Chapter 1

Introduction to Health and Medical Geography

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As an opening to this volume, we believe that it would be useful for readers to be aware both of the rationale that underpins it and, perhaps a little more unusually, of the process that led to its production; especially the critical role played by the academic reviewers of the original proposal. The former is important because the idea for the volume materialized out of the recognition that debates regarding the constitution of the sub-discipline had re-opened (for an extensive review see Andrews & Evans 2008). In reality this debate has been ongoing since Kearns' (1993: 144) decisive intervention in the early 1990s, which saw the sub-discipline rupture (albeit productively) along the now familiar lines of "health" and "medical" geography. However, although most commentators agree that the scope and scale of research conducted by scholars on both sides of this divide has expanded considerably and areas of intersection have increased, few agree upon the nomenclature under which this endeavor takes place. Are we health geographers, medical geographers, post-medical geographers, or something else entirely?

This volume was initially conceived as a prime opportunity to reflect upon this expansion, to highlight the variety of research that is conducted by scholars associated with the sub-discipline, and also as an opportunity to reflect further on the key debates that had been taking place. This ambition is clearly demonstrated in the opening paragraphs of the proposal that we submitted to the publishers for possible inclusion in the Blackwell (now Wiley-Blackwell) Companions to Geography series:

> The global strength of the sub-discipline is in part related to the shift away from its traditional focus on disease ecology, disease mapping, and health service provision. This change followed substantial debate regarding the sub-discipline's apparent over-reliance on positivism and quantitative methods, which was argued to limit its ability to engage with themes important to theoretically minded human geographers: most notably those influenced by the "cultural" turn. Arguably the result of this debate is a more nuanced sub-discipline, one that is concerned with questions of culture and difference, inequality and power, representation and meaning. At the same time, health

> mapping and modeling has been reinvigorated by the application of GIS, multilevel modeling and advanced spatial analytic methods and by its engagement with questions of health inequalities, population health and environmental degradation. In sum, the sub-discipline has emerged as one that now speaks to a much broader body of scholars both within and beyond the discipline of Geography.

Clearly, the tenor of this passage reflects the hyperbole that is necessary to sell an idea. However, when stripped of this excess, it should be apparent that the paragraph set out an image of a sub-discipline that had expanded beyond its "traditional," and dare we say parochial, roots to embrace ideas and debates, notably those associated with the "cultural" and "spatial" turns, that had become well established within the wider discipline and beyond. Not to be seen as partisan, and reflecting the expertise of the various editors, this all important opening statement also acknowledged that the sub-discipline has made significant theoretical and methodological advances in other areas, some of which might be regarded as being more closely associated with its "traditional" foci. So, an image of a methodologically and theoretically rich sub-discipline, and one capable of speaking to a diverse range of scholars located within and beyond the discipline of geography, was presented to the publishers and ultimately to the reviewers. Further, this difference was reflected in the detail of the book, which was organized thematically, but with chapters from differing ontological and epistemological perspectives positioned adjacent to each other. For example, chapters on disease modeling and mapping were closely followed by ones that would reflect upon the experience of living with disease or being labeled as diseased.

Almost inevitably, the "vision" that we set out in our proposal was questioned; the original organization of the volume, its coverage, its rationale, and so on, all came under critical scrutiny. However, we recognize that the process of writing is a relational one and the input from the reviewers was regarded as valuable; so much of this critique was received with appreciation and taken up in subsequent iterations. Why mention this in an introduction? Amongst all the critical commentary that we received, there was one observation that came as a surprise. We will not quote this commentary directly, as this does not seem appropriate, however in summary the reviewer felt that the proposal that we presented to the publishers was in danger of re-enforcing, rather than seeking to relax as was our implicit intention, the sub-disciplinary boundaries between health and medical geography and, at the same time, disavowing research that sought to work across and rupture them (notably here research that might be defined as "post-medical"). We were in short accused, albeit very politely, of boundary maintenance (on which, see Douglas 1966).

If this thoughtful commentary on our original proposal is read alongside current debates about the role of geography textbooks, and of course their authors/editors, in maintaining, and legitimizing, particular disciplinary visions (e.g. Johnston 2006; Hubbard & Kitchin 2006), and as such as a form of disciplinary politics, it might be regarded as being critical indeed. It is, in part, for this reason that our introduction to this volume begins with this discussion. What follows is inevitably a reflection of our collective thoughts on the sub-discipline that we have seemingly (re)constituted as being only "health" and "medical" geography, on the areas of

research that we regard as being of particular significance to it, whether in the past, present, or perhaps even in the near future, and on those topics that we believe should coalesce within the individual themes that we have identified in the book.

