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# Salute e Società

Sociology and sociology  
of health:  
A round trip

edited by  
**Guido Giarelli**  
**Roberto Vignera**



FrancoAngeli

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2002

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# EDITORIAL

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Costantino Cipolla and Antonio Maturo\*

The tenth anniversary of *Salute e Società* comes at a very special time for the whole country and for academics in particular. Weakened by an economic crisis as deep-reaching as it has been long, Italy debating how to start again and what methods to use to assess the merits and abilities of people who occupy, or would like to occupy, positions of responsibility. Within the University, this has led to an intensive search for ways to assess the productivity, dedication and expertise of its scholars. Much of the scientific community's efforts have focused on assessing the quality of research and, therefore, the criteria that guarantee the quality of scientific journals. The debate is very heated and there are many scholars who have spent a lot of time researching the various aspects of publication – such as bibliometric indexes, editorial requirements, the organization of the content of publications, just to name a few – which, until recently, were little examined by Italian scholars.

From the beginning, *Salute e Società* was dedicated to conceiving of and implementing new ways of improving on the divulgation of popular science. From the first issue we had an editorial board that included dozens of foreign sociologists and an internal editorial staff made up of motivated young scholars. We followed rigorous editorial standards and established a well-defined internal organization of the journal in specific sections. For example, in every issue beginning in 2002, we featured a foreign contribution which was commented on by other scholars. In those years, “just yesterday, but so long ago”, few universities offered a subscription to on-line foreign journals and thus, our ability to ensure the publication of high level foreign articles represented an exception to the norm in Italy. And soon after we established our peer review, at first made through qualitative reviews, then, beginning in 2006, carried out following a very detailed set of criteria. The internationalist aspect of

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*Salute e Società* is also emphasized by its strong links with the *European Society for Health and Medical Sociology* and by its more and more frequent Anglo-Italian editorial team. The volume that we introduce here is an example of the high scientific level guaranteed by the journal as well as its ability to question itself, given that the two prominent editors, Guido Giarelli and Roberto Vignera, have addressed some of the world's most prominent sociologists with the precise goal of reflecting critically on the epistemological identity of the Sociology of health.

*Salute e Società*, also available online, has been published in Italian and English since 2010, but even earlier, beginning in 2004 (*The Sociology of Health in Italy*) we have published numerous bilingual numbers. This was not without great effort. The editorial work was laborious and involved dozens of colleagues, graduated students and enthusiasts. At the beginning, since we were little versed in the standards to followed in order increase the quality of a journal, we used British and American publications as our benchmark. Over time, the journal has evolved: it has added features, has enhanced its website, has adopted an ethical code (regarding the history of *Salute e Società* you can see the article signed by Maturò/Lombi/Canestrini/Manca/Moscatelli in this volume).

In a recent public discussion about the scientific quality of the journal we made some proposals that derive from our daily experiences working for *Salute e Società*. Therefore, below we list a series of internal indicators and assessments that can be used, by colleagues, not so much to give "report cards" to the journals in circulation, but to take advantage of the work we have done by using methods which have already been validated and applied with positive and internationally attested results.

## The process of evaluating the quality of a journal

### Pre-conditions (structural criteria):

- *Type of production of the journal*: paper and/or on-line;
- *Language of edition*: Italian, English and Italian, English, other languages;
- *Sociological Focus (Manifesto)/sociological Management* (interdisciplinary orientation as an advantage).

