



International Sociological Association, RC15

## **NEWSLETTER OF THE RESEARCH COMMITTEE ON THE SOCIOLOGY OF HEALTH**

Number 53 October 2011

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## Letter from the President

Welcome to the October 2011 Newsletter for RC 15, Sociology of Health. As you will see, included in this issue is a call for abstracts for the ISA Forum in Buenos Aires, Argentina from 1-4 August 2012.

I should like to encourage you to look at the sessions planned and to submit an abstract if your work fits the session theme. The deadline for abstracts to be submitted is **15 December 2011**, so there is no time to delay! We hope that you will seriously consider attending the Forum in Buenos Aires as it promises to be an exciting meeting. Besides hearing about the latest research it offers an opportunity to network and to find out about health, health care and health policy in Argentina and elsewhere in Latin America.

In order to attend your membership of RC15 and the ISA will need to be up to date, so please make sure that you rejoin when your membership lapses.

I and the other members of the Steering Committee for RC15 look forward to seeing you in Buenos Aires.

Best wishes

Jonathan

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## **RC 15 Sociology of Health**

### **Call for Papers**

<http://www.isa-sociology.org/buenos-aires-2012/rc/rc.php?n=RC15>

#### **Programme Coordinator**

Ivy Bourgeault, University of Ottawa, Canada, ivy.bourgeault@uottawa.ca

#### **RC15 Liaison in Argentina**

Ana Duro, Asociación Argentina de Sociología, anamduro@yahoo.com.ar

Number of allocated sessions including Business meeting: 16

### **Deadlines**

- On-line abstract submission **from August 25 to December 15, 2011.**
- All Forum participants (presenters, chairs, discussants, etc.) need to pay the early registration fee by **April 10, 2012**, in order to be included in the programme. If not registered, their names will not appear in the Programme or Abstracts Book.
- On-line registration will open **August 25, 2011.**

# Call for Papers

Only abstracts submitted through [ISA website platform](#) will be considered

The Research Committee on the Sociology of Health is calling for papers for the 2012 ISA Forum in Buenos Aires. We will be organizing a total of 16 sessions of 90 minutes each, including a time-slot for our business meeting; please also see the **Joint Sessions**.

Proposed sessions in provisional order.

## Session A: Men and reproduction

### Organisers

Maria LOHAN, Queen's University Belfast, UK, [m.lohan@qub.ac.uk](mailto:m.lohan@qub.ac.uk)

Lorraine CULLEY, De Montfort University, UK

William MARSIGLIO, University of Florida, USA

Internationally, many societies are experiencing a cultural transformation of fatherhood towards the contemporary ideal of the involved nurturing father with the expectation of men's involvement across the reproductive trajectory from reproductive planning to equal co-parenting. This cultural momentum is also being 'pushed' internationally through government policies based on the perceived economic, health and well-being benefits of fatherhood involvement in children's lives. In academic research, the application of Critical Studies of Men and Masculinities to the sociology of human reproduction, provides an added impetus to the re-conceptualisation of reproduction in inter-relational terms (rather than as 'women's difficulty'), and attempts to empirically and critically explore men's involvement in reproduction. This debate on men and reproduction links to the themes of this ISA Forum in that it mirrors the broader sociological debate relating to the rhetoric and reality of the democratisation of gender relations in the intimate sphere and the emergence of relationships that are more equally and mutually satisfying. In addition, the debate is often framed in terms of 'social justice' for fathers in societies which prioritise mothers over fathers as the socially accepted best carers of children. Papers will critically explore men's involvement within the reproduction/parenting arena. In particular, papers may focus on men's involvement in reproductive planning/the procreative realm. Topics of papers might include (but are not limited to): men going through ART procedures, pregnancy resolution decision-making, men's responses to sonograms, men's involvement in childbirth preparation classes, men's fertility attitudes, gay men's desires to have a child.

