Index

Abberley, P., 42, 61
ABC National Radio, 173
Afentouli, P., 5, 106
Aldenkamp, A., 108
alert assistant, 21
Archer, M., 111
Armstrong, D., 141
Asbring, P., 17
Aspis, S., 60
assaults on the life world, 78–83
biological, theorizing, 83–9
meaning of, 8
Asylums, 13
auto-cannibalism, 218
awareness
bodily, 17, 23, 70, 73
of discourses, 3
and grounded theory, 15
and normalization, 24
reflexive, in field, 88, 91–2
and uncertainty, 16
Awareness of Dying, 13
Aylward, M., 181

Bambra, C., 182, 196
Barnes, C., 42, 47, 57
Barton, L., 42
Basics of Qualitative Research, 11
Batten disease, 5, 78
and biological assault on lifeworld, theorizing, 83–9
cultural capital, 94, 95
economic capital, 99–102
field, defining, 89–91
force configuration in, within field, 86
habitus and reflexivity, 91–3
review of literature, 80–3
social capital, 95–9
symbolic capital, 94
types, 79
Batten Disease Family Association (BDFA), 80, 89
Bauman, Z., 88, 180
Baxter, C., 82
Beatty, C., 192, 194
Beresford, P., 60
Berry, R., 194
Beveridge Report, 190
Bhaskar, R., 110
biocapital, 217, 218
bioeconomy, 217
bioethics, 216
biographical continuity, 18, 21
biographical disruption, 2, 15, 18, 40, 65, 123, 162, 164
biographical flow, 165
biographical reinforcement, 15
biographical work, 164, 165
bioliberalism and biovalue, 217–18
biological citizenship, 214–15
biological mechanisms, 121, 122
see also epilepsy, impact on individual
biomedicine, continuity and change, 211–13
biopolitics, 205
bioliberalism and biovalue, 217–18
biomedicine, 211–13
expertise and ethics, 215–17
identity, selfhood and citizenship, 213–15
mapping, 208
meaning and significance, 207–8
vulnerability and suffering, 208–11
biopower, 40
biosociality, 205, 213, 214, 215
body
awareness of, 17, 23, 70, 73
Foucauldian perspective, 210
and human vulnerability and suffering, 209
in illness, and social world, 165
body – continued
mainstream sociological writing on, 47
as medium of expression, 155–6
as real entity, 112
and self, 20
Bourdieu, P., 5, 84, 86, 125, 199, 200
Brackenbury, H. B., 130
British Disability Studies, 72
Brown, S., 82, 83
Buetow, S. 142
Bunker, J., 161
Bury, M., 2, 6, 63, 65, 147, 161, 207, 208
Butler, J., 62

capital
accrual of, and families, 86
cultural, 85, 94, 101
economic, 85
loss of, 88
negotiation around, 93
physical, 86, 93–4
social, 85, 95–9
symbolic, 85–6, 94, 101
capitalism and oppression, 61
Carricaburu, D., 164, 220
Case, S., 83
categorization and labelling systems, 3
causal history, 111, 113
Charmaz, K., 2, 4, 8, 40, 65, 134
Charon, R., 158
Chicago School roots of grounded theory, 13–14
chronic disease self management (CDSM) programme, 169
chronic illness, 161
corporeal dimension, 165
and disability, 166
rhetoric, of self-management, 174–5, 176
sociological research, 162–6, 171–2
transformation, and self management, 166–71, 173
see also individual entries
Chronic Illness and the Quality of Life, 13, 19, 21, 163, 206
Clarke, A., 9
clinical encounter, 129
cognitive participation, 135–8
coherence and, 136
collective action, 138–40
forming and framing of, 133–5
participants in, 134
reflexive monitoring, 140–1
sickness, embedding work of, 135–
special character of, 130–33
clinical gaze, 6, 211
cognitive enhancement agents, 212–13, 214
cognitive participation, 135, 137–8
coherence and sickness, 136
collective action, 135, 138–40
communal appraisal and reflexive monitoring, 141
Communities First programme, 186
conflict theorists, 40
constructionism and human rights, 210
contextual integration, 140
convergence hypothesis, 142
Cooper, J., 81
coping, social aspects of, 123