Although this is the case, we do not regard this as an attempt at reifying a particular "field of vision" or at demarcating what might be regarded as problematic sub-disciplinary boundaries. Rather, we responded to the reviewers by rethinking the ways in which the book would work, by considering how a broader range of perspectives and positions could be incorporated within it without extending the scope and scale of the book too far, and how we might acknowledge the significance of both health and medical geography without being bound by the restrictions that these two terms appear to connote. Further, we encouraged the authors of the individual chapters to play their part. Thus, they were asked not only to describe the current content of their particular sub-fields but, where appropriate, to question the boundaries and limitations of them, to think about where research has gone in the past and where it might go in the future, and to use our guidance on the chapters as an indication of what might be covered but not as a strait-jacket. In this sense, we have encouraged the authors to talk for themselves.

A "Companion to Health and Medical Geography"

Though slightly altered and adapted, the main chapters in this volume continue to be organized thematically and begin with "Debates in Health and Medical Geography," which incorporates three chapters that seek to chart developments that have taken place within the sub-discipline and includes chapters on "Health Geography" (by Robin Kearns and Damian Collins), on "Medical Geography" (by Jonathan Mayer), and a chapter entitled "Doubting Dualisms" (by Mike Dorn, Carla Keirns, and Vincent Del Casino). For those already knowledgeable about such matters, the inclusion of Kearns, Mayer, and Dorn appears particularly apposite. After all, we have in these individuals the main protagonist for, and some of the key critical commentators on, the emergence of a distinct geography of health in the early 1990s (see Kearns 1993; Mayer & Meade 1994; Dorn & Laws 1994). There were, of course, others already calling for a shift in perspective prior to Kearns' groundbreaking paper (see for example Jones & Moon's (1987) call for the establishing of a "critical medical geography"); however, the debates that took place both at this time and subsequently have helped to define the contours of the sub-discipline that we see today.

What is interesting about these first three chapters is that they reflect upon and offer a critique of these debates; though they do not dwell on them. Kearns and Collins use this productive rupture in the sub-discipline to explain why it is that a focus on health and place, especially one that foregrounds theory, remains such a crucial element of what we do. As they argue, the importance of the turn to "health" was its recognition that medical geography, as then conceived, tended to employ geometric constructions of space that limited our understanding both of the ways in which ill-health and disease (and for that matter good health) were experienced and lived and what role "place" played in this regard (see also M. Brown 1995). Their chapter offers much more than this, however; as they also trace the emergence

of key and emerging themes within this sub-field: "wellbeing," "criticality," "risk," and "care" being chief amongst these. Kearns and Collins complete their chapter with an air of caution; reminding readers that the ongoing concern with health, and more recently with wellbeing, should remain a critical and place-sensitive endeavor. Further, that in addition to whatever theoretical or intellectual interests that health geography may pursue, it should remain committed to the dual concerns of equity and social justice.

Some might regard Mayer's account of "medical" geography as an all too obvious attempt to counter-balance the chapter that precedes it; after all, it was medical geography that Kearns (1993) called into question. Yet, Mayer's is a much more nuanced chapter than this. Indeed, from the very outset he questions the use of the term "medical geography" as a sub-disciplinary nomenclature; noting that there is actually very little that is "medical" about medical geography. In this sense, he forces us to concede that the original name adopted for the sub-discipline was perhaps a compromise and one whose origins are difficult to determine (what is interesting here is that historians of medicine are as likely as historians of medical geography to comment on the origins of this field of inquiry. See for example Rupke (2000)). Further, Mayer offers a considered, and quite personalized, account of the role that he and several colleagues played in the response to Kearns' call for a "post-medical" geography of health. Here he acknowledges that, in retrospect, it is apparent that Kearns did not seek to confine medical geography to history but to open up new possibilities and to more carefully define the intellectual territory that some health geographers were concerned with.