## **Session B; Men's health: Intersections between culture and science**

### **Organiser**

Elianne RISKKA, University of Helsinki, Finland, elianne.riska@helsinki.fi

During the past decade, "men's health" has emerged as a growing field of research. Explanations of men's health and health behavior tend still to resort to cultural or psychological interpretations and theorizing comparable to the development of women's health has not yet emerged. This session invites papers which explore the range of tacit theorizing which exists in the field of "men's health". It invites papers which examine how men's health currently is constructed in the intersection between culture and science.

## **Session C: Health inequalities across European health systems**

### **Organisers**

Mara TOGNETTI, University of Milan-Bicocca, Italy, mara.tognetti@unimib.it

Annalisa ORNAGHI, University of Trento, Italy, annalisa.omaghi@unimib.it

Health inequalities are an important concern in our society and are a crucial issue with which healthcare systems and healthcare policies are confronted. For this reason, it becomes increasingly important to understand how this issue of inequality is addressed by different health policies and by health systems, both with regard to their national character with the potential and regional particularities, both at European level. European health systems are well established and we are witnessing a degree of convergence between them. Nevertheless, health inequalities persist and, as some studies confirm, in some groups of population are increasing. The questions that we ask for this session are: whether, how and what extent health systems affect health inequalities and what to do to overcome in terms of policy. The aim of this session is to understand whether different healthcare systems produce inequalities which type if any and through which mechanisms. This session will discuss and analyze the evolution of European health systems, the presence of health inequalities, preferably using a comparative approach.

## **Session D: The role of the "Third Sector" in health care reforms**

### **Organisers**

Guido GIARELLI, University Magna Graecia, Italy, guidogiarelli@tin.it

During the last decades, it has become increasingly evident that the state (Third Sector) and the market (Second Sector) are no longer the exclusive actors in the arena of the health care systems and of their reforms: a significant number and types of initiatives have emerged by the so-called 'Third Sector', an umbrella definition aimed to indicate a wide array of organizations ranging from voluntary associations to advocacy organizations, from self-help/mutual aid groups to non-profit enterprises. Being deeply rooted in the social and cultural context of each geo-political region, it would be interesting to compare the different definition of 'Third Sector', its

specific internal articulation, the kind of relationship with both the health and social care professionals and the services, and the kind of role it plays in the governance and reforms of the social and health care systems.

### **Session E: Medications and pharmaceuticalization: Continuity and change**

Language: English, French and Spanish

#### **Organisers**

Noémia LOPES, CIES-IUL, Portugal, noemia.lopes@iscte.pt

Jonathan GABE, London University, UK, j.gabe@rhul.ac.uk

Pharmaceuticalization is starting to play an important role in attempts to develop a new sociological understanding of health in everyday life, particularly in relation to health improvement, the management of well-being, and also cognitive and body enhancement. However, there remains a need for a deeper exploration of the nature and social implications of changes taking place in this domain. What kinds of medication – pharmaceuticals and/or natural products – are being consumed to maintain or enhance people's health, what social processes are involved and what rationales are invoked? In what sense does pharmaceuticalization constitute a pivotal concept to capture the changes occurring in the expansion of lay therapeutic investments? How globalised is the current pharmaceuticalization of daily life? Do old or new forms of resistance to the consumption of such medications subsist or emerge? And how local are these forms of resistance? What role does the media and patient groups play in pharmaceuticalization? All these questions require theoretical discussion and reflection among sociologists interested in research on health and social change. An initial discussion around these themes has already begun, including at the last ISA Congress, where for the first time, a thematic session on medications was organized, thereby underscoring the growing relevance of this subject for the sociology of health. For this session, papers based on theoretically informed empirical studies, as well as theoretical and/or methodological discussions on this subject matter are welcome.