co-production process of health and health-care, 135
Corbin, J. M., 11, 21, 22, 134, 166, 170
Corker, M., 42
Cornwall, R., 191
Cornwell, J., 134
corporate ecology, 135
couples in concert, managing symptoms, 21–2
Creaven, S., 111
critical realism, 57, 110, 113, 124
Crow, L., 59
cultural capital, 85, 94, 101
cultural templates, 87–8
Davis, F., 13, 16
de Certeau, M., 150
deconstructionism, 43–4
and disability studies, 44
diagnosis, 116, 122
approach to, 16–17
doubt of, 17
reflexivity and, 92–3
significance of, 15–16
Dieppe, P., 18
disability activism and scholarship,
in North America, 40–1
disability benefits, 182
Disability Discrimination Act (DDA),
45, 49
disability pride, 64
disability studies, 41
cancer, living with, 48–51
contemporary understanding of, 42
and chronic illness, 166
and deconstructionism, 44
and disablism, 42, 46
impairment effects, 47
materialist perspectives on, 43
medical certification, 182
and political privilege, 182
post-structuralism, 43
psycho-emotional dimensions of
disablism, 46
social model, 41–42
sociology of, and chronic illness,
44–51
see also medical sociology
disabled people’s lives, complexity
of, 57
and impaired, dynamic nature of,
67–72
materialist disability studies,
58–64
see also social model of disability
Disabled People’s Movement
(DPM), 41
disablism, 42, 46
and impairment effects, 47
material and psycho-emotional, in
cancer survivor lives, 49–51
meaning of, 37
discrimination and impairment,
60, 64
discursive othering, 82
doctor–patient relationship and
chronicity and inflammatory
bowel disease, 146
consultation as occasion, 151–7
medical assessment and mediation,
147–8
medico-presentational
thinking, 155
medico-scientific thinking, 148–9,
150, 151
proto-stories, 148–51, 156–7
re-presentation, of illness
experience, 155–6, 158
Dolan, L., 83
Donovan, J., 18
Dowling, M., 83
Drummond, N., 18
Ebrahim, S., 18, 165, 220
economic capital, 85, 99–102
and informal social capital, 96
institutionalized, 100
personal, 100
economic inactivity, 192–3
case of Oakdale Colliery, 192
elective affinity, 218
emancipatory research
paradigm, 61
embodied doubt, 17
Employment and Support Allowance
(ESA), 191, 195–6
transition from Incapacity Benefit,
182–3
epilepsy, impact on individual, 106
aetiology, 108
critical turning point, 119
diagnosis and reactions, 116
discrimination and stigma, 118
effects of, 108–9
exploratory data, 114–21
first seizure and reactions of friends
and families, 116–17
genetics, 107–8
ictal/peri-ictal effects and
inter-ictal effects, difference
between, 109
medical state, 115–16
patients’ perception and impact,
120
public understanding and support,
118–19
realist framework, 110–14
social research mechanism to study
ERQOL, 121–4
timing and context, 117
work and education, 117–18
epilepsy habitus, 5, 125
epilepsy-related quality of life (ERQOL), 109, 114
social research mechanism to study, 121–4
Evercare model, of case management, 169
everyday life work, 164
existential uncertainty, 16
expertise and ethics, 215–17
expert patients
programme, 169, 176, 216
by proxy, 86, 95
Fagerhaugh S., 29n7
Faircloth, C. A., 165, 220
felt stigma, 40
feminists, on sex/gender distinction, 61, 62
field
capital types and, 85–6
and clinical encounter, 135
defining, 84, 89–91
force configuration in Batten disease within, 86
legitimation of place within, 89–90
non-doxic, 88, 92
reflexive awareness in, 88, 91–2
see also capital; habitus
Field D., 165
Finkelstein, V., 41, 62
Foote-Ardah, C., 24
Foucauldian perspective and biopolitics, 210, 215, 216–17
Foucault, M., 39, 40, 207, 208
Frank, A., 48, 161
