Editorial

Theorizing Research and Researching Theory

The first issue of *Social Theory & Health* was published in May of 2003. We have been pleased at the quality and range of submissions that have confirmed our strategy of providing a platform for original theoretical papers of special salience to the health domain. We are equally happy with the early contributions to our series of 'debates' and 'concepts' pertinent to the study of health, medicine and embodiment. In future issues of the journal, we shall develop this approach by introducing a series of 'profiles' of theorists whose work has, or could have, particular significance for health. The present issue is the fifth and it is an appropriate point to look ahead and to encourage readers' involvement with the journal, both as contributors and as referees and book reviewers.

It is the mission of the journal to afford an outlet for contributions that help bridge the often uncomfortable gap between empirical research and grand, or not-so-grand, theory. This extends not only to work done across the various social and behavioural sciences, but also to disciplines such as philosophy as well as to health professionals and those engaged in public health or health promotion, and so on. It is important too, that *Social Theory & Health* becomes a genuinely *international* forum for debate in theory, policy and practice. In the first five issues contributions have been forthcoming from the USA, Britain, Germany, Italy and Australia and have reflected a good range of disciplines, topic areas and theoretical orientations. We would welcome submissions from disciplines not yet represented and from other continents and countries, especially those in the developing world.

We would encourage too papers that break new ground, even if they are exploratory rather than polished final statements. It is an effect of the gap that has opened up between theory and research that much interesting theoretical work is rarely utilized to illuminate research programmes, or indeed to provide direction for them. Jens Zinn's paper in the present issue, drawing on the systems theory of Luhmann to throw new light on biographical uncertainty in the present era of what has been called 'reflexive modernization', is a case in point. In our view, his analysis prompts a rethink of routine sociological accounts of the 'biographical disruption' typically brought about

by the onset of chronic conditions. We would like to encourage innovative analyses of this kind that cross disciplinary boundaries and promote the cross-fertilization of ideas.

Drawing on the paper on 'fatness' published in this issue by Nick Crossley, we can see how the themes of social theory and health can be relevant for the discussion of important and topical policy issues. Focussing on the paradox of increased rates of obesity occurring in societies dominated by cultures of the body that emphasize control and diet, Crossley shifts our attention to the value of theory in explaining this public concern. Equally, and using different levels of analysis, the papers by Jane Ussher and Peter Freund make us consider the wider boundaries of the arena of health. Ussher shows how the premenstrual syndrome heralds a rupture in self-silencing, leading to enhanced self-surveillance, guilt, shame and a blaming of the body. Freund documents how the relationship between the individual and the machine is of profound significance to the experience of being human in the 21st century, but one that is seldom reflected on by those working in our field.

What these and earlier contributions do, we hope, is to indicate the scope and potential of the journal and presage the development of a genuine theoretical engagement within and across disciplines. To return to the metaphor of the prism of health that we used to launch the *Social Theory & Health*, as we move from its infancy we would like to see more facets being revealed from more and more varied contributors.

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Social Theory & Health (2004) **2**, 197–198. doi:10.1057/palgrave.sth.8700034