

Mirjana Ule

### **SOCIAL ASPECTS OF HEALTH AND MEDICINE**

Our views on health and illness are an integral part of our worldview. These include our understanding of the bodily signs of illnesses, as well as the social role of a patient. Not only can we be physically healthy or sick, but we can also feel healthy or sick. In the article the established medical view of illness, which is limited to the physical symptoms, is contrasted with the social model, which includes the self-evaluation of health and mood. The research of the public opinion on the self-evaluation of health is presented. In addition, the consequences of social inequalities on the health and *well-being* of individuals are emphasized.

**KEY WORDS:** medical view, public health, medicalization of society, comodification of health.

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Irena Eržen

### **SOCIAL WORK IN HEALTH CARE**

#### **STANDARDS AND CRITERIA**

Medical social workers provide support and help to patients and their relatives or caretakers in dealing with different social distress during medical treatment. With their specific knowledge and skills they complement the medical treatment of the patient. For solving patients' social difficulties it is important to know and respect their needs and wishes. Medical social worker must constantly adapt her activities to changes of patient's health or to other circumstances. The profession of social workers in health care is specific, requiring a lot of flexibility and patience, both from a professional point of view and from the point of view of teamwork. The problem is, that medical social workers in Slovenia still haven't formed and written down standards and criteria. But only the national legal framework of social work in health care could guarantee patients the same multidisciplinary treatment and equal access and maximum quality of service. On the other hand, with precise

standards and criteria, medical social workers could get the appropriate degree of autonomy and security, especially when overburdened with work.

**KEY WORDS:** social services in health care, multidisciplinary treatment, regulation, equal access.

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Zalka Drglin

### **MEASURING THE PROFESSION: FROM LEADERSHIP TO COMPANIONSHIP**

#### **MIDWIFERY AS CARING PROFESSION AND THE NEEDS OF MOTHERS-TO-BE**

Medicalization of motherhood in the very beginning – in pregnancy, childbirth, postpartum – is typical for the second half of the twentieth century. What are the promising ways to achieve empowerment of mothers/women? An analysis of the selected testimony of the childbirth experience reveals complex issues regarding contemporary relationships among birthing women and health care professionals, midwives especially. Midwifery is tied to deeper understanding of the birthing process as intersection of nature and culture and of the basic needs of women and babies in perinatal period. Midwifery as profession, processes of professionalization of support, care and compassion and problematical images of midwives, are carefully analysed. The focus is on the actual task: it is essential to conceptualise midwifery as contemporary caring profession and to provide circumstances for its realisation in maternity care practices.

**KEY WORDS:** maternity, midwifery, pregnancy, childbirth, baby, birth paradigms.

Zalka Drglin, PhD in women studies and feminist theory, is a researcher at the Institute for health protection in Ljubljana. She is interested in childbirth culture, midwifery, different aspects of maternity and parenthood, and psychic distresses of women while giving birth. She is an active member of Naravni začetku (Natural beginnings), association for informing, free choice and support in the field of pregnancy, birth and parenthood. Contact: zalka.drglin@ivz-rs.si.

Darja Zaviršek

### REPRODUCTIVE MEDICINE AND SOCIAL WORK

#### BETWEEN MODERN TECHNOLOGY AND ETHICAL DILEMMAS

Like in other countries, in Slovenia too, the number of people who are in need of an assisted reproductive technology is increasing. Nevertheless, the discourse in the area is dominated by the medical model and social workers are almost non-existent. Social workers would be needed to support people during their reproductive choices and during the process of assisted reproductive technology. The article gives an overview over the current global processes of assisted reproductive technology and emphasises the issues of the donation of the gametes by the third party. It also analyses the ethical concerns about the child's right to know about his or her genetic history and the ethical dilemmas about the right of the parents to tell. The ethnographic material is based on the analysis of Slovenian internet forums of people who use assisted reproductive technology.

**KEY WORDS:** medical reproductive technology, cell donations, the right to know, psychosocial counselling, Slovenian parents.

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Zlata Ličer

### SEXUAL HEALTH, REPRODUCTIVE HEALTH AND SAFE MOTHERHOOD

Psycho-social counselling in the field of the rights to family planning, to artificial termination of pregnancy and to procedures of artificial insemination with biomedical assistance, which are all basic human rights, are described. In broader terms, the counselling involves protection of the reproductive health of women during periods of pregnancy and after childbirth. It is also an indicator of commitment

of social policies to function according to principles of equality, social justice and solidarity. The aim of the paper is to present the significance of interdisciplinary cooperation which enables realization of every woman's right to freely decide to have children and to have available universal support to her and her family members during period of pregnancy and childbirth.

