
Guest Editorial

Health and well-being in radically changing societies: Introduction to the papers of the ESHMS XIII congress in Ghent, 26–28 August 2010

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The 2007–2010 Presidential Mandate

Since its foundation in 1984, the main activity of the European Society for Health and Medical Sociology (ESHMS) has been the organization of a bi-annual congress on a specific topic of European general concern: even though this has remained the core activity during the last presidential mandate 2007–2010 with the organization of two congresses in Oslo (2008) and Ghent (2010), the main objective of the cultural policy of the Society has been an attempt to broaden the range of activities proposed to its members and of the external relationships in order to strengthen the role of the Society in fostering the development of a European perspective in Health and Medical Sociology.

This policy orientation has materialized in a series of activities undertaken during the last 4 years. With specific regard to the aim of promoting the internal and external exchange of information, a website has been implemented as a chance for both member and non-member medical sociologists (and not only) to keep informed about the Society's various activities. Even though the idea of including also a newsletter in it concerning members' organized events at national level could not be implemented due to some problems of language translation, we hope for its implementation in the near future, along with a general improvement of the website in order to make it more interactive as a lively forum for all members and non-members.

A second achievement has been the resumption of the Summer school, an early years activity of the Society which had been later abandoned: the idea has been to re-start it bi-annually during the odd years without congress. Therefore, in July 2009, a new Summer school on 'Comparative Research Methodologies in Health and Medical Sociology' has been held at the University 'Magna Græcia' of Catanzaro with a good number of participants and many interesting discussions: the proceedings have been published in a bi-lingual



special issue of the Italian journal *Salute e Società (Health and Society)* devoted to the Summer school. A second Summer school is scheduled at the University of Bologna on September 2011 on 'The reforms of the health care systems in a globalized world'. We hope that this initiative will continue with good success even in other countries on the next years.

A further important enterprise has been aimed to connect the Society with an international journal devoted to the same disciplinary field: since 2008, *Social Theory & Health* has become the officially affiliated journal with the ESHMS, and one of its editors, Graham Scambler, a permanent invited member of our Executive Committee. This special link does not imply, obviously, any conditioning of the official policy of the journal, but just a chance offered to the Society's members to publish their papers in an abstracted/indexed and refereed international journal. In fact, the agreement with the editors included the publication of a special issue of the journal devoted to the invited speakers and to a selection of the best papers of each ESHMS congress: the first one was published in May 2010 (Vol. 8, no. 2) devoted to the Oslo congress and this one is the second issue.

A fourth initiative has been the establishment of research networks in order to promote the cooperation among the Society's members and the exchange of ideas and theoretical perspectives. The first one has been founded in Wien on November 2009 as 'European Research Network on Citizen, User and Patient Organizations Engagement in Healthcare and Policy', including academics from various countries (Austria, Germany, United Kingdom, Italy, France, Portugal): it has held two special sessions during the Ghent congress on these topics and a third international workshop in Catanzaro on June 2011. A second network devoted to comparative research in Medical Sociology and Social Epidemiology has been established during a workshop held in Ghent on March 2009, which also held three special sessions during the Ghent congress on 'Comparative Perspectives in Health and Medical Sociology'; a further meeting in Amsterdam is scheduled.

Finally, last but not least, an important objective of external policy has been to try to interconnect the ESHMS with the other international sociological association, both at the European (ESA) and extra-European level (ISA, ASA and so on) to join efforts and to foster collaboration in a globalized era of deep crisis of our discipline in all countries: we hope that the preliminary contacts undertaken will be the premises for the arrangement of some significant joint initiatives in the near future.

The 2010 Ghent Congress

The thirteenth conference of the ESHMS was held in Ghent, Belgium on 26–28 August 2010. It was hosted by the Health and Demographic Research



Group (Hedera) located at the Department of Sociology of Ghent University. The conference was attended by 180 participants from 25, mainly European, countries. With 150 oral presentations the Ghent conference was very successful.