### **Session F: The transformation of lives: Making up people through biotechnologies**

Session in English and French

#### **Organisers**

Johanne COLLIN, University of Montreal, Canada, johanne.collin@umontreal.ca

Annette LEIBING, University of Montreal, Canada, annette.leibing@umontreal.ca

This session aims to explore the role biotechnologies (stem cells, smart drugs, life-style drugs, etc.) play in the transformation of bodies and the creation of what Clark et al. (2010) have called 'technoscientific identities'. In fact, concepts such as biosociality (Rabinow, 1996), biological

citizenship (Petryna, 2002) and neurochemical citizenship (Rose, 2007) capture a reshaping of collective and individual identities through somatic and physical attributes individuals share and around which they get mobilized, and in which technoscientific interventions increasingly play a central role. Biotechnologies entail the possibility of redefining and extending human limits; they are thus involved in the reconfiguration of the borders between health and illness and between nature and culture (for instance through `cosmetic neurology` [Cakic, 2009]). And while a number of social scientists have written about new forms of sociality, few studies look in detail at the role biotechnologies play in `making up people` or biosocialization. The interplay of highly specialized knowledge, its translation into health-related practices - including hype, hope and uncertainty - the effect these practices have on people`s notion of self and other, and how people in turn influence issues regarding the standardization and classification of biological facts - are only some of the elements that play a role in technoscientific identities. For this session, papers based on theoretically informed empirical studies on this subject matter are welcome

### **Session G: Exploring boundaries of pathology and normality, bodies and minds following the emergence of the new neurosciences: Sociological challenges**

#### **Organisers**

Kerstin SANDELL, Lund University, kerstin.sandell@genus.lu.se

Shai MULINARI, Lund University, shai.mulinari@genus.lu.se

In this session we aim at exploring theoretically, analytically and empirically the changing boundaries of the social and the biological, the normal and the pathological with a specific focus on questions around bodies, brains and minds in the context of the explosion of neuroscience research and knowledge production. The neurosciences are changing and informing understandings of not the least psychiatric disorders but also of brain diseases as Alzheimer`s, and diseases as stroke. Imaging technologies here plays a central role, promising revelations of the workings of the brain, not the least of emotions, rationality and subjectivity. In this session we will from a sociological perspective explore the knowledge production and new practices following from neuroscience approaches, its uses in medicine as well as the experiences of patients in these fields. We encourage the participants to use and expand newer theoretical strands to grapple with the elusive distinctions between mind and body, inner and outer. For example Nikolas Rose`s conceptualization of the neurochemical self, Elizabeth Wilson`s effort to link brain, emotions and bodies, and other central interventions theorizing useful in understanding challenges of neuroscience. We are also interested in exploring how these can be linked to the tendency in medicine to make disease biological and causal, as well as medicines increased reliance on evidence based medicine (EBM).

## **Session H: Obesity: A 21st century plague?**

### **Organiser**

Karen GRANT, University of Manitoba, Canada, [kgrant@cc.umanitoba.ca](mailto:kgrant@cc.umanitoba.ca)

In 2002, the World Health Organization described obesity as a global pandemic. A few years later, fat was described as “the new tobacco.” For the population and for governments and health care systems, obesity has become “the” challenge of the 21st century. Changes in dietary practices and sedentary lifestyles are no longer found only in developed nations; they are increasingly common in developing countries. And with these lifestyle changes, public health authorities worry, is a tsunami of chronic disease, disability, and premature mortality, not to mention increased costs to the health care system. This session explores the new public health challenge of obesity. In keeping with the overall conference theme on social justice and democratization, papers that specifically address these dimensions of obesity are particularly welcome. As well, papers are invited that explore that social, historical, political, and economic dimensions of the “obesity epidemic,” and cover issues including, but not limited to:

- the epidemiology of obesity in children and adults (including comparative studies on obesity)
- the social determinants of overweight and obesity
- obesity in specific populations (women, Aboriginal people, immigrants, etc.)
- the social production of overweight and obesity (e.g., the influence of consumer behaviours, computers, automobile use, etc. on the development of overweight and obesity)
- media representations of overweight and obesity
- the moral panic associated with obesity
- weight bias and discrimination (including the stigma of overweight)
- the fat acceptance movement
- health care responses to the obesity epidemic
- the impact of the weight loss industry on overweight and obesity

## **Session: Health care choice: Discourses, perceptions and experiences**

### **Organisers**

Kirsten HARLEY, The University of Sydney, Australia [kirsten.harley@sydney.edu.au](mailto:kirsten.harley@sydney.edu.au)

Jonathan GABE, University of London, UK, [j.gabe@rhul.ac.uk](mailto:j.gabe@rhul.ac.uk)

Michael CALNAN, University of Kent, UK, [m.w.calnan@kent.ac.uk](mailto:m.w.calnan@kent.ac.uk)

The notion of choice is at the heart of neoliberalism, which has driven much health system reform over recent decades. Under neoliberalism, choice is promoted as valuable in itself, and it is taken for granted that individuals are rational actors who can and do exercise choice on the basis of calculations designed to maximise self-interest and minimise loss. Health care users may be invited or obliged to exercise choice in engaging with health care systems: public or private facilities; practitioners (which type and which one); multiple treatment options (including



surgical procedures, over-the-counter medications, complementary therapies); treatment domestically or abroad. However, the nature of health care choice is entwined with questions about access to information, competing evidences, the role of trust and responsibility, and different capacities to choose. This session invites empirical and conceptual papers about discourses, perceptions and/or experiences of health care choice. Within particular health care systems and contexts, they may address questions including: How are health care choices constructed and encribed in policy, marketing and professional discourses? What choices do patients perceive as available to them, and to what extent do they value choice? What information and resources, including advice from health professionals, do health service users draw upon in making particular health care choices? How can sociology explain the differential capacity to choose? And what is the relationship between discourses, perceptions and experiences of health care choice?

### **Session K: The health workforce governance continuum: Good professionals, safer patients and the right to health care**

#### **Organiser**

Stephanie SHORT, The University of Sydney, Australia, [stephanie.short@sydney.edu.au](mailto:stephanie.short@sydney.edu.au)

This session welcomes sociological work that addresses the health workforce governance continuum at local, regional, national and international levels. The traditional “closed regulatory world” (Moran 1999) of health workforce governance is challenged by both globalisation and the international market in health professionals, and increasing appreciation that while governance of the health workforce raises some specialist issues, it does not sit apart from broader governance related trends and broader workforce related issues. In the integrated governance continuum, issues of training, accreditation and the quality of health professionals (**good professionals**) merge with concerns about regulation and patient safety (safer patients), and ensuring that structures, policies and funding systems are participatory, accountable, transparent, fair and just, guaranteeing the universal right to health care (right to health care). The challenge faced by planners and regulators is to create integrated governance strategies that balance these concerns and which take into account the impact of an increasingly globalised world. The effectiveness of our health systems depends to a large degree upon the workforce that provides health services but this raises some important questions. Where does health workforce regulation fit in relation to government ambitions as a whole? How can we most effectively integrate the consequences of globalization into health workforce governance? Do our systems have the coherence they need to ensure improved access, good governance practices and safer patients? How can existing models of governance be modified and developed to serve professions and the public?