Frankel, R., 157
Freidson, E., 2
French, S., 59
Friedin, B., 21
frontier and proto-story, 156–7
Fuller, S., 205, 217
gender relations and oppression, 61
generative mechanisms
and open systems, 110
operation of, 114
 genetic susceptibility, 212
Gerhardt, U., 133, 161, 189
Giddens, A., 86
Glaser, B. G., 10, 11, 12, 13, 15, 16, 29n8, 163, 206
Gleave, S., 187
Goffman, E., 13, 39
Gompertz, P., 18, 165, 220
governmentality, 210, 215
Graham, R., 135
Gravelle, H., 169
grounded theory, 8
ambiguities in classifying and using, 10–13
awareness and uncertainty, 16
Chicago School roots of, 13–14
contributions to illness experience study, 14–15
diagnosis, significance of, 15–16, 17
illness meaning, 15–16, 18, 19
illness with life, managing, 19–22
illness, disclosing, 25–6
interview methods and, 12–13
normalization process, 22–5
on self and identity, 9, 15
sick role, challenging of, 14
theory construction and, 12
Haas, S., 133
habitus, 86–88
reflexivity and, 88, 91–3
unthinking exercise of, 92
see also field; self
Ham, C., 168
Hardt, M., 207
Hassell, K., 167
healing dramas, 146
health, definition of, 189
Henderson, L. J., 130
Hendriks, M., 108
hidden distress model of epilepsy, 45–6, 125
Higginson, I., 83
Hinojosa, R., 18, 21, 26
homo sacer, 47
Hood, J., 29n6
Hopkins, A., 3, 108, 128
Hughes, B., 46
Humean empiricism, 110
Hunt, P., 41
Hunter, K. M., 146
<table>
<thead>
<tr>
<th>Term</th>
<th>Page(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>identity</td>
<td>229</td>
</tr>
<tr>
<td>redirection</td>
<td>18</td>
</tr>
<tr>
<td>and selfhood and citizenship,</td>
<td>213–15</td>
</tr>
<tr>
<td>illness as deviance</td>
<td>40</td>
</tr>
<tr>
<td>illness meaning</td>
<td>15–16, 18</td>
</tr>
<tr>
<td>and embodied experience</td>
<td>19</td>
</tr>
<tr>
<td>illness narrative</td>
<td>65</td>
</tr>
<tr>
<td>illness work</td>
<td>164</td>
</tr>
<tr>
<td>impairment</td>
<td>60</td>
</tr>
<tr>
<td>and discrimination</td>
<td>67–72</td>
</tr>
<tr>
<td>dynamic nature of disability and</td>
<td></td>
</tr>
<tr>
<td>frustration and</td>
<td>71</td>
</tr>
<tr>
<td>hierarchy of</td>
<td>103</td>
</tr>
<tr>
<td>intensity of</td>
<td>103</td>
</tr>
<tr>
<td>preference for different solutions with similar</td>
<td>63</td>
</tr>
<tr>
<td>social model's neglect</td>
<td>59</td>
</tr>
<tr>
<td>impairment effects</td>
<td>3, 49</td>
</tr>
<tr>
<td>cancer and</td>
<td>48, 50</td>
</tr>
<tr>
<td>legitimacy and social model and</td>
<td>47</td>
</tr>
<tr>
<td>meaning of</td>
<td>37</td>
</tr>
<tr>
<td>incapacity</td>
<td>6, 180</td>
</tr>
<tr>
<td>active participation in society</td>
<td>188</td>
</tr>
<tr>
<td>Beveridge Report</td>
<td>190</td>
</tr>
<tr>
<td>economic progress and degradation process, 191–4</td>
<td></td>
</tr>
<tr>
<td>as hidden unemployment</td>
<td>184–5</td>
</tr>
<tr>
<td>and illness</td>
<td>185–7</td>
</tr>
<tr>
<td>illness models</td>
<td>189</td>
</tr>
<tr>
<td>limiting long-term illness (LLTI) rates, 189</td>
<td></td>
</tr>
<tr>
<td>sick role</td>
<td>188</td>
</tr>
<tr>
<td>as social problem</td>
<td>181–5</td>
</tr>
<tr>
<td>uselessness in global capitalism</td>
<td>194–8</td>
</tr>
<tr>
<td>Work Capability Assessment, 191</td>
<td></td>
</tr>
<tr>
<td>individual appraisal and reflexive monitoring, 141</td>
<td></td>
</tr>
<tr>
<td>inflammatory bowel disease</td>
<td></td>
</tr>
<tr>
<td>see doctor–patient relationship and</td>
<td></td>
</tr>
<tr>
<td>chronicity and inflammatory bowel disease</td>
<td></td>
</tr>
<tr>
<td>informal carers</td>
<td>83</td>
</tr>
<tr>
<td>interactional workability</td>
<td>138</td>
</tr>
<tr>