This acknowledgement allows Mayer to take the chapter on "medical" geography in a range of fruitful directions rather than simply pursue what might be regarded as rather sterile debate. To this end, he not only traces the intellectual stimulus afforded the field by scholars such as Jacques May, Andrew Learmonth, Mansell Prothero, and more recently Gerald Pyle, Neil McGlashan, Melinda Meade, and, quite rightly, of himself, but he also highlights the ways in which shifts in geographical methods and concepts have been adopted to great effect by current practitioners. More specifically, Mayer notes that through their knowledge of, and critical engagement with, disease ecology and with advances in spatial modeling and mapping techniques, medical geographers, however defined, are able to make a considerable contribution to the understanding of epidemic disease. Thus, medical geographers are not only able to offer commentary on why it is that specific diseases might occur in certain places but are also extremely well qualified to chart the passage of diseases through time and across space.

The final chapter in this opening part builds on the previous two; however it does so by engaging more critically with them. To this end, Dorn and colleagues adopt a novel approach to their reading of the sub-disciplinary trajectories of both "health" and "medical" geography. More specifically, they employ Foucault's genealogical method to further disrupt, and bring into question, the authority of this dualism. In using this approach, Dorn et al. do not attempt to trace lineages or locate the intellectual origins of these two seemingly divergent pathways. Rather, they present their endeavor as a productive enterprise, one that starts by problematizing the dualism of health and medical geography, and seeks to explore alternative pathways and open up new ways of thinking. In this sense, then, they are critical

of attempts to define too narrowly the boundaries of what is or is not "health" and/or "medical" geography and to bring into question what they regard as key tensions that exist in many accounts of these sub-fields. For example, that one is oriented towards medicine and the other towards health, that one is scientific in epistemological terms and the other humanistic, that one is objective and the other subjective and so on.

These "tensions" would, we are certain, be acknowledged by the authors of the previous chapters. However, by employing a genealogical approach Dorn et al. bring these tensions to the foreground and force us to try and think beyond, or as they state, to doubt, the dualisms that we appear to have constituted for ourselves and for our sub-discipline. It is with this spirit in mind that we encourage readers to approach the remainder of the volume. It is organized, perhaps a little awkwardly, into a further four parts: "disease," "health and wellbeing," "public health and health inequalities," and "health care and caring." However, as we have already argued, readers should not simply seek to map these parts onto the sub-disciplinary dualisms discussed by Dorn et al. It is not our intention to rehearse these dualisms in this volume and this point should become apparent when the content of each of the parts is read in more detail.

If we start with the part on "disease," there are a total of seven contributions with topics ranging from disease ecology (Oppong and Harold), disease mapping (Rican and Salem), disease diffusion (Sabel, Pringle, and Schærström) and disease modeling (Gould), to emerging and re-emerging diseases (Emch and Root), the politics of disease (Donovan and Duncan) and the lived experiences of those people affected by either chronic or infectious diseases (Del Casino Jr). Inevitably some of these chapters align themselves more closely with "traditional" descriptions of medical geography; however, when taken as a whole the part encourages readers to consider the many and varied ways in which geographers approach this important topic.

Further, this part, like all of the others, is not self-contained. The authors, to a lesser or greater extent, talk across and blur its boundaries. For example, Oppong and Harold's discussion of disease ecology is picked up, albeit indirectly, in later chapters that cover the close association between environmental risk and public health concerns (Jerrett with Gale and Kontgis; Curtis, Riva, and Rosenberg) and Del Casino's chapter on the lived experience of disease might easily be read alongside the chapters on the geographies of care (Milligan and Power) and on complementary and alternative medicine (Andrews, Adams, and Segrott). Thus, although we have tried to distinguish between the various fields that make up the sub-discipline we recognize that each is connected to the other in what should be regarded as interesting and productive ways.

This attempt at encouraging critical dialogue between the chapters and across the various parts of the volume is repeated throughout. In the following part, which covers "health and wellbeing," we have included six chapters and again there is considerable diversity in topics. The part begins with a wide-ranging review of the therapeutic landscapes concept by Allison Williams, and is proceeded by chapters on sexuality and gender (Sothern and Dyck), impairment and disability (Chouinard), mental and emotional health (Parr and Davidson), landscapes of despair (DeVerteuil and Evans), and is brought to a close by Craddock and Brown's

contribution on the representation of healthy and unhealthy bodies. There is, of course, a degree of interconnectivity amongst these chapters; however, there also exists a good deal of (productive) tension. For example, where Williams tends to foreground the health-promoting value of therapeutic landscapes, Davidson and Parr point to the ways in which this logic was deployed, in quite specific historical contexts, in support of the construction of asylums that were designed to separate spatially the "mad" from mainstream society. Further, elsewhere in the volume we are reminded that what remain for some as spaces of exclusion and containment have once more been recast for others as therapeutic sites where stressed individuals can seek solitude and respite from the world outside (see Andrews, Adams, and Segrott).