**KEY WORDS:** planned parenthood, sexual health, unwanted pregnancy, free decision about child birth.

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Maja Šimaga Saje

### A DISCOURSE ANALYSIS OF WOMEN'S MENOPAUSAL EXPERIENCE

The article analyses discursive construction of menopause and aims to examine the ways in which menopause is represented. Through six semi-structured individual interviews the study hears from women how they approach the menopausal experience, which social and cultural factors influence it and who were the major sources of information about menopause. Discursive analysis of women's menopause experiences has shown that predominant medical discourse on menopause is combined with managerial discourse, denial discourse and the feminist-emancipatory discourse. A patchwork of different discourses provides an opportunity for different positions, which can give meaning to women's experience of menopause. Those positions enable that experience of menopause becomes more embedded in the social context and more positive (or at least neutral) than in the dominant medical discourse.

**KEY WORDS:** menopause, women, discourse analysis.

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Renata Šribar

#### **GENDERS IN POPULAR MEDICAL DISCOURSE AND IN VALUE MARKERS OF ILLNESS AND HEALTH PROBLEMS**

The paper is focused on the constructions of genders in popular medical discourse in printed news and online information media. It leads to the basic conclusion that an illness or a health problem itself is engendered on the level of a syndrome. As the most characteristic and transparent construction of an illness from genders perspective the breast cancer is thematized; the naming itself (in Slovene language) is denoting the exclusion of men, which is in contradiction with the quantitative data related to the phenomenon. At the same time the cultural meaning of women's breasts is being confirmed. Applying the semiotics and criticism of ideology in the analysis of numerous cases the author argues that illnesses, which relate to reproductive anatomy and physiology, are echoed most in the media public – introducing the »natural« associative logic of sexual character, which conveys, just like genders, discriminatory meanings. Besides, gender biased and sexualized is also the understanding of pain and the instance of care in interpersonal relations related to illnesses and health problems.

**KEY WORDS:** cancer, menopause, virility, sexuality, appearance, care.

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Emmanuelle Jouet, Olivier Las Vergnas, Luigi Flora

#### **PATIENTS' EXPERIENTIAL KNOWLEDGE RECOGNITION – A STATE OF THE ART**

Alongside the movement of patients' participation within the health system, the knowledge drawn from the experience of illness has also changed the patients' roles in many aspects. The importance of chronic illness has stimulated the development of patients' education about their illness in order to support them in their symptoms management and to improve their life quality. Several ideal typical roles of patients are nowadays in relation with health professionals: those who consider that their illness brought them experiential knowledge that could be useful to the health system and the society. They are acting with their peers (peer-support), in educational settings (user-trainers, user-researchers), in hospitals (peer-educators). Meanwhile, several organizations lead by ill people and their relatives, have also experienced new relationship with knowledge production, particularly in the case of not academically well known syndromes. This new kind of empowerment of patients as medical knowledge producers can be compared to other new situations in which non-scientists are involved in research processes, such as popular epidemiology or scientific leisure club. All those situations transgress the division of people into those able or unable to deal with scientific issues. Besides, those situations offer an opportunity to try to clarify the idea of »lay scientific« knowledge, which is a main question for »science and citizens« programmes..

**KEY WORDS:** lay-knowledge, expert-patient, therapeutic education, sciences and society.

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Jane Shears, Shula Ramon

### PEER SUPPORT WORKERS

#### A CRITICAL ANALYSIS OF A UK INNOVATION IN MENTAL HEALTH

Peer support in mental health services – the reciprocal sharing of the experience of mental health distress – is an innovative new way of working which, through an emerging evidence base, is becoming gradually embedded into health and social care services in the UK. The article focuses on the genesis of peer support in mental health services, demonstrating a different pathway from examples given in general health services. It describes the modalities and delivery of peer support reflecting the different situational contexts in which the activity takes place. The emphasis on the need for training peer supporters to carry out this function is explored together with the existing, yet insufficient, evidence base in both intervention and cost effective terms. The article concludes with a discussion on the interrelationship between the unique and ambiguous components that the concept of peer support raises.