<td>interactionist theory</td>
<td>40</td>
</tr>
<tr>
<td>International Classification of Functioning (ICF)</td>
<td>52n7</td>
</tr>
<tr>
<td>on disability</td>
<td>65–7</td>
</tr>
<tr>
<td>limitations of</td>
<td>67</td>
</tr>
<tr>
<td>International Classification of Impairments, Disability</td>
<td></td>
</tr>
<tr>
<td>and Handicap (ICIDH), 52n7</td>
<td></td>
</tr>
<tr>
<td>International Education Conference on Batten Disease</td>
<td>81</td>
</tr>
<tr>
<td>Jobling, R.,</td>
<td>211</td>
</tr>
<tr>
<td>Johnson, J.,</td>
<td>20</td>
</tr>
<tr>
<td>Johnston, L.,</td>
<td>81</td>
</tr>
<tr>
<td>Kaiser Triangle model</td>
<td>168, 169</td>
</tr>
<tr>
<td>Kelleher, D.,</td>
<td>6, 7, 22, 24, 207</td>
</tr>
<tr>
<td>Kelly, M.,</td>
<td>165</td>
</tr>
<tr>
<td>Kelly, M. P.,</td>
<td>147</td>
</tr>
<tr>
<td>Kings College London Ethics Committee, 89</td>
<td></td>
</tr>
<tr>
<td>Kleinman, A.,</td>
<td>65, 123</td>
</tr>
<tr>
<td>knowledge, acquired</td>
<td>92</td>
</tr>
<tr>
<td>Labbe, E. E.,</td>
<td>80</td>
</tr>
<tr>
<td>Last Liberation Movement, disability rights struggle as</td>
<td>64</td>
</tr>
<tr>
<td>Latour, B.,</td>
<td>147, 148, 158</td>
</tr>
<tr>
<td>legitimacy</td>
<td>182, 208</td>
</tr>
<tr>
<td>for capital</td>
<td>86</td>
</tr>
<tr>
<td>of consultation</td>
<td>155, 157</td>
</tr>
<tr>
<td>and deviance</td>
<td>137</td>
</tr>
<tr>
<td>of distress</td>
<td>156</td>
</tr>
<tr>
<td>and expert judgement</td>
<td>14</td>
</tr>
<tr>
<td>and impairment effects</td>
<td>47</td>
</tr>
<tr>
<td>of long-term health conditions</td>
<td>187</td>
</tr>
<tr>
<td>of moral status</td>
<td>16</td>
</tr>
<tr>
<td>of physical symptoms</td>
<td>17</td>
</tr>
<tr>
<td>of place within field</td>
<td>89–90</td>
</tr>
<tr>
<td>of professionals</td>
<td>94–5</td>
</tr>
<tr>
<td>and sick role</td>
<td>2, 133, 188</td>
</tr>
<tr>
<td>and social model</td>
<td>47</td>
</tr>
<tr>
<td>Lehoux, P.,</td>
<td>141</td>
</tr>
<tr>
<td>Liberation Network of People with Disabilities, 59</td>
<td></td>
</tr>
<tr>
<td>limiting long-term illness (LLTI), 185–7</td>
<td></td>
</tr>
<tr>
<td>rates of, 189</td>
<td></td>
</tr>
<tr>
<td>Lorig, K.,</td>
<td>169, 170</td>
</tr>
<tr>
<td>loss of self</td>
<td>2, 40, 123</td>
</tr>
<tr>
<td>Luker, K. A.,</td>
<td>16</td>
</tr>
<tr>
<td>Lysosomal Storage Disorders</td>
<td>78</td>
</tr>
</tbody>
</table>
materialist perspectives
on disability and disablism, 43
on social model of disability, 58–64
Mattingly, C., 146, 149, 150
May, C., 5, 129, 146
mechanisms and structures, 113–14
medical certification, of disability, 182
medical sociology, 38–41, 52n4
conflict theorists and post-structuralists, 40
formative structural functionalism and, 39
see also biopolitics; disability studies
medico-presentational thinking, 155
medico-scientific thinking, 148–9, 150, 151
metaphorical tour, 150
Meyer, G. A., 21
micro process, link to macro conditions, 17–18
Mills, C. W., 210
Mishler, E. G., 156
Mole, S. E., 81
Moore, D. L., 19
moral judgements, 26
moral necessity to life and self, 166
Morris, J., 42, 59
mothers, as alert assistants, 21
motivated deviance, illness as, 189
Murray, P., 82
narrative reconstruction, 2–3, 123
narrative research, 65
Närvänen, A.-L., 17
National Health Service (NHS), 4, 167, 168
National Institute for Clinical Excellence (NICE), 4
National Institute for Health and Clinical Excellent (NICE), 213
National Primary Care Research and Development Centre, 168–9
naturalistic fallacy, 111
Negri, A., 207
Nettleton, S., 17
neuronal ceroid lipofuscinoses see Batten disease
neutralty, affective, 131