In this part we are also encouraged to engage with many of the other forms of dualism that are encountered in society: for example, between the healthy and unhealthy, the normal and the impaired, and, perhaps most importantly of all, between the male and female body. Here, Sothern and Dyck's contribution stands out because it not only highlights the ways in which health and illness are experienced differently by men and women but it also problematizes these very categories. More specifically, they remind us that dualisms are socially constituted and refer readers to the autobiographical writing of Jim Sinclair, whose intersexuality prompts us to not only reflect on the meaning of gender but also on the powerful role that medicine plays in defining and defending its very boundaries; a perfect example, if any were needed, of why geographers should not lose sight of the need to engage critically with medicine.

Clearly, the chapters in this part take us much further than this brief discussion of dualisms allows for and each illustrates how our understanding of health and wellbeing has been enhanced considerably by the application of critical thinking. In Chouinard's chapter we are presented with a comprehensive account of the contribution of critical social and feminist scholarship, which, inspired by the disability rights movement, enabled us to move beyond medical models of disability. Davidson and Parr build upon this chapter and chart the sub-discipline's engagement with mental health and emotional geographies, and they demonstrate the significance that the "spatial turn" in theory has had in this regard. They finish by suggesting that there is a need to explore the limitations of contemporary social policy, especially with regards to the notion of social inclusion. This call is, to some extent at least, taken up by DeVerteuil and Evans whose chapter on "landscapes of despair" highlights the potentially negative outcomes of poorly thought out social policies that reposition care in the community.

As we note above, we do not regard these as self-contained parts but recognize that they talk to each other. Craddock and Brown's contribution is a good example here. Not only could it be read alongside the chapters on disease in the previous part but it also speaks to the discussion that takes place in the following part, which covers public health and health inequalities. After all, their exploration of the ongoing relevance of social constructionist theory to the sub-discipline focuses on historical and contemporary representations of diseased/sick and healthy/well bodies. Importantly, such concern invites critical reflection on key ethical and moral questions regarding the ways in which certain bodies are normalized and others stigmatized, whether because of their shape, size, or appearance (e.g. the fat or obese

body) or because of the social and cultural values associated with the acquisition of specific types of disease (e.g. tuberculosis or syphilis). Though the questions raised by Craddock and Brown are, in some ways, quite distinct from those that we encounter in the part on public health and health inequalities, they do share in common an ongoing interest with the issues of equity and social justice, which are regarded as so important by Kearns and Collins.

Opening with an extensive review of the association between health geography and public health (Curtis, Riva, and Rosenberg), this part goes on to examine a range of topics: "migration" (Boyle), "health inequalities" (Kulkarni and Subramanian), "neighborhoods and health" (Ellaway and McIntyre), "environmental risk" (Jerrett with Gale and Kontgis) and "environmental risk perception and neighborhood response" (Elliot), "health behaviors" (Twigg and Cooper), and finally "governance, risk, and health" (Brown and Burges Watson). Though diverse, empirically and in some cases epistemologically, this collection of chapters reflects the scope and scale of geographers' engagement with public health issues. As Curtis et al. reveal, this engagement, like much else within the sub-discipline, has long roots and could, if we were so minded, be linked to the work of the Victorian sanitary reformers or even to Hippocrates' *On Airs, Water and Places*. The connection here lies in a shared concern with the "environment" or, more precisely, with the idea that diseases, whether infectious or chronic, are a product not only of a person's behavior but also of the interaction of people with their environments.

This interconnection is, perhaps, most explicitly outlined in the two chapters that focus on environment and risk. In the first of these, Jerrett and colleagues review trends in what they refer to as "environmental health geography." In addition to outlining key theoretical and methodological developments that have taken place within this field, the authors draw on the concept of environmental equity or justice as a means to frame their discussion of research that explores the health-related consequences of inequitable exposure to environmental toxins. As they demonstrate, a geographical perspective is not only invaluable to exploring the impact of such exposures in the present but, because of advances in statistical methods and spatial analysis, can help understand the significance of potential risks in the future; most notably here the possible implications associated with global climate change. Although similarly focused on environmental risks, Elliot's contribution is quite distinct from Jerrett and colleagues. Here, an understanding of the close interrelationship between environmental pollution and human health remains important; however, Elliot shifts attention to the individual and community responses to such exposure. In so doing, she reveals that the impact on human health of such exposure can be manifested in both physiological responses (e.g. increased rates of cancer) and psychological terms (e.g. increased rates of chronic disease).