**KEY WORDS:** peer support, mutual aid, self-help, peer-run groups, training for peer support.

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Petra Videmšek

### USER RESEARCH AS PRODUCTION OF KNOWLEDGE

Until recently, the research was reserved for experts rather than for those that have lived personal experience (mental health difficulties, handicap, ethnic minorities etc.). Only academics were entitled to be familiar with methodology and research methods. The article is based on literature and research overview in the field of inclusion of experts with personal experience with mental health difficulties into research in the role of researchers. It shows that inclusion of experts by experience into research raised an important question of knowledge construction in social work practice, which has been for a long time »owned« by those with more power. The voice of important others (professionals, relatives) was, in contrast with the voice of service users, deemed as valid and credible, and only important others were recognised as those knowing the truth about users' experience. That was pointed out by many foreign and Slovene national studies, emphasising the importance of knowledge and experience of users. By including experts by experience into research in the role of researchers, the social work practice stops being a mere obligation fulfilment and starts encompassing a wider social frame, taking account of structural and social mechanisms of inclusion. Without that, social work practice would still be based on imaginary presumptions that are far away from reality of users.

**KEY WORDS:** knowledge through experience, power, social inclusion, mental health.

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Damijana Stržinar

### **SOCIAL WORK WITH ADOLESCENTS IN PSYCHIATRIC TREATMENT**

The author presents social work with adolescents with mental disorders and mental distress at the Unit for Adolescent Psychiatry in The centre for the mental health of Psychiatric Hospital Ljubljana. The specifics of the social work with adolescents in psychiatric treatment is described. Specific attention is given to the role of social workers in a multidisciplinary team. At the definition of the helping process she uses concepts such as: person in environment, ecosystem perspective, bio-psycho-social model of treatment, holistic treatment, working relationship, defining a problem, integrated treatment. In a case study of practical work with adolescent, helping process is evident. Adolescents must not be treated just individually, since they are in a developmental period in which they still heavily depend on their environment: parents, peers, school. Social worker must connect and mobilize helping resources of everyone involved: patient, family, peer group, school.

**KEY WORDS:** mental disorder, mental distress, bio-psiho-social model, holistic treatment, working relationship, helping process.

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Stanislava Ristić Kovačič

### **HOSPITAL SOCIAL WORK AT THE CLINICAL INSTITUTE OF CLINICAL NEUROPHYSIOLOGY**

Hospital social work in Slovene health care sector is neither formally recognized nor has its proper standards and norms. Tasks and duties carried out by a social worker at the Clinical Institute of Clinical Neurophysiology are much more extensive in their contents than tasks and duties of social workers in health care sector. The nature of work derives from medical viewpoint, because the amyotrophic lateral sclerosis (ALS) disease requires that everything is provided quickly, economically and with the least effort for patient and its family. In a master's degree the survey that estimates contents of a social worker's tasks and duties in the Group for the treatment of people suffering from ALS was conducted. It was important to ascertain how much of the contents pertain to activities of social work and how much to activities of a coordinator.

**KEY WORDS:** amyotrophic lateral sclerosis, medical aspects of social work, co-creation, holistic treatment.

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Lilijana Šprah

### **FUNCTIONAL REMEDIATION IN PERSONS WITH MOOD DISORDERS**

Affective disorders present a widespread public health problem as they are among the most frequently diagnosed psychiatric disorders. Clinical practice in the therapy of affective disorders, including depressive and bipolar disorders, has showed that pharmacological treatment as a stand-alone therapy proved as less efficient in the long term, compared to those treatments involving any form of adjunctive psychosocial interventions. Functional remediation has been convincingly shown as effective in schizophrenia treatment, and thus it has been considered as increasingly relevant to treatment of depressive and bipolar affective disorders. Functional remediation in persons with affective disorders comprises apart from maintenance treatment also psychoeducational intervention and cognitive remediation, i.e. cognitive skills training. Its aim is to restore the ability to carry out everyday activities in individuals, to help them reintegrate into society as well as to improve occupational outcome and to prevent affective recurrences. The programme of functional remediation is implemented by an interdisciplinary team of professionals from different occupations: psychiatrists, psychologists, social workers and nurses. The article summarises research outcomes, theoretical underpinnings of functional remediation of persons with depressive and bipolar affective disorders and some current implementation aspects.

**KEY WORDS:** bipolar affective disorder, depressive affective disorder, cognitive impairment, cognitive remediation, psychoeducation, ecological validity.

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