Butler, R., Parr, H., 1999. *Mind and Body Spaces: Geographies of Illness, Impairment and Disability*. Routledge, London.

Collins, H. M., Evans, R., 2002. The third wave of science studies: Studies of expertise and experience. *Social Studies of Science* 32, 235-296.

Davies, G., 2000. Science, observation and entertainment: Competing visions of postwar British natural history television, 1946-1967. *Ecumene* 7, 432-460.

Delaney, D., 2001. Making nature/marketing humans: Law as a site of (cultural) production. *Annals of the Association of American Geographers* 91, 487-503.

- Demeritt, D., 2001. The construction of global warming and the politics of science. *Annals of the Association of American Geographers* 91, 307-337.
- Dewsbury, J. D., Naylor, S., 2002. Practising geographical knowledge: fields, bodies and dissemination. *Area* 34, 253-260.
- Doel, M. A., Segrott, J., 2003. Beyond belief? Consumer culture, complementary medicine, and the dis-ease of everyday life. *Environment and Planning D - Society & Space* 21, 739-759.
- Epstein, S., 1995. The construction of lay expertise - aids activism and the forging of credibility in the reform of clinical-trials. *Science Technology & Human Values* 20, pp. 408-437.
- Foucault, M., 1980. *Power/knowledge: selected interviews and other writings 1972-1977*. Harvester, Brighton.
- Gieryn, T., 1983. Boundary-work and the demarcation of science from non-science: strains and interests in professional ideologies of scientists. *American Sociological Review* 48, 781-95.
- Gieryn, T., 1999. *Cultural boundaries of science: Credibility on the Line*. Chicago, Chicago University Press.
- Gregory, D., 1998. Power, knowledge and geography - The Hettner lecture in human geography. *Geographische Zeitschrift* 86, 70-93.
- Hall, E., 2000. 'Blood, brain and bones': taking the body seriously in the geography of health and impairment. *Area* 32, 21-29.
- Hall, E., 2003. Reading maps of the genes: interpreting the spatiality of genetic knowledge. *Health & Place* 9, 151-161.
- Haraway, D., 1991. *Simians, cyborgs and women: the reinvention of nature*. Routledge, New York.
- Henderson, S., Petersen, A., 2002. *Consuming Health: The Commodification of Health Care*. Routledge, London.
- Kearns, R. A., Gesler, W., 2002. *Culture / Place / Health*. Routledge, London.
- Lock, M., 2001. *Twice Dead: Organ Transplants & the Reinvention of Death*. University of California Press, Berkeley.
- Lorimer, H., 2003. Telling small stories: spaces of knowledge and the practice of geography. *Transactions of the Institute of British Geographers* 28, 197-217.
- McCormack, D. P., 2003. An event of geographical ethics in spaces of affect. *Transactions of the Institute of British Geographers* 28, 488-507.
- Michael, M., 1998. Between citizen and consumer: multiplying the meanings of the 'public understanding of science'. *Public Understanding of Science* 7, 313-327.
- Mol, A., 2002. Cutting surgeons, walking patients: some complexities involved in comparing. In: Law, J. and Mol, A. (Eds) *Complexities in Science, Technology and Medicine*. Duke University Press, London.
- Naylor, S., 2002. The field, the museum and the lecture hall: the spaces of natural history in Victorian Cornwall. *Transactions of the Institute of British Geographers* 27, 494-513.

- Parr, H., 2002a. Medical geography: diagnosing the body in medical and health geography, 1999-2000. *Progress in Human Geography* 26, 240-251.
- Parr, H., 2002b. New body-geographies: the embodied spaces of health and medical information on the Internet. *Environment and Planning D - Society & Space* 20, 73-95.
- Parr, H., 2003. Medical geography: care and caring. *Progress in Human Geography* 27, 212-221.
- Parr, H., 2004. Medical geography: critical medical and health geography? *Progress in Human Geography* 28, 246-257.
- Parry, B., 2002. Cultures of knowledge: Investigating intellectual property rights and relations in the pacific. *Antipode* 34, 679-706.
- Petersen, A., Lupton, D., 1996. *The New Public Health: health and self in the age of risk.* Allen & Unwin, London.
- Petryna, A., 2002. *Biological Citizenship: science and the politics of health after Chernobyl.* Princeton University Press, Princeton NJ.
- Philo, C., 1995. Journey to asylum - a medical-geographical idea in historical context. *Journal of Historical Geography* 21, 148-168.
- Philo, C., 2000. The Birth of the Clinic: an unknown work of medical geography. *Area* 32, 11-19.
- Rabinow, P., 1996. *Essays on the anthropology of reason.* Princeton University Press, Princeton NJ.
- Rose, N., Novas, C., 2003. *Biological Citizenship.* In Ong, A., Collier, S., (Eds) *Blackwell Companion to Global Anthropology.* Blackwells, Oxford.
- Shapin, S., 1998. Placing the view from nowhere: historical and sociological problems in the location of science. *Transactions of the Institute of British Geographers* 23, 5-12.
- Thrift, N., Driver, F., Livingstone, D., 1995. Editorial: the geography of truth. *Environment and Planning D - Society and Space* 13, 1-3.
- Whatmore, S., 2004. Materialist returns: practising cultural geography in/for a more-than-human world. *Cultural Geographies Annual Lecture, Annual Meeting Association of American Geographers, Philadelphia.*