New England Journal of Medicine, 130
Newton, P., 5, 77
NHS Improvement Plan, 168
Nicolas, G., 167
non-employment and ill-health, relationship between, 187
Nordic relational concept, 65
normality, 71, 182
challenging of, 90–1
normalization, 22–5
and clinical encounter, 134
diabetes and, 24
forms, 24
from structural standpoint, 23
types, 23–4
Novas, C., 215
objectifying space, 149
object nature and causal powers, 113
objects of enquiry and reality, 110, 111
Office of Disability Issues (ODI), 45
Oliver, M., 3, 41, 57, 61, 63
ontological basis, of human frailty, 209–10
open systems and generative mechanisms, 110
oppression paradigm, 3
see also social oppression
order-building, 180, 181, 190
parent–professionals partnership, 82–3
Parsonian paradigm, 131
models of illness, 189
Parsons, T., 2, 14, 38, 131, 133
participation, in social system, 188
Passage through Crisis, 13
patient’s chart, 158
personalized medicine, 213
Petryna, A., 214
Peyrot, M., 22, 25
physical capital, 86, 93–4
Pierrot, J., 15, 164, 220
Pinder, R., 29n7
political economy of hope, 215
political privilege, disability as, 182
positivism, 110
post-structuralism, 40, 43
and sex/gender distinction, 62
Pound, P., 18, 26, 165, 220
Pre Genetic Diagnosis (PGD), 212
proto-stories, 148–51
frontier and, 156–7
psychodynamic deviancy model, 189
psycho-emotional dimensions of
disablism, 46
psychological mechanisms, 121, 122
see also epilepsy, impact on
individual
quality of life, with restricted growth,
67, 69–70
Quint, J. C., 16
Rabinow, P., 205
Radley, A., 5, 146
reconfiguration and reflexive
monitoring, 141
Reeve, D., 47
reflexivity
and awareness, 88, 91–2, 93
and diagnosis, 92–3
and habitus, 88, 91–3
and monitoring, 135, 140–1
need for capital, 93 see also capital
Reframing Stigma, 45
Reif, L., 20
relational integration, 139
remission society, 48, 161
re-presentation, of illness experience,
155–6, 158
re-storyings, 156
rhetoric of self-management,
174–5, 176
Rier, D., 26
Rogers, A., 167
Roland, M., 169
Rose, N., 205, 211, 212, 214, 217, 219
Roter, D., 157
Roth, J., 13, 16
Roulstone, A., 42
Salander, P., 24
Sanders, C., 18, 26
Scambler, G., 1, 3, 5, 40, 45, 46,
106, 121
Scambler, S., 1, 5, 45, 77
Schepper-Hughes, N., 218
Schoenberg, N. E., 16, 26, 27
SeeAbility, 80
Selai, C., 5, 106
self
assault on, 26
and body, 20
and citizenship, 213–15
and identity, 9, 15, 213–15
loss of, 2, 40, 123
and moral necessity to life, 166
reconstruction of, 18
see also habitus; normalization
self-management see chronic illnes
sex/gender distinction, feminists on,
61, 62
Shakespeare, T., 5, 46, 57, 78
sickness work, 5
sick role, 14
and social problem, 188
signification, 5–6
regimens, 157
see also doctor–patient relationship
and inflammatory bowel disease
Sisyphus syndrome, 211
skill-set workability, 139–40
slum clearance, as bereavement, 193
Smith, K., 182
social capital, 85, 95–9
formal, 97–8
gaining of, 97
informal, 96
social care system, 81, 95, 98, 100
social changes, 4, 64
social conditions, 47, 162, 197
social construction, 2, 122, 137
social context, 15, 122, 130, 136, 164,
165, 190
social deviance paradigm, 5, 38–9,
40, 41, 48
social mechanisms, 121, 123
see also epilepsy, impact on
individual
social model of disability, 3, 41–2,
45, 57
barrier-free utopia, 62–4
better models, building, 64–7
impairment and disability,
distinction between, 62
and legitimacy, 47
neglect of impairment, 59–60
social model of disability – continued
and oppression, 60–1
origins of, 65
weakness, 59–64
social networks, 139, 167
social oppression, 37, 41
contemporary understanding
of, 42
disability endorsement as, 59