The conference theme, Health and Well-being in Radically Changing Societies, was meant to help bridging the gap between general health sociology and the sociology of mental health and well-being at the one hand and macro-sociology and health sociology or social epidemiology at the other hand. Three distinguished scholars, David Armstrong, Roberto De Vogli and Mall Leinsalu delivered keynote speeches.

Mall Leinsalu, from the Stockholm Centre on Health of Societies in Transition at the University College of South Stockholm opened the conference with a lecture on long-term developments in the health and social inequality in the European transitional economies of Central and Eastern Europe. The collapse of the old political regimes was accompanied by unprecedented mortality increase and immensely widening mortality gap between different social groups especially in the former Soviet countries.

David Armstrong, from the Department of General Practice and Primary Care at King's College London School of Medicine elaborated on the invention of patient centeredness in medicine. He described the change from 'disease' to the 'patient' as object of medical attention in the latter half of the twentieth century and its consequences, in particular in terms of the various techniques and methods deployed by medicine to assess the quality of life and the well-being of this new object.

Roberto De Vogli, at that time, member of the Division of Population Health, Department Epidemiology & Public Health, University College London and presently at the School of Public Health, University of Michigan introduced the audience in the health consequences of globalization in a time of economic crisis. He explored the impact of neo-liberal market policies on global health and on health inequalities between and within countries.

Funded by a grant from the UK Foundation for the Sociology of Health and Illness, ESHMS-2010 paper prizes were awarded to three young scholars, Liubov Borisova from the Bremen International School of Social Sciences at the Bremen University and Jacobs University Bremen with a paper titled 'Explaining health outcomes in transition countries: the role of health system reforms'; Rania Valeeva, connected to Ghent University Belgium, with a paper on 'The role of education and mobilization of health strategies for subjective well-being', and, finally, to Edwin Wouters from the Research Centre for Longitudinal and Life-course Studies, Department of Sociology at the University of Antwerp and the Centre for Health Systems Research & Development at the University of the Free State, Bloemfontein. He won the first prize with a paper called 'The importance of community support initiatives in achieving sustainable and comprehensive HIV/AIDS-care in the Free State, South Africa'.



The Theme

There has been a significant heightening of the importance of the issues of mental health and well-being in Europe and elsewhere. In all advanced economies, mental health conditions are expected in the near future to be the most important determinants of the quality of life of those directly or indirectly involved. To better understand both personal and societal consequences, the 2010 congress of the ESHMS focused on the social and cultural conditions affecting the health and subjective well-being of the population in general and of vulnerable minorities more specifically. The conference aimed to contribute to the further development of comparative research in medical sociology and to the promotion of mental health and well-being as core dimensions of health and health research. The congress organizers wanted to stress the utmost relevance of comparative research for health sociology.

Health sociologists are neither interested in, nor trained to study the causes of illness and disease in specific individuals. This is the realm of biomedicine. We explore the social roots of (ill) health in order to learn about Society. Health sociology studies the consequences of social structure, culture, and societal change for behavior, social interaction, and social relations in the field of illness and health. Hence, health sociology is, like public health research, more oriented towards studying sick populations instead of sick individuals (Rose, 2001). Time and again research shows that the determinants of individual health strongly differ from the determinants of population health (Rose 2001). Nevertheless, in health research and social epidemiology an individualistic bias prevails: social context is often erroneously equated with social characteristics of individuals.