### **Session: Sociology of complementary and alternative medicine**

Session in Spanish, Portuguese and English

#### **Organiser**

Nelson FILICE DE BARROS, University of Campinas, Brazil, elfel@uol.com.br

Despite remarkable advances achieved by the biomedical model of health, there has been an exponential growth in the use and in the interest in Complementary and Alternative Medicine (CAM). The increasing popularity of CAM over the last five decades has been followed by a proliferation of sociological research on different dimensions of this phenomenon. In this context, CAM has attracted social researchers to establish the field of Sociology of Complementary and Alternative Medicine. The aim of the present session is to debate Sociology of CAM through diverse analytical and empirical research on CAM dynamics across four different Western countries: Argentina, Brazil, Portugal and the UK. The main issues to be analysed will be the lay use of CAM and Traditional Medicine as a marker of social distinction; the professionalization process of CAM; the CAM manoeuvring in relation to mainstream health-care; the use and promotion of holistic and integrative health-care by CAM practitioners and medical doctors. The intended session attempts to deepen sociological debate on the re-emergence of heterodox practices of medical care and on the impact of that on contemporary Western society.

### **Session L: Globalization and the sociology of medical education**

#### **Organisers**

Fred C.J. STEVENS, Maastricht University, the Netherlands,  
fred.stevens@maastrichtuniversity.nl

Jacqueline D. GOULBOURNE, University of the West Indies, Jamaica,  
jacqueline.goulbourne@uwimona.edu.jm

Although classic medical sociology has made substantial contributions to the field of medical education, in the recent past this domain has rather been neglected by sociologists. Worldwide, medical curricula are in a continuous process of development, transformation and reform due to the many changes that are taken place in healthcare, the health professions, and in higher education. These changes include cultural as well as social structural issues such as the feminization of medicine, the organization of medical practice, evidence-based medicine, physician-patient relationships, ethnicity, internationalization and globalization. As a result of these changes, the number of scholars drawing on sociological perspectives to contribute to the field of medical education is rapidly increasing. What still remains neglected, however, are questions as to whether the path to the globalization of medical education is akin to the export and application of western models of social organization and what competencies are required to deal with "otherness" in different and unfamiliar cultural contexts. Such questions indicate continuing relevance for sociologists as areas of research. In this session, we particularly encourage theoretically and methodologically grounded contributions on topics relevant to sociology and health professions education such as: globalization and medical education;

socialization, acculturation and professionalization; inter-professional education; the international classroom; gender, specialty choice and medical education; governance, regulation and health professions education.

## Joint Sessions

### **Session M: Towards better healthcare for all: What matters in the transformation of healthcare systems and policy**

Joint session of RC15 Sociology of Health [host committee] and RC19 Poverty, Social Welfare and Social Policy

#### **Organisers**

Ellen KUHLMANN, University of Bath, UK (e.c.kuhlmann@bath.ac.uk) and  
Claus WENDT; University of Siegen, Germany (wendt@soziologie.uni-siegen.de)

Better healthcare for all citizens is a key strategy to fight social inequality and poverty and high on the agenda of policy-makers across the globe. Besides many differences, emergent healthcare systems in the southern and eastern hemisphere as well as established welfare states in the west all seek to improve the organisation, delivery and accessibility of healthcare and the management of professionals and services. For these processes social responsibility and public sector services have been proved to be crucial for the health of the population, but markets and management enjoy high currency in the current climate of financial restrictions. In our session we plan to provide a platform for discussing the following questions: How to get health reform right, and how to balance public responsibility for healthcare and markets? How to balance global challenges and local needs and demand? What can be learned from local solutions to global pressures? What to learn from international experiences, especially taking into account transformations and emergent healthcare systems in the Americas and other regions of the world that are broadly neglected in comparative health policy. We invite papers that explore these issues either across nations and regions or in a single country.

### **Session N: Professional governance and health human resource management: The challenges of equality, diversity and inclusion**

Joint session of RC15 Sociology of Health and RC52 Sociology of Professional Groups  
[host committee]

#### **Organisers**

Ellen KUHLMANN, University of Bath, UK (e.c.kuhlmann@bath.ac.uk) and  
Ivy Lynn BOURGEAULT; University of Ottawa, Canada (Ivy.Bourgeault@uottawa.ca)

The professions are the backbone of the healthcare system and key to sustainable healthcare services for all citizens. Yet the governance of the professional workforce faces a number of

challenges. On top of this, shortage and inefficient use of health human resources together with changes in the composition of the professional workforce by age, gender and citizenship create an urgent need for policy interventions. Within this scenario the health professions gain significance not only as an 'object' and problem of governance, but also as a source of innovation and a facilitator of change in the healthcare sector. This session brings together two strands of the debates: the governance of the health professional workforce and the management, planning and policy of health human resources. We seek to explore, among other things, whether and how a more diverse and integrated professional workforce, including gender equality, may contribute to more sustainable healthcare services that, in turn, improve social justice.