### Criteria for Accreditation (indicators):

- Evaluation of articles based on a double-blind *peer review* system (*with a standard form and the presence of two referees – maximum time 3 weeks*);
- Listing in the main platforms of bibliographical research (Ebsco Discovery Service, Google scholar, ProQuest Summon/Sociological Abstracts, Casalini Digital Library, Scopus);

- Historicity (the journal can be assessed only after a certain number of years: three to five?) and regularity in the release (tolerance 1-3 months depending on frequency);
- Monographic character (call for papers: the greater burden inherent in this type of review);
- Presence of a defined editorial structure;
- Presence of national and international steering committee;
- Method of distribution (printed, online, national, international);
- Internal structure which is methodologically well-framed (space reserved for essays, research, panel discussions, comparisons, reviews, etc.);
- List of released issues and programming of future years (at least two years);
- Indication of temporality through the distinction between volume and issue and annual frequency;
- Minimum guaranteed number of pages for each issue;
- Website with information for authors, editors, booksellers, readers (Italian and English);
- Title, abstract, key words in Italian and English;
- News and e-mails of all authors;
- Contribution of foreign authors in each issue;
- Foreign editor and/or co-editor in the issues;
- Possibility of downloading articles;
- Presence of an ethical code;
- The High Patronage of the University of Bologna;
- Inclusion of the name of the person responsible for editing for each issue in front matter;
- Liaison with scientific societies.

#### **Evaluation of quality in the strict sense:**

- Bibliometric index (eg, Publish or Perish, the software that produces bibliometric indices like the h-index, or the impact factor released by the Web of Science – former ISI);
- Informed peer review;
- *Both have systems have problems. An integrated system with a weighed average score must be created.*

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The image displays two screenshots of the FrancoAngeli website interface. The top screenshot shows the 'Rivista di storia della filosofia' page, featuring a search bar, a list of languages (Italiano, English, Français, Español, Deutsch), and a 'Catalogo editoriale' section. The 'Rivista di storia della filosofia' is highlighted, showing its title, location (Firenze), editor (La Nuova Italia), and ISSN (109). The bottom screenshot shows the 'Casalini libri Digital Division' page, which includes a navigation menu, a list of journals, and a search bar. The journals listed include 'Giornale di diritto del lavoro e di relazioni industriali', 'Magazzino di filosofia', 'Minori giustizia', 'Mondi migranti', 'Passato e presente', 'QA: la questione agraria', 'Questione giustizia', 'Rivista trimestrale di scienza dell'amministrazione', 'La società degli individui', 'Sociologia urbana e rurale', 'Società e storia', 'Sociologia del diritto', 'Sociologia e ricerca sociale', and 'Storia urbana'. The interface also includes a search bar, a list of languages, and a 'Casalini libri Digital Division' logo.

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# INTRODUCTION

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Guido Giarelli\*

Scientific fields, such as social sciences, are conventionally subdivided into specific disciplines, each of which is a particular branch of that scientific knowledge. A discipline can be articulated into four main components: the epistemological paradigm/s (depending on whether it adopts a unanimous or a pluralistic approach); a more or less systematic corpus of theory; a bag of methodological research tools; and a specific problematic area it claims to deal with by offering some kind of intervention. The four components are strictly interrelated among themselves: the epistemological paradigm/s provide/s the theoretical corpus with the criteria of scientific validity of the theories themselves and receive/s the conceptual categories it/they has/have to ground; further, the former sets out the object of research to be investigated by the area of empirical research, which in turn provides tools for interaction between subject and object of research; finally, the epistemological approach defines the degree of manipulability of the reality, particularly of the specific problems representing the “facts” upon which to assess the heuristic results of the disciplines. Moreover, the corpus of theory provides research methodologies with principles and hypotheses on which to base the methodological choices, which will be confirmed or disconfirmed by checking them empirically or discovering new theoretical hypotheses; the theoretical corpus also provides the conjectures translated into operational projects to be applied to the practical problems the discipline claim to tackle; while the research methodologies produce the empirical results that can be applied to the specific problems, on which to test the applicability and expendability of its tools.

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A sub-discipline, in turn, is a field of specialized study within a broader discipline: as such, one can expect that the subfield will be more or less internally articulated according to the same way, with specific reference to the particular field of study it deals with. Is this true even for the relationship between the sociological discipline and the sociology of health, considered as one of its sub-disciplines? In other terms, to what extent can we consider the sociology of health just as a sub-discipline of its mother-discipline? It is exactly the problem this special issue of the journal try to tackle by the contribution of a series of scholars at the international level who look at it from the specific observatory of their own country or macro-region. We can introduce their contributions by framing them into three classical issues.