Macro-sociology is a sociological approach that focuses on developments at the level of societies, social systems or populations as a whole. It's main theories turn to technology, family and reproduction, markets, and states as organizing principles, with obvious consequences for the health of populations. However, issues of public health are not at the core of macro-sociology. Influential macro-sociological theories, such as modernization theory, world system theory, and welfare regimes theory, focus on the political-economic realm, social stratification and the organization of the state. It is not to say that these macro-sociological theories have not influenced health sociology and social epidemiology. Very influential work – both empirical and conceptual – on the link between these two fields has been done. Modernization theory and the demographic transition theory gave birth to epidemiological transition theories and innumerable studies of the impact of modernization on health and health service use. World system theory and welfare state regime theories lend themselves to the development of theories on cross-national differences



in health. Nevertheless, with the exception of the young and very vibrant field of welfare regime theory and public health (for a few examples, see Bambra, 2007; Eikemo *et al*, 2008; Levecque *et al*, 2011) a broad range of insights from macro-sociological theory still need to be translated into the field of social epidemiology.

Bridging both research domains is at the core of the theme of the congress in Ghent. An ESHMS is a privileged forum to tackle this challenge. When compared with Northern America, the European political and institutional system is quite fragmented. Although many states exist within a more or less similar cultural sphere, they developed diverging welfare state regimes (Esping-Andersen, 1990) with consequences not only for health, but also for gender relations, the domestic division of labor, the distribution of social capital, social inequality and so on. The recent transition of Central and East European countries from state-controlled to market-controlled economies further adds to the rich complexity of societal arrangements and welfare state regimes with consequences for inequality, gender and health. Finally, globalization and the enlargement of the European Union encouraged migration towards Europe. The influx of large numbers of migrants has consequences for both health and health behaviors, but indirectly also for welfare state arrangements. The comparison of the populations of European countries allows exploring the intertwinement of family-related, market-related and state-related social processes and their influence on health.

The congress was partially funded by grants from the UK Foundation for the Sociology of Health and Illness, the Flemish Research Council (FWO-Vlaanderen), and the Faculty of Political and Social Sciences of Ghent University. As all former congresses of the ESHMS, the 2010 conference in Ghent served as a meeting place for health sociologists, social epidemiologists, health economists, scholars of health policy and health promotion, among others. The next conference will take place in Hannover 29 August–1 September 2012. The congress will be held jointly with the German health sociology association.

The papers

The topics of the papers included in this special issue can be grouped into three thematic blocks. The first one, including the first three papers, consists of a series of multidisciplinary macro-perspectives on the evolving linkage between social structure and health. De Vogli reconstructs the disappointing health effects of three decades of neo-liberal globalization policies, culminated in the 2008 global financial crisis: the policies implemented by the main financial institutions (World Bank, International Monetary Fund, World Trade



Organization) have in fact produced reduced life expectancy and worse health conditions in many countries, especially in the 'Third World'. Therefore, future prospects for global health in a time of economic crisis will strongly depend from a fairer global economic system, but up to now the policy responses of national and global political institutions appear quite weak and disappointing.

Borisova's paper is then a well-founded attempt to explain the health outcomes of the now-called 'transition countries' (previous Central-Eastern Europe socialist countries) by analyzing the role of health-care reforms in the evolution of these health-care systems. After classifying them into a typology through a combination of qualitative assessment of Health in Transition Reports from the World Health Organisation (WHO) and cluster analysis based on the literature-driven framework, he then develops a panel regression using the fixed effects and panel-corrected standard errors model on the WHO Health for All dataset for 25 transition countries of Central and Eastern Europe and Central Asia across transition years 1989–2007. The two final important findings are that the health-care systems of these transition countries can be classified into separate groups and, second, that the structural differences in health care, reflected in the typology adopted, partially explain cross-country health outcomes.

The third paper by Margot Witvliet and her fellows opens an interesting global public health perspective by investigating the usefulness of the Wood and Gough welfare regime typology on 49 countries in order to examine the association between welfare regimes and self-reported individual disability worldwide. For this purpose, the World Health Survey data are examined on 207 818 people from 49 countries and multilevel logistic regression is used to investigate links between disability and welfare regimes while also accounting for individual-level socioeconomic factors. The outcomes show significant variations in individual disability prevalence within the different welfare