## Session O: RC15 Business Meeting

### Organiser

Jonathan GABE, Royal Holloway University London, UK, [j.gabe@rhul.ac.uk](mailto:j.gabe@rhul.ac.uk)

## Networking

The ISA World Forum in Buenos Aires provides unique opportunity for RC15 members to exchange knowledge across the globe, especially, to learn about health, healthcare and health policy in Argentina and, more generally, in America Latina.

To recall: there is a **Report on the Sociology of Health in Brazil**, included in the previous RC15 Newsletter (no 52, pp 8-11) by Nelson Filice de Barros ([filice@fcm.unicamp.br](mailto:filice@fcm.unicamp.br)), Everardo Duarte Nunes and Marcelo Eduardo Pfeiffer Castelanos.

Further reports, information and notices from Latin American countries are very welcome for the next Newsletter to be published in spring 2012! (see last page of this newsletter for details).

See also European Networks

### **European Sociological Association, Research Network 16 (Health)**

Chairs: Ellen Annandale and Gunnar Scott Reinbacher

[http://www.europeansociology.org/index.php?option=com\\_content&task=view&id=34&Itemid=29](http://www.europeansociology.org/index.php?option=com_content&task=view&id=34&Itemid=29)

### **The European Public Health Association**

[http://www.eupha.org/site/projects.php?project\\_page=9](http://www.eupha.org/site/projects.php?project_page=9)



**The Gendered Innovations in Science, Health & Medicine, and Engineering Project** launches November 1, 2011 at: [genderedinnovations.eu](http://genderedinnovations.eu)

The Gendered Innovations project: 1) develops practical methods of sex and gender analysis for scientists and engineers; 2) provides case studies as concrete illustrations of how sex and gender analysis leads to innovation. It is crucially important to identify gender bias and understand how it operates in science and technology. But analysis cannot stop there: Analyzing sex and gender *prospectively* can serve as a resource to stimulate new knowledge and technologies. From the start, sex and gender analyses act as “controls” (or filters for bias) to provide excellence in science, health & medicine, and engineering research, policy, and practice.

The goal of the Gendered Innovations project is to provide scientists and engineers with practical methods for sex and gender analysis. To match the global reach of science and technology, methods of sex and gender analysis were developed through international collaborations, as recommended in the 2010 genSET *Consensus Report* (see also for further information: <http://www.genderinscience.org/>) and the United Nations Resolutions related to Gender, Science and Technology passed March 2011.

## Job Advertisements

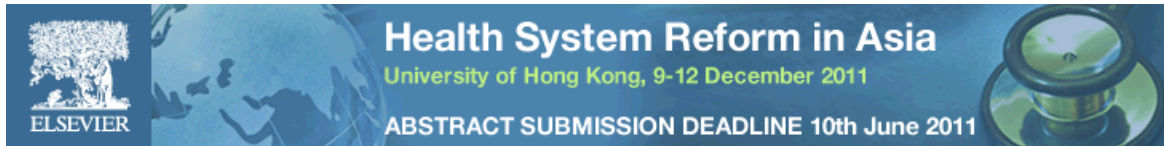
### **Assistant Professor of Medical Sociology at Michigan State University**

Lyman Briggs College (75%) and Department of Sociology (25%)

Deadline: November 15, 2011 or until a suitable candidate is identified

Michigan State University invites applications for a tenure-track, academic year position as assistant professor of sociology beginning fall 2012 with a joint appointment in the Lyman Briggs College (LBC) (75%) and the Department of Sociology (25%). For further information please contact: Dr. Aaron McCright; Email: [mccright@msu.edu](mailto:mccright@msu.edu).

## Forthcoming Conferences



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### **Healthcare Systems: Change and Outcomes. Ideas, Institutions, Actors, and Reforms**

**International Workshop, Amsterdam, 11-12 November 2011**

**Organisers:** Monika Ewa Kaminska, University of Amsterdam (m.e.kaminska@uva.nl) and Claus Wendt, University of Siegen (wendt@soziologie.uni-siegen.de)

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### **Australian Sociological Association**

The 2011 TASA (Australian Sociological Association) Annual Conference is being held in Newcastle (Aus), 29 November - 1 December, <http://www.tasa.org.au/tasa-conference/2011-tasa-conference/>

This year's TASA Health Day, convened by A/Prof Alex Broom and Dr Fran Collyer, will be held on Monday 28 November at Newcastle, with the theme 'Engaging theory in health sociology', <http://www.tasa.org.au/tasa-conference/2011-tasa-conference/health-day/>

The 2012 TASA Conference will be held at the University of Queensland, Brisbane, 26-29 November, 2012, <http://www.tasa.org.au/tasa-conference/2012-tasa-conference/>

## Call for Editors

### Call for new Editorial Team for Sociology of Health & Illness

Expressions of interest are invited for a new Editorial Team from one or more universities to take over the editorship of the journal *Sociology of Health and Illness*, which is owned by the Foundation for the Sociology of Health and Illness ([www.shifoundation.org.uk](http://www.shifoundation.org.uk)). The involvement of a member of the Editorial Team based outside the UK would be welcomed but is not required.

*Sociology of Health and Illness* was founded in June 1979 and is a highly successful journal, with seven issues per year from 2012, plus a special issue also published as a Monograph. The current editorial team of Clive Seale, Jonathan Gabe, Steven Wainwright, and Clare Williams complete their term of office at the end of September 2012 and the new team will take up their positions on 1st October 2012. The team will serve for a period of three years, renewable for no more than one further term of three years.

The Foundation for the Sociology of Health and Illness, the charity that owns the journal, will contract with the institution of the lead Editor to provide up to £95,000 a year to meet the costs of editing the journal.

The editorial team has responsibility for six key areas:

- Having a strategic view of how the journal should be developing
- Ensuring papers submitted to the journal are appropriately reviewed and making sound academic judgements about them
- Promoting the journal wherever possible
- Liaising with groups and individuals, including the publishers and review editors and attending meetings of the Editorial Board and Governing Body of the SHI Foundation
- Making sure that the everyday running of the journal proceeds smoothly
- Overseeing the production of a guest-edited special issue ('Monograph') annually

Two book review editors, Moira Kelly and Rose Barbour, are already in post.

Further information can be obtained from the *Sociology of Health and Illness* journal website: [www.blackwellpublishing.com/shil\\_enhanced](http://www.blackwellpublishing.com/shil_enhanced). You can also speak informally to Joan Busfield, Department of Sociology, University of Essex (email: [busfj@essex.ac.uk](mailto:busfj@essex.ac.uk)), the Chair of the journal's Editorial Board who is chairing the Search Committee.

Applications should be made no later than **1st February 2012** to Liz Ackroyd (email: [l.ackroyd@qmul.ac.uk](mailto:l.ackroyd@qmul.ac.uk)), the present Editorial Administrator of the journal.

## Book Announcements

### **The Sage Handbook of Qualitative Methods in Health Research**

edited Ivy Lynn Bourgeault, Robert Dingwall and Ray De Vries, Sage, 2010, 112 US \$

This Handbook is a 'must have' for everybody working in the area of health and healthcare and policy, as researcher, teacher or student. The Handbook provides a comprehensive overview of the fast growing field of qualitative methods in health research. It consists of:

- A series of case studies which show the ways in which qualitative methods have contributed to the development of thinking in fields relevant to policy and practice in healthcare.
- A section examining the main theoretical sources drawn on by qualitative researchers.
- A section on specific techniques for the collection of data.
- A section exploring issues relevant to the strategic place of qualitative research in healthcare environments.

### **Reforming Healthcare Systems**

edited by Ted Marmor and Claus Wendt, Two Volumes, Edward Elgar Publishing, 2011, £430

The two volumes of Reforming Healthcare Systems bring together more than fifty scholarly articles on both healthcare systems in general and health reform in particular. Healthcare is one of modern society's most crucial arenas, costly, important, and controversial. The aim of these volumes is to increase understanding of this central feature of social and political life.

### **Mental Illness (Key Concepts)**

Joan Busfield, 2011, Polity Press, \$ 24.90

Mental illness is a highly controversial and contested field, informed by the ideas and research of academics and practitioners working in psychiatry, psychology, pharmacology, sociology, genetics and the neurosciences. This book brings clarity to a complex field, exploring core issues ranging from debates about the way the concept has been developed, transformed and expanded over time, to controversies over its causes.

## Forthcoming

### **Gender and Health (Major Themes in Health and Social Sciences), Four Volumes**

edited by Kate Hunt and Ellen Annandale, Routledge, 2011

### **Researching Health: Quantitative, Qualitative and Mixed Methods, Second Edition**

edited by Mike Saks and Judith Allsop, Sage, 2012

### **The Palgrave Handbook of Gender and Healthcare, Second Edition**

edited by Ellen Kuhlmann and Ellen Annandale, Palgrave, April/May 2012, paperback edition



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## Rejoin RC15 and ISA – New membership

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**We strongly encourage you to rejoin RC15 and ISA when your membership is due for renewal and also to inform your colleagues about RC15 and ask them to join RC15.**

### How to join ISA

Please visit the ISA website and register online. Dues USD 60 (USD 20 discount) for a 4 year period; <https://secured.com/~f3641/formisa.htm>.

#### Individual Membership

Open to scholars and professionals of sociological teaching, research or practice. At present there are 4,300 members from 167 countries. Benefits:

- Subscription to ISA journals Current Sociology and International Sociology.
- The Directory of Members.
- Reception of isagram, an electronic newsletter containing announcements of the forthcoming conferences, calls for papers and manuscripts, prizes, competitions, etc.
- Access to e-bulletin, ISA on-line publication.
- Access to SAGE Full-Text Collection which includes 31 journals with more than 12,500 articles.
- 35% discount on SAGE Publications books.
- Special subscription rates to journals offered by various publishers.
- A reduction in registration fees at ISA World Congress of Sociology.

All members may participate in the meetings of the ISA and its [Research Committees](#), [Working](#) and [Thematic Groups](#) upon paying an affiliation fee.

To apply for membership, submit an

- [electronic membership or renewal form](#)
- [membership form in pdf format](#) [35 KB]

or write to ISA [isa@isa-sociology.org](mailto:isa@isa-sociology.org), fax:34-91352 4945

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## Changes of Address

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If you change your email or postal address, please do not forget to let us know by contacting us by email. Please contact the RC15 Secretary:

**ISA RC15 Secretary**  
**Amelie Quesnel-Vallee**  
**Email: [amelie.quesnelvallee@mcgill.ca](mailto:amelie.quesnelvallee@mcgill.ca)**

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## Note from Newsletter Editor

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The next Newsletter No 54 is scheduled for March/April 2012.

Your notices and Call for Papers of interest for RC15 members are very welcome and must be sent as a word file; please note: no pdf files or email announcements will be considered!

*Ellen Kuhlmann*  
*RC15 Newsletter Editor*  
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