The first issue relates to the problem of the relationship between theory and practice, which in medical sociology has taken the form of the distinction between the academic sociology “of” medicine and the more applied in medical settings sociology “in” medicine, according to the categories set up by Straus (1957). To what extent this typically American distinction can be applied even to other socio-historical contexts? As Ellen Annandale points out in the panel discussion published in this issue, the aim of Straus was particularly to caution «against pressures from health practitioners for sociologists to recast their research findings in terms understandable to themselves, remarking, for example, that it is a small step from adopting medical language to eventually *acting like* and even coming to *think like* a physician»: is this caution still valid?

The two essays by David Hughes and Zofia Slonska with Włodzimierz Piatkowski can offer some insights on this issue by enlightening the origin and the development of medical and health sociology in their respective countries. In the British case, Hughes shows how medical sociology emerged in close connection with the National Health Service, and in partnership with the more ancient and well-established disciplines of social medicine and social epidemiology. This initial policy and services oriented applied focus, largely defined by the medical profession, seemed to change during the '70s, when British medical sociologists started to develop their own distinctive research agenda, turning their attention to more theoretically informed studies of interactional and structural topics in the health care setting. However, this flourishing shift was later seriously hampered by the change of the funding policy of the institutional research bodies, which privileged a more interdisciplinary “health services research” approach: this implied that sociological theory and concepts were increasingly blended with those from other disciplines, losing their specific meaning and identity. And it explains the reason why nowadays British medical sociology has still a marginal stance and a role of little significance in the health research division of labour. The lesson from the British case can be summarized as a paradox in

Scambler's words in the same above panel discussion: "that in Britain medical sociology is both the discipline's largest contributor and its most detached from the mainstream". A paradox, according to Bloom's words quoted by Hughes, which stems from the different development trajectories of medical sociology in UK from the United States: «While the sub-discipline in North America built a strong professional identity and theoretical core early and only shifted to more applied work as time passed, the pattern was reversed in the UK with an early policy focus giving way to a more academic balance». A balance between applied and theoretical concerns quite hard to achieve, according to Hughes personal testimony, when there is continuing pressure to deliver policy-relevant, value-for money research from both government funding and medical school boards; and «the sub-discipline must compete in the funding marketplace with formidable rivals such as health economics and health services research, and can probably only do this by making the compromises that interdisciplinary work demands».

The Polish case described in details by Zofia Slonska and Włodzimierz Piatkowski is a rather different picture of a Central-Eastern European country where practicing sociology as an official scientific discipline was prohibited until 1956; and only since the beginning of 1960s the process of institutionalization of medical sociology in Poland started thanks to the prominent, internationally renowned medical sociologist Magdalena Sokolowska, who was vice-president of the ISA in years 1974-1978 and among the founders of the European Medical Sociology Society (ESMS)<sup>1</sup> in 1983. The existence of strong connections of the Polish medical sociology both with medicine and general sociology brings the authors to talk about a "double identity", which Sokołowska had already named as an "intellectual hybrid". Particularly, the long-term interest of the Polish medical sociologists in the broadly understood social issues surrounding the phenomena of disability and rehabilitation shows how this double identity is the outcome of both, on one side, a series of conflicts and struggles with the dominance and the prejudice of medical profession in the medical field and, on the other side, of the full support and co-operation between the medical sociologists and their colleagues in general sociology working in sociological university departments, with whom they elaborated common publications and research activities. This shows that, when working in the context of the institutional power of medicine, medical sociology to preserve its identity and to develop it by a specific perspective has to maintain a strong relationship with the mainstream general sociology, otherwise the risk of losing its identity becomes quite high.

