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A life course perspective on health trajectories and transitions

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A book published by Springer publisher, in the collection “**Life course research and social policies**” directed by: Laura Bernardi (University of Lausanne), Dario Spini (University of Lausanne) and Michel Oris (University of Geneva)

Call for contributions

The distinction between health and illness becomes more and more elusive today, along with the increasing attention dedicated to risk and vulnerability. Healthy individuals are constantly warned about risks potentially turning into diseases. Those suffering from chronic conditions are treated so as to minimize the impact of disease and to help them live as normal a life as possible. These changes are acknowledged in a recent debate about the definition of health, concluding that it refers to ‘the ability to adapt and self manage’ (Huber 2011).

These elements strongly suggest that health should be examined as a dynamic experience, i.e. as unfolding over time or as change and stability in individual lives. This directly relates to the life course perspective, developed by Elder (1974) in the social sciences and later on integrated in social epidemiology research (Blane 1999, Halfon and Hochstein 2002, Kuh et al. 2003). Notions of trajectories and transitions consider the temporal dimension of health. An examination of health trajectories acknowledges the different patterns these can take, including stability, decline, improvement or recurrent fluctuations.

Along with the life course perspective, it is important to analyse interactions between the social and biological dimensions of individual lives. Individual health unfolds over time, as a result of aging but also in relation to the social resources individuals can count on. Different transitions encountered by individuals – such as retirement, unemployment, divorce – are likely to define different patterns of health over time. Longitudinal studies (McDonough et al. 2010, Sacker et al. 2011) showing inter-country differences suggest that national contexts (welfare policies, health care systems) are also important to consider. The linked lives

perspective emphasizes that individuals' health trajectories are connected with the ones of significant others (parents, partners, children, etc.) that need to be further taken into account (Monden 2007). Finally further research is needed on the different models aiming at accounting for health trajectories and transitions, such as the cumulative dis/advantage model, the pathway model, and the critical events model (Graham 2002, Dannefer 1993).

This edited book aims at bringing together contributions specifically addressing the notion of 'health trajectories' and 'health transitions', with health status observed at different points in time, along the different issues raised above. Such models can be examined at different stages of the life course, including children, adolescents, adults and the elderly. We consider that both quantitative and qualitative data can provide important insights on the analysed issues. We welcome contributions reviewing the evidence and suggesting theoretical developments, as well as papers presenting empirical results. Combining the analyses of scholars currently working on this developing topic will contribute to the accumulation of knowledge in that field, but will also offer major insights for public policies affecting the health status of the population.

Calendar

- Propositions: including a provisional title, a list of authors and an abstract (maximum 200 words): **15th November 2013**, to: claudine.jeangros@unige.ch
- Selection of abstracts: 1st December 2013, communication to potential contributors
- Submission of chapters: **1st March 2014**
- Reviewing: feedback to authors by 30th April 2014
- Final submission: 15th June 2014

Indicative chapter length: 4'500 to 8000 words, references not included

References

- Elder, G.H. (1999) *Children of the great depression. Social change in life experience*. Boulder: Westview Press.
- Huber, M. et al. (2011) How Should We Define Health? *BMJ* 343.
- Blane D (1999) The life course, the social gradient and health, in Marmot M, Wilkinson R (eds) *Social determinants of health*, Oxford, Oxford University Press, pp. 64-80.

Dannefer D (2003) Cumulative Advantage/disadvantage and the Life Course: Cross-fertilizing Age and Social Science Theory. *Journal of Gerontology* 58B(6):S327–S337.

Graham H (2002) Building an interdisciplinary science of health inequalities: the example of lifecourse research, *Social Science and Medicine*, 55, 2005-2016.

Halfon N, Hochstein M (2002) Life course health development: an integrated framework for developing health, policy and research, *The Milbank Quarterly*, 80(3), pp. 433-479.

Huber M et al. (2011) How Should We Define Health? *BMJ* 343.

Kuh DJL, Ben-Shlomo Y, Lynch J, Hallqvist J, Power C (2003) Life course epidemiology. *Journal of epidemiology and community health* 57(10):778-783 doi:10.1136/jech.57.10.778

McDonough P, Worts D & Sacker A (2010). Socioeconomic inequalities in health dynamics: A comparison of Britain and the United States. *Social Science & Medicine*, 70(2), 251-260.

Monden C (2007) Partners in Health? Exploring Resemblance in Health Between Partners in Married and Cohabiting Couples. *Sociology of Health & Illness* 29(3):391–411.

Sacker A, Worts D & McDonough P (2011). Social influences on trajectories of self-rated health: evidence from Britain, Germany, Denmark and the USA. *J Epidemiol Community Health*, 65(2), 130-136.