

Call for Papers

Peer Reviewed Edited Book

Katelin Albert and Thea Cacchioni

Abstracts Due: September 15, 2025

Working Title: For *Your Own Good*: Dismantling Un/Healthy Expert Advice

In 1978, Ehrenreich and English published their landmark book, *For Her Own Good: 150 years of Expert Advice to Women*, revealing how scientific and medical “expertise” had been used to constrain and pathologize women’s lives, in the name of science. Today in 2025, nearly five decades later, the onslaught of expert advice on health, self-help, fitness, productivity, sexuality, and lifestyle transformations has grown exponentially. The contemporary capitalist wellness industry is still aimed at middle-class, able-bodied, consumers aiming to be ‘better than well’ and continues to be predominantly, although not exclusively, geared toward women. However, through grassroots social media platforms and state-governed public health channels, expert advice targets broader audiences (for instance, people with addictions, people with mental health issues, neurodivergent people, people with disabilities, trans and intersex folks, people who are dying, people who are aging). Thus, medical professionals with public platforms, celebrity gurus, holistic healers, biohackers, influencers, wellness coaches, psychologists, counsellors, occupational therapists, and a variety of health professionals offer competing solutions for how to live a better, healthier, longer life via contrasting cultures of advice. Through cures, fixes, and programs aimed at self-regulation and empowerment through knowledge, these various experts dictate how to be a healthy “neoliberal biological citizen.”¹ We raise an eyebrow at this phenomenon. Our concern stems from the proliferation of this advice in the context of healthism, capitalist wellness culture, a post-truth climate, anti-science, individualism, bio/medicalization, a co-option of feminism and radical self-care, and paternalistic policies rooted in colonial structures. Whether framed as “empowering,” “common sense,” or “evidence-based” advice, we wonder: in a sea of advice from a variety of sources (solicited or not), where does this leave people and communities in terms of their health, agency, or justice?

At its core, this edited volume will critically examine contemporary “expert advice” in its various forms and from a variety of actors and institutions. It will critically consider dominant discourses and social forms of consciousness on a variety of expert advice directed at women, gender-diverse people, Indigenous communities, racialized people, people with disabilities, and others who experience oppression. We encourage submissions that focus on health, power, and the politics of expertise. Our hope is to bring together contributors to produce an edited book that critically considers all types of “expert” advice to better understand the discursive landscape that has material consequences on people’s lives and that shapes their health and life decision-making.

¹ Charles, Nicole. 2013. “Mobilizing the self-governance of pre-damaged bodies: neoliberal biological citizenship and HPV vaccination promotion in Canada.” *Citizenship Studies*, 17(6-7), 770-784.

Guiding Questions

The following questions guide the scope of the book, and we welcome papers that are in line with these questions.

- Who are experts and where is expert advice found?
- How do experts define, frame, or understand un/healthy?
- What assumptions do experts make about the consumers of their advice?
- What systems of power does expert advice uphold and how does expert advice uphold or challenge these systems of power?
- In what ways, and on what basis, are truths constructed in the landscape of competing advice? What are the conditions that enable these truths and competing advice?
- What contradictions can be found across types of advice (e.g., medical vs influencer)?
- To what extent is seeking out, following, and acting on advice a choice?

Possible Themes and Topics

We invite contributions that explore, critique, or expand upon the following areas. Note, this is not a comprehensive list, and we do not expect one piece to cover multiple themes:

Knowledge, Expertise, and Power: Experts, Technology, Compulsory Health and Wellness

Bodies, Health, and Wellness: Nutrition, Diet, Weight Management and Medications, Fatness, Disordered Eating, Vaccinations, Biohacking (supplements, etc.), Cultural and Spiritual Health and Wellbeing, Health Related Cultural Co-option, “Healthy” Aging, Pelvic health, Endometriosis, Chronic Pain, HPV, STIs, STBBIs

Mental Health and Neurodiversity: Mental Health and Diagnosis, Management, and Treatment; Neurodivergence

Disability & Ableism: Surveillance, “Fixing,” Curative Violence, Accommodating

Sexuality, Sex and Gender, Identity: Relationships, “Sexual Dysfunction,” Compulsory Sexuality, “Successful” Heterosexuality, Sex for Health, Polyamory and Non-monogamy, Technologies of Gender Identity and Expression, Gender Euphoria and Dysphoria

Reproductive Health: Pregnancy, IVF, Fertility, Birth, Birth control, Child Loss, Menstruation

Violence, Safety, Bodily Autonomy: Domestic Violence, Gender Based Violence, Sexual Violence

Substance Use: Drug and Alcohol Use, Harm Reduction Strategies and Approaches

Care, Community, Relationships: ‘Healthy’ Families, Marriage, Communal Living and Community, Critical Self-Care, Motherhood, Parenthood

Structural and Socioeconomic Factors: Poverty and Low-Income Living, Death and Dying

Submission Schedule

At this time, we invite abstracts for consideration for a peer reviewed edited book for intended publication with a leading press. In addition to the abstract, please include an author bio and a statement on the progress of the research under consideration.

- An email (suggested but not required) expressing your interest is welcomed **by Aug 15, 2025.**
- Abstracts of 300-500 words are due by **September 15, 2025.**
- The selection of abstracts will be completed by **December 1, 2025**
- Full submissions for external peer review will be due **July 31, 2026.**

Please send your abstract, bio, and progress statement to: katelinalbert@uvic.ca and tcacchio@uvic.ca

We encourage submissions from early-career scholars and senior scholars, community-based researchers, and contributors from underrepresented identities and communities. We are excited to think together about what it means to live “for *your* own good” and how different experts tell us what this means.

BIOS

Katelin Albert is an Assistant Professor in Sociology at the University of Victoria, specializing in medical sociology, health, gender and sexualities, and science and technology. Her research is motivated by a central focus on people’s health and sexual health experiences, showing how people make decisions about their health and how they interact with health care systems. Dr. Albert examines the interrelatedness of everyday life, social structures, and health, highlighting the impact of inequalities on personal health experiences. Her work has been published in *Sociology of Health and Illness*, *Violence Against Women*, *The Canadian Journal of Human Sexuality*, *The Canadian Review of Sociology*, *The American Sociologist*, the *Journal for the Theory of Social Behaviour*, and the *Canadian Journal of Sociology*.

Thea Cacchioni is an Associate Professor in Gender Studies at the University of Victoria. Her research examines the reciprocal relationship between medicalization and heteronormative standards of sex, gender, and sexuality. She is interested in the ways in which doctors, psychiatrists, and drug companies shape understandings of ‘normalcy’ and ‘deviance’ across categories of gender, race, and class. Her work examines the pathologization of certain forms of embodiment and the ‘healthicization’ of others. Dr. Cacchioni’s work has been published in *Sexualities*, *the Sociology of Health and Illness*, *the Journal of Sex Research*, *Feminism and Psychology*, and her book, *Big Pharma, Women, and the Labour of Love*. Also, a scholar activist, she has twice testified at the US Federal Drug Administration against a controversial desire drug for women.