1. As it was named at the time of its foundation in 1983, then it changed its denomination to the present-day European Society for Health and Medical Sociology (ESHMS).



Moreover, the research outcomes achieved by the Polish medical sociologists has contributed to issues of general sociology such as social structure and its dynamic, lifestyles and societal culture; and to the sociology of organization and the sociology of knowledge. Finally, the work of medical sociologist in the health promotion field allowed them to enlighten the divergence between the clinical and functional criteria of health and a more comprehensive conceptualization of the positive health proposed by them. This is probably the reason why, since the establishment of health promotion as a new area of public health, one would have expected a gradual process of co-operation and dynamic convergence of curative medicine and public health with sociology of health: which did not happen, since topics of sociological interest such as social inequalities in health or the issue of lifestyles were seized by medical researchers, especially epidemiologists.

The second issue concerns the problem of the boundaries of the sociology of health: just a specialized subfield within the boundaries bounded by the mother-discipline or something else? As both Annandale and Rabeharisoa suggest in the panel discussion, matters of health, illness and the body involve a plurality of perspectives to be properly understood, especially at a time of increased global connectivity which yields shared vulnerability, precariousness of lives, and new risks in the global biopolitics of health. This urges medical sociologists to extend interdisciplinary debate even well beyond different sub-disciplines in sociology: current changes in the medical and health landscape raise important social, political, economic and ethical debates, which are of interest for social sciences at large, and for natural sciences, too. But the interdisciplinary debates do not imply that disciplines do not matter: on the contrary, they do matter because each discipline should seriously reconsider its own premises and contributions in the light of what other disciplines have to say on complex issues such as chronic illnesses, disability, nutrition, ageing, relationships between health professionals, patients and carers.

The three essays by Elianne Riska, Marcel Calvez and Roberto Vignera can offer some further interesting insights. Riska describes the development of the sociology of health in Scandinavia from the original mainstream Parsonian approach through the international feminist critique of medicine and medicalization theory to the strict connection with public health and social epidemiology research, with a specific focus on health inequalities in the Scandinavian welfare states. After all, she wonders whether this path from the American medical sociology to its own distinct profile quite close to a social-epidemiological approach has somehow weakened the specific identity of medical sociology and its ties to social theory. In fact, the critics lamented a gradual decline of the critical perspectives in health related sociological research due to the influence of health services research and social epidemiology on the choice of the

prevailing topics of health care utilization and health inequality, with the mappings of health care resources and of morbidity and mortality patterns as a mainly descriptive undertaking, not guided by social theory. This perceived atheoretical character of welfare issues is contrasted by the more optimistic view of Riska, who considers medical sociological research informed by the theoretical perspectives on social class, gender, and the role of the welfare state.

Calvez, on the other hand, describes a somewhat different picture of the French case: what he calls a paradox pointed out by epidemiologists is here the quasi-absence of French sociologists in research on social determinants of health, in spite of the classics (Durkheim) and contemporary (Bourdieu) sociologists' significant contributions in this field. He explores this French paradox by analyzing the formation of sociology of health in France since the 1960s; and its change of denomination in the 1980s after a previous qualification as medical sociology as a significant shift from a focus on illness defined by medical sciences to an autonomous field of study. A shift well exemplified by the foundation of the journal *Sciences Sociales et Santé* in 1982, which developed a critique of the assertion of an autonomy of health issues compared to other areas of human activity and of the lack of general social science theories to account for the specificity of health events: refusing the disciplinary specialization of health topics, it privileged an interdisciplinary approach (especially with history and anthropology) focused on the social construction of health and disease. His conclusions suggest that the idea of a paradox does not give a fair picture of the research directions taken during various periods and of the theoretical frameworks used within sociology of health in France: indeed, the two actually different strategies adopted were those by mainstream sociology – trying to establish institutional relations and collaborations to find common grounds with medical world and, more recently, with patients' associations – and by medical institutions, trying to constitute distinct research objects legitimated in mainstream sociology. His evaluation is that the first strategy has proved more successful since it has led social scientists to work interdisciplinary, taking part in institutional dynamics.

