

Thomas, G. M., Williams, O., Spratt, T., & Chandler, A. *Recalibrating Stigma: Sociologies of Health and Illness*. Bristol: Bristol University Press. 2025. 222pp £27.99 (pbk) ISBN: 978-1-5292-3852-1

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Stigma remains a central yet conceptually debated concern within the sociology of health and illness, frequently assumed rather than analytically explained. *Recalibrating Stigma: Sociologies of Health and Illness*, edited by Thomas, Williams, Spratt and Chandler, responds to this challenge by reconsidering stigma as produced, negotiated, and governed across diverse health-related contexts. While often epistemologically positioned across sociological, psychological, and public health research, stigma is often treated as a fixed condition attached to marginalised groups, rather than a social process in need of complex care and explanation. This edited collection intervenes in this landscape by questioning how stigma is conceptualised and politically mobilised, not attempting to stabilise the concept, but to render it more sociologically attentive to power, structure, and relationality.

A key strength of this text is the contributor's, and editor's, ability to bridge micro level lived experiences of stigmatisation with macro level forces such as inequality, governance and political economy. Rather than positioning micro and macro level forces as competing explanations, chapters demonstrate how intimate encounters with stigma are shaped by power relations, policy frameworks, neoliberal working conditions, discrimination and health institutions. Without providing a standardised definition, the book emphasises the importance of context dependence when successfully navigating the complex nature of stigma.

Recalibrating Stigma resists reductive or universalising accounts of stigma that risk minimising the complexity of it's being.

Where the collection foregrounds intersectionality across the scope of its chapters, it does so while emphasising the importance in understanding the reality of stigma exposure through *recalibrating stigma* conceptually, theoretically, and empirically/politically. In doing so, the book strengthens sociological arguments that stigma cannot be adequately understood without attending to the political and economic arrangements that structure social life. Analyses of mental health, disability, addiction, and work, for example, illustrate how stigma is embedded within institutional practices and moral economies, rather than arising solely from individual attitudes or prejudice. An example of this that has stayed with me since reading the book is the way that contributor's criticise anti-stigma public health campaigns as being too simplistic and lacking the rigour to adequately address the reality of being exposed to stigma. This integrated micro–macro approach enhances the book's theoretical contribution, reinforcing stigma as a mechanism of social regulation and governance rather than a purely interpersonal phenomenon.

A central contribution of *Recalibrating Stigma* lies in its refusal to treat stigma as a stable attribute that individuals, or groups, simply 'have'. Across the collection, stigma is instead understood as something produced through social interaction, values, and relational power. In doing so, the book challenges the tendency within existing literature to assume the existence of stigma without sufficiently interrogating how it comes into being. By revisiting and extending Goffman's symbolic interactionist insights, the collection centres stigma as relational rather than fixed, emerging through processes of moral evaluation, dispositions of power and categorisation. This conceptual shift to recalibrate the stigmatisation of identities themselves

divert analytical attention towards the social conditions, practices and assumptions through which stigma is actively produced. The reflective questioning at the closing point of each chapter asking “could things be different” is a powerful element of this book, reinforcing connection between the theoretical conceptualisation of stigma and interactional, everyday encounters of stigma.

Importantly, *Recalibrating Stigma* resists linear or uniform accounts by demonstrating the mutability and contested nature of stigma across diverse health-related contexts. Chapters show that stigma does not always operate as expected, nor is it universally experienced or passively accepted as may have previously been assumed. Empirical discussions of the intersection between mental health and racism, HIV and sexuality, abortion, masculinity, body politics in exercise, addiction, long COVID, disability in the workplace and parenting illustrate how stigma can be negotiated, resisted, or reworked, revealing cracks in dominant stigma narratives. By foregrounding variation, ambivalence, and individual agency, the collection complicates dominant anti-stigma approaches that focus narrowly on attitude change, instead highlighting the need for structural interventions that address the conditions through which stigma is produced in the first place.

Overall, *Recalibrating Stigma* makes a significant and thought-provoking contribution to the sociology of health and illness. By resisting reductive and universalising definitions of stigma, the collection encourages scholars to reconsider how stigma is theorised, researched and addressed in practice. Its conceptual openness is not a weakness but a deliberate methodological and political stance, prompting renewed attention to the structural and contingent nature of stigma. As such, the book will be of particular value to researchers and

students whom seeking to move stigma studies beyond assumptions and towards more critical, context-driven analyses.

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