Editorial

The last 50 years have provided a wealth of rival perspectives and theories on the changing nature of societies. While some theorists have insisted that we still inhabit modernity, albeit in high or late guise, others have written of a new era of postmodernity. Compounding such issues of 'periodization' have been controversies about the very character of theorizing, with those continuing to defend some species of universal rationality finding themselves at loggerheads with postmodernists and poststructuralists celebrating the demise of the 'grand narratives' that have underpinned the social and natural sciences since the European Enlightenment of the late 18th century. Often these debates seem part and parcel of our thinking about the social and behavioural determinants of health and of definitions of health, illness and medicine and the political prerequisites of health care delivery.

It is the lively interplay of theory and research that lends point and credence to any attempt to grasp the nature of both social and natural phenomena. Theory unchallenged – or worse, unchallengeable – by rigorous empirical investigation is likely to degenerate into mere speculation. Research undertaken for its own sake, detached from the refinement or revision of theory, can be little more than suggestive. Biological, behavioural and social curiosity and enquiry in the health domain is unexceptional here. Theory, logically, should inform research, which should in turn inform theory. Systematic or scientific attempts to describe, understand and explain should, again logically, fall somewhere between the American sociologist C. Wright Mills' (1963) 'grand theory' on the one hand and his 'abstracted empiricism' on the other. Or that, at least, is the perspective that underpins *Social Theory & Health*.

It is a broad perspective, bearing not only on the sociology of Mills' successors but on practitioners of its companion social, political and behavioural sciences. Moreover, it bears on them almost, if perhaps not quite, independently of any particular theoretical or research persuasion. *Social Theory & Health* has been conceived as a vehicle for at least three related tasks: to support, stimulate and foster the dialectic between theory and research in the field of health and health care; to encourage and disseminate innovative contributions leading to the advancement of social theory in this same substantive area; and to throw new light on global, national and local structures and processes through the lens of health. The

accent on social theory is deliberate. While various international and national journals include papers in each of these areas, it is the *mission* of none to do so, and *most* journals focusing on health and health care, understandably and reasonably enough, favour concise reports of empirical studies. *Social Theory & Health*, we hope, will complement extant publications.

The reach of *Social Theory & Health* extends well beyond social theory and medical sociology. Papers are welcomed from colleagues in neighbouring disciplines such as anthropology, political theory and science, social, welfare and health policy, economics, psychology and philosophy, as well as from epidemiology, public health and primary care, nursing and from the full range of clinical practitioners in medicine and the other health professions. Nor can any such list be comprehensive. Submissions will be encouraged too from all corners of the world. Although there are strong, institutionalized and (globally) privileged academic traditions emanating from certain parts of the world, notably Europe and North America, it is a vital part of our brief to provide an outlet and to engage with colleagues from *all* continents and traditions. Global social theory neither equates to nor can be accomplished by the export of current Western models.

Social Theory & Health is an outlet for scholarly argument and debate on the full range of health issues. But it is also a medium of engagement with matters of practical concern in the day-to-day lives of individuals, groups and populations. We see it as a journal for critical scholarship *and* for the promotion of constructive agendas for change and reform. To further facilitate this partnership of scholarship and engagement, occasional issues will be devoted to the exploration of specific themes, ranging from the social construction of professional knowledge to individual risk behaviours to the structural and political bases of global and national health inequalities to the pros and cons of different modes of funding and organizing health care systems.

This first issue of *Social Theory & Health* comprises four papers, each with a different focus. Bryan Turner offers a critical assessment of social capital theory and its potential for explaining health inequalities, stressing the roots of this theory in Durkheimian sociology. He sees considerable promise in social capital theory, but only if a number of significant theoretical lacunae are addressed. David Fidler considers the changing role of public health in international relations, framing his discussion with reference to the rival theories of realism, institutionalism, liberalism and social constructivism. Simon Williams commends critical realism as a fruitful perspective for our understanding of health and illness, illustrating his arguments with references to current work on chronic illness and disability, racism in relation professionalism and health inequalities. Finally, Ian Greener utilizes the

economic sociology of Michel Callon to explore and analyze the present policy focus within the British National Health Service on patient choice. Our hope and expectation is that *Social Theory & Health* will grow from this and subsequent early issues to become a natural and telling forum for scrutinizing the health arena.

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