Editorial

Social Theory & Health (2013) **11**, 237–240. doi:10.1057/sth.2013.14

This special issue of *Social Theory & Health* celebrates its tenth anniversary. The idea for the journal arose out of a sense that none of the existing outlets allowed sufficiently for papers that did not straightforwardly present study findings but focused primarily on conceptual or theoretical advance. A market niche had been identified. Our initial editorial reflected a degree of apprehension nonetheless: most markets are unpredictable and this was unlikely to be an exception (Scambler *et al.*, 2003). But any apprehension was more than balanced by a collective optimism on the part of editors and publishers that proved justified. At the 5-year mark, we were able to report a robust survival beyond fragility of infancy and early childhood (Scambler *et al.*, 2008). Not only had *Social Theory & Health* attracted an encouraging flow of high-quality manuscripts, but these were coming from more and more countries and continents. By this time too, a welcome formal affiliation with the European Society for Health and Medical Sociology (ESHMS) had been negotiated.

Our tenth anniversary seems an appropriate point to bring the story up to date, to focus on some achievements and to comment on future objectives. In 2009, the founding editors were joined by Ruth Graham, who arrived with enthusiasm, a fresh perspective and, more worryingly, a compatible sense of humour. Through numerous staffing changes at Palgrave Macmillan, Jane Torr has kept us to a reasonable timetable and our feet on the ground; she has worked with the editorial team throughout this last decade and is a crucial component of any successes we have enjoyed. Miranda Scambler has put in similarly long service as the journal's administrative officer and crucial link between the editors and publishers. She too has earned our thanks. The publishing editor who has worked with us for the last few years, Neil Henderson, to whom we are much indebted, has recently moved on and has been succeeded by Amy Shackleton, who we look forward to working with in the future. The year of changeover, 2012, was appropriately the year in which the journal received its Impact Factor. That *Social Theory & Health* has established itself is in no small part due to very positive working relations between editors and publishers.

On a pragmatic level, the consolidation of *Social Theory & Health* in what is for a journal a relatively short period of time is very encouraging. Something of the heterogeneity and quality of its output can be captured in our list of guest annual lecturers: Rose (2007) (on the biopolitics of life), Bury and Taylor (2008)

(on the politics of self-management in chronic illness), Siegrist (2009) (on his middle-range theory of 'effort-reward', Thomas (2012) (on the ongoing tensions between disability studies and medical sociology) and Roy Bhaskar (on critical realist philosophy and well-being). Special issues have been devoted to the biannual ESHMS conferences and to the sociology of HIV/AIDS, while sections of the journal have occasionally been devoted to contested domains and discourses like those on obesity and health. General contributors have ranged from noted and well-established academics to freelance intellectuals and postgraduate researchers, and from a number of disciplines and from most parts of the globe. As editors, we now feel confident in the weight and depth of analysis issue by issue.

The present issue is offered as another special issue to celebrate the survival, development and maturation of *Social Theory & Health*. It comprises two invited submissions, from Bill Cockerham from the United States and Deborah Lupton from Australia, and papers from each of the three UK editors. Nobody is better qualified than Bill Cockerham to offer an overview of trends in theory in medical sociology in the new century, and he concludes that it is a thriving field. He argues that we are seeing a new paradigm emerging: there is a shift away from a past focus on methodological individualism, privileging the individual, towards a more social structural orientation. This is being reflected in methodological innovations, both quantitative and qualitative. Deborah Lupton's paper on the 'digitally engaged patient' epitomizes what is novel and cutting edge in twenty-first century medical sociology. She reviews and analyses present policies and initiatives to encourage patients to adopt new digital media technologies. She maintains that such policies neglect the complex dynamics that are part and parcel of their reception and usage *by healthcare providers as well as patients*.

Paul Higgs reprises his programme of research on the changing nature of ageing and ageing discourses to suggest that social commentators, including many social scientists, have yet to grasp the nature and extent of the transformation of 'old age' that has occurred over the last generation. He makes a case that a 'refreshed focus' would facilitate our understanding of the interrelations between macro-social change and policy and practical accommodations to ageing in an altered social world. Ruth Graham's point of departure is her research into anorexia nervosa. The 'absent presence of death' in social scientific accounts of anorexia nervosa is for her highly significant, not least because of the dubious mortality data on offer. She maintains that social scientific interrogation of biomedical concepts of anorexia nervosa (as 'always serious and extreme') is critical for science and for people/patients. In the final paper, Graham Scambler offers the third of a series of three applications of the theories of Margaret Archer to the sociology of health inequalities. Drawing on Archer's discussions of

reflexivity, he formulates an ideal type of the ‘vulnerable fractured reflexive’. People who fall into this category, he suggests, have ‘mindsets’ that render them peculiarly liable to health threats and attenuated longevity. He makes a provisional case that a concept of *disconnected fatalism* (characteristic of financial capitalism) might take us beyond Marx’s alienation and Durkheim’s anomie.

Looking forward, our core objective is to maintain the tricky balance between publishing good quality academic papers and representing an inclusive concept of academic scholarship (including editorial support and encouragement for views and intellectual positions that are less easily categorized, or ‘outliers’, in our increasingly fragmented realm). This commitment to a broad interpretation of interdisciplinarity reflects our ongoing commitment to publish work that crosses traditional disciplinary boundaries. In particular, we are keen to see more contributions that relate social theory to clinical specialties such as medicine, nursing, midwifery and other allied health professional spheres. In a different way, we would also be pleased to see submissions from those who use social theory and health in other applied ways, for example, for learning and teaching in tertiary education: if bridging the divisions between disciplinary perspectives is intellectually productive then so too is the bridging of the endemic divide in the academe between research and teaching.

We thank Fiona Stevenson, previously our book review editor, who will now be joining our editorial board, and we welcome Suzanne Moffatt as our new book review editor. We also extend our warm thanks and appreciation to all those of our colleagues, whether on our editorial boards or not, who have underwritten *Social Theory & Health*’s consolidation as a viable international journal by agreeing to referee submissions in a time for which the rewards for doing so are intellectual but institutionally scant indeed. While the individual contributions to the mix of future papers may vary, the overall ethos of the journal remains as it started: to create a discursive space in which to consider interesting ideas about the relationship between society, theory and health.

References

- Bury, M. and Taylor, D. (2008) Towards a theory of care transition: From medical dominance to managed consumerism. *Social Theory & health* 6(3): 201–219.
- Rose, N. (2007) Molecular biopolitics, somatic ethics and the spirit of biocapital. *Social Theory & Health* 5(1): 3–29.
- Scambler, G., Higgs, P. and Levinson, R. (2003) Editorial. *Social & and Health* 1(1): 1–3.
- Scambler, G., Higgs, P. and Levinson, R. (2008) Editorial: The first five years of ‘Social Theory & Health’. *Social Theory & Health* 6(2): 95–96.
- Siegrist, J. (2009) Unfair exchange and health: Social bases of stress-related diseases. *Social Theory & Health* 7(4): 305–317.

Thomas, C. (2012) Theorizing disability and chronic illness: Where next for perspectives in medical sociology? *Social Theory & Health* 10(3): 209–228.

Graham Scambler

UCL, Mortimer Market Centre, London, UK

E-mail: g.scambler@ucl.ac.uk

Paul Higgs

Faculty of Brain Sciences, UCL, UK

E-mail: p.higg@ucl.ac.uk

Richard Levinson

Rollins School of Public Health, Emory University, USA

E-mail: rlevins@sph.emory.edu

Ruth Graham

School of Geography, Politics and Sociology,

Newcastle University, UK

E-mail: r.h.graham@newcastle.ac.uk