Finally, Vignera locates the sociology of health in the context of the current international debate on the interactions between the social sciences and the cognitive science, behavioral genetics and neurosciences, increasingly engaged in the study of human social behavior. He suggests that the sociology of health can play a significant mediation role between social sciences and natural sciences in this context, given that its aim since Parsons has been «to contextualize pathological events and their emergent features within a problem domain that extended beyond bio-organic components alone». However, he thinks that the Parsonian conviction that we can no longer aspire to a sociological analysis that clearly separates

the problems of the human social world from the problems of continuity with the rest of the organic world represents a missed opportunity for the sociology of health and medicine till now: this is because of its weak recognition in the eyes of the scientific community due to the various theoretical and epistemological approaches that sociology has relied on to solidify its own identity and stand apart from the formal criteria used in other scholarly contexts.

On the whole, the above three essays show us that a subdiscipline such as sociology of health in dealing with its own topic interacts with other disciplines and their different perspectives and this cannot leave unchanged its original theoretical approach, challenging its own identity: it is the case of the interaction of the Scandinavian sociology of health with epidemiology and public health, of the French sociology of health with other social sciences (especially history and anthropology), and of new challenges to the sociology of health raised by the study of the human social behavior today along with the neurosciences, molecular biology, behavioral genetics and epigenetics.

The third issue concerns a still rather unexplored topic for the sociology of health and sociology as such: it's the issue of the ethnocentric nature of most of its categories, given its origins and roots in the European first and in the Northern American cultures later on. To what extent, in fact, these categories are not transcultural and universal, but instead the expression of a well specific historical, social and cultural context, namely the so-called "Western world"? And if so, is it possible to move beyond a Westernized approach to the discipline for a more universal one? The two essays by Akram on India and Anesaki with Yamazaki on Japan can help us to try to answer these questions.

Akram, examining the development of the sociology of health in India through its different phases, notes that, until the 70s, most of the initial studies used Western paradigms, models and concepts: this raised a plea for Indianisation of the studies in terms of orientation, approach and value relevance among Indian medical sociologists, even though popular perspectives have remained the western ones, although efforts have been made to contextualize them in the Indian setting. The choice of the research topics, for example, has been greatly influenced by the great heterogeneity of the Indian health scenario, with its immense array of medical beliefs, practices and techniques all over the country, suggesting items like medical pluralism as an important feature to be explained by analysing the field of medicine by a similar approach to that used to explain the heterogeneity of other items of the Indian culture.

Moving to Far East, the contribution by Anesaki and Yamazaki shows how health and medical sociology was introduced in Japan mainly after the II World War under the influence of American sociology, developing a strong relationship with public health doctors. Then, in the last decades,

Japanese health and medical sociology has developed a strong international network and an interdisciplinary memberships, with scholars coming from not only sociology, but even psychology, education, social welfare, anthropology, economics, political science and also from nursing and health sciences. This has yielded a wide array of themes, research topics and approaches, well beyond the practice of health and medical care or the health science disciplines: nowadays, «health and medical sociology researches are expected to be carried out from the point of view of persons living with health problems rather than that of the health and medical specialists. As methodology, the illness experienced approach, the narrative approach, salutogenic approach and the empowerment approach should be strengthened».

The Indian and the Japanese cases are probably just an example of the directions health sociologies can take in the Asian but even in the Oceanian, African, and Latin American contexts: by gradually elaborating their own original approaches to health and medical topics, they will be able to define their peculiar identities and paradigms as health sociologists. During this enterprise, they will probably highlight that health sociology has become much more than just a simple subdiscipline whose boundaries are marked by the mother-discipline: a pluralistic, interdisciplinary-oriented field of study. We hope this issue could give a significant contribution towards this direction.