social policy, of France, 15
social structures and human action,
18, 111, 112, 210
social world and body in illness, 165
*Society*, 162
*Sociologies of Disability and Illness
Contested Ideas in Disability
Studies and Medical Sociology*, 38, 44
sociology of disability and
impairment see impairment effects
somatic ethics, 217, 218
somatic existence, 216, 217
somatic society, 217
Somerville, C., 16
Spiegle, J. A., 82
static impairments, 59
*Stigma*, 13
Stockl, A., 16, 17
Stone, D., 182
Strauss, A. L., 10, 11, 13, 15, 16, 20,
21, 22, 29n7, 134, 162, 163, 166,
170, 206
structural functionalist analysis of
medicine in society, 2
structural incapacity model, 189
structures and objects, 113
surveillance medicine, 141
symbolic capital, 85–6, 94, 101
symbolic interactionism, 13
symptoms, 17–18, 79
hiding of, 23, 24
managing of, 14, 21–2, 164
normalizing and, 22, 23–5
onset, 89
physical, 17, 70
prognosis and, 20
reading, learning of, 21
suffering, for years, 16
undiagnosed, 17
visibility, 19, 21
systematization, 141
taken-for-granted, 24
and body, 20
diagnosis of epilepsy, 122
and practices of actors, 86–7
and response, 23
and world, loss of, 8, 9
Taylor, D., 207
tecnogovernance, 139
Temkin, O., 122
temporality, 15, 18
*The Discovery of Grounded Theory*,
10–11
*The Lancet*, 169
*The Politics of Disablement*, 41
therapeutic potential see proto-stories
*The Social System*, 38, 130
Thomas, C., 5, 37, 46, 52nn2,3, 58, 60
*Time for Dying*, 13
*Timetables*, 13
Timmermans, S., 21, 133
transformation, of information, 148
Tremain, S., 62
Turner, B. S., 39, 205, 209, 210, 220
Twaddle, A. C., 135
Uncertainty, 19, 91, 95, 108
and awareness, 16
definitions, fading of, 18
and doubt, 17
existential, 16
of patient’s future, 156, 164, 170
Union of the Physically Impaired
Against Segregation (UPIAS),
52n6, 58–9
utopia, barrier-free, 62–64
van den Pol, R. A., 82
vitality, economies of, 217–18, 219
vulnerability and suffering, 208–11
Foucauldian thoughts on, 210–11
Waddell, G., 181
Waldby, C., 217
Walmsley, J., 42
Watson, N., 5, 46, 57
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Wiener, C., 23</td>
<td>Work Focused Health Related</td>
</tr>
<tr>
<td>Williams, C., 21</td>
<td>Assessment, 195</td>
</tr>
<tr>
<td>Williams, G., 2, 6, 65, 180</td>
<td></td>
</tr>
<tr>
<td>Williams, S., 6, 59, 112, 165, 188, 189</td>
<td></td>
</tr>
<tr>
<td>Williams, S. J., 85, 205, 207</td>
<td>Young, B., 25</td>
</tr>
<tr>
<td>Wilson K., 16</td>
<td>Young, I. M., 42</td>
</tr>
<tr>
<td>Wilson W. J., 198</td>
<td></td>
</tr>
<tr>
<td>wireless patient, 141</td>
<td>Zola, I. K., 40, 41, 65, 207, 209</td>
</tr>
</tbody>
</table>
Editors:
Graham Scambler,
*University College London, UK*
Paul Higgs,
*University College London, UK*
Richard Levinson,
*Emory University, USA*
Ruth Graham,
*Newcastle University, UK*

Affiliated with the European Society for Health and Medical Sociology (ESHMS)

**Social Theory & Health (STH)** provides an international scholarly forum for theoretical reflection and debate on contemporary health issues, many of which bear directly on the planning and delivery of services. The journal aims to consolidate, refine and extend theoretically informed work on the role of health in modern societies.

To benefit from the wealth of research and content in *STH*, recommend the journal to your library. Visit [http://www.nature.com/librec/svc/request/makeProdRequest?id=sth](http://www.nature.com/librec/svc/request/makeProdRequest?id=sth) and complete the online form.

[www.palgrave-journals.com/sth/](http://www.palgrave-journals.com/sth/)