Of the remaining chapters in this part, Ellaway and McIntyre's is the one that is most clearly concerned with the association between environment and health. However, their contribution extends our view of the environment to incorporate, more obviously, what might be referred to as the "social" as well as the physical environment. This chapter also directs the reader to key debates that have been taking place within the sub-discipline, notably that relating to the idea that it is not simply "who we are" (composition) but "where we live" (context) that affects our

life chances. Drawing on their extensive research in this area, Ellaway and McIntyre provide a comprehensive overview of current research on this topic and cover such important issues as deprivation, ethnicity, and gender. It is worth noting here, that they also highlight research that is specifically concerned with children and young people (which the editors acknowledge is an area that is underserved by this volume, especially given the recent growth in the sub-field).

Closely related to this contribution are the two chapters by Twigg and Cooper on "health behaviors" and by Subramanian and Kulkarni on "social inequalities in health." Though related, both are, of course, quite distinct. In the former, Twigg and Cooper consider how geographers have approached the question of health-related behaviors. As they note, the particular, and perhaps even unique, contribution made by geographers to this sub-field is their recognition that such behaviors (whether related to diet, physical activity and exercise, tobacco consumption, and so on) are influenced by place and space. In making this observation, Twigg and Cooper build quite explicitly on the ideas of "context" and "composition" discussed by Ellaway and McIntyre. However, their chapter extends this discussion by providing a wide-ranging review of the influence that advances in statistical modeling, and especially multi-level modeling, have had. That said, Twigg and Cooper do not limit their intellectual gaze to the quantitative side of the sub-discipline, as they finish their chapter with some thoughtful observations on the potential value of other, more qualitatively oriented, approaches to enhancing further our knowledge in this area.

In the chapter by Subramanian and Kulkarni we also have a contribution that seeks to engage critically with current debates. The authors deliberately distinguish between "health inequality" and "social inequalities in health" because the latter reflects their explicit concern not only with the social factors and conditions that explain disparities in health but also with issues of fairness and justice. This chapter is not, then, simply a review of previous research, but it is an attempt to re-conceptualize an already extant idea. In seeking to reposition inequalities in health research in this way, and especially by turning to Bourdieu's notion of relational interaction (see also Dunn & Cummins 2007; Cummins et al. 2007), Subramanian and Kulkarni highlight the ways in which the sub-discipline continues to interact with, and engage in, debates taking place in the social sciences more broadly.

This is perhaps no surprise given the current and past disciplinary affiliations of these particular authors. However, it is an observation that is pertinent to many other chapters in this volume, including those by Boyle and Brown and Burges Watson, which open and close this part respectively. In the former of these, Boyle builds on the "mobility turn" in the social sciences to discuss the significant impact that population movement has on health. Boyle's is an extremely nuanced chapter. He opens with an account of the ways in which mobile populations have historically been represented as the harbingers of epidemic disease and, as such, have been prone to often exclusionary and stigmatizing discourses. Here there are clear overlaps with the chapter by Craddock and Brown. However, once established, he moves beyond the representational to consider how the migration of people impacts upon our understanding of the distributions of disease and exemplifies this through reference to a wide array of research.

In the chapter by Brown and Burges Watson, we return to the question of health-related risk, which either implicitly or explicitly runs throughout many of the con-

tributions in this part of the volume. However, for these authors, the question is not so much about defining the factors of risk that shape people's health in the present/future but considering the implications of this in terms of the Foucauldian concept of governmentality. Put differently, they seek to problematize the ways in which ideas relating to health and wellbeing are made visible through factors of risk and are mobilized as a form of (self) governance within contemporary society. Thus, although quite distinct from other contributions in this part of the book, and perhaps more generally, the chapter encourages geographers to think carefully about their scholarly endeavor and suggests that there is scope for critical reflection even in the seemingly universally accepted search for health and wellbeing.

The volume is brought to a close with a part on "health care and caring," which alongside chapters on such "traditional" concerns as "health care provision" (Barnett and Copeland), "location-allocation planning" (Tanser, Gething, and Anderson), and "access to health care" (Ricketts) includes chapters that focus on much more recent areas of concern, such as the "geographies of care and caring" (Milligan and Power) and "complementary and alternative medicine" (Andrews, Adams, and Segrott). In making this observation, we do not imply a pejorative reading of the "traditional" rather we merely seek to highlight the expansion – in empirical focus, theoretical influence, and methodological approach – that has taken place in recent years. Of course, such change is not limited to differences that might be apparent *between* the individual chapters but is also reflected in the ideas that are explored *within* them.

We begin this final part, then, with Barnett and Copeland's chapter on health care provision. This chapter offers an in-depth and comprehensive review of key changes that have taken place in national health care provision over the last twenty years or so. However, as the authors note, this particular sub-field, has shifted from studies that employed such notions as the "inverse care law" or "distance-decay" to search for "universal empirical regularities" in the provision of health care to those that recognize the influence of a changing socio-economic landscape, of shifts in governmental ideology, and of place more broadly on patterns of health service delivery. Such intellectual manoeuvres do not deny the important contribution that earlier research has made, and in some instances continues to make; however, they do help us to identify what might be regarded as the significant gaps in, and limitations of, such studies.

This point is also reflected in the contributions by Ricketts and by Tanser et al. In the former, Ricketts maps out the development of the key theories and concepts associated with access to health care research. As he reveals, in its narrowest sense, access might be considered simply in terms of "distance to care"; that is, as a measure that employs a Euclidean measure of distance. Clearly, access to care cannot be regarded as simply a spatial problem and, as Ricketts observes, the concept has been thought about in increasingly broad terms: whether in relation to the impact that larger societal forces have on health care systems, the positioning of access to health as a measure of social justice, or the ways in which individual and/or societal belief systems influence patterns of health service use. However, even though models have been developed which seek to capture this much broader understanding, Ricketts notes that many still fail to reflect the ways in which access is embedded in the complex reality of people's everyday lives. For Ricketts this is important because we need to recognize that access is as much about the cultural

and social practices that influence and shape people's health-seeking behaviors as it is about the spatial location of the static structures that make up a health care delivery system.

To some extent, the "messiness" that Rickett's describes is also acknowledged in the following chapter by Tanser et al. However, in their contribution the main focus of attention is on the development of GIS models that allow geographers to capture, at least some, of this complexity. Indeed, what Tanser and colleagues present is a quite detailed explanation of the value of GIS to the problem of location-allocation planning, especially in resource-poor countries where researchers face a host of other issues, not least amongst which is access to appropriate data. A further feature of this, and for that matter Ricketts' chapter, is the emphasis placed on policy relevance. What is especially interesting here however is also the recognition that using such techniques as GIS does not necessarily result in health care facilities being located in what might be regarded as the optimum locations. As Tanser et al. note, (local) politics and other factors such as economic viability strongly influence the decision-making process.

Although, as we have indicated already, the last two chapters in this part cover quite different aspects of "care," they do, of course, share a common interest in the concept and how it has been deployed and researched by geographers. In the first of these chapters, Milligan and Power are primarily concerned with recent discussion about the ethics of care and with the ways in which changing welfare regimes are implicated in the process of shifting "care" from institutional to family/community settings. Clearly, the kinds of settings referred to in this chapter are quite different to those explored both by Ricketts and by Tanser and colleagues. However, when combined with the contribution from Barnett and Copeland, what we are provided with in this chapter is a clear insight into the impact that the ideological landscape within which decision-makers operate has had both on the idea of where responsibility for care and caring lies, on the places within which care should, and increasingly does, take place, and upon the interrelated question of who is providing such care (whether informally or formally for example in the so-called "third sector"). Thus, although debates around access to, and location of, care overlap with this particular research agenda the principal focus of it lies with these interrelated issues.

Clearly, this chapter extends our understanding of "care and caring" in interesting and important ways. So too does the chapter by Andrews, Adams, and Segrott. As these authors reveal, the practice of health care, at least as far as it is experienced in the formal sector of most advanced industrial nations, increasingly involves therapeutic practices whose origins lie either in "traditional" medicine and/or outside the boundaries of western biomedicine. It is upon developing an understanding of the scope and scale of these complementary and alternative practices, and how we might begin to engage, theoretically and empirically, with them, that Andrews et al. focus. Of particular importance is research conducted under the general banner of the therapeutic landscapes concept, which emphasizes forms of healing that lie well beyond the scope of the biomedical model. However, as Andrews and colleagues demonstrate, there is also a recognition in recent research, that the growth of these particular forms of (self)care are also associated with wider geographies of production and consumption.

We end our introduction here and will now let the individual authors talk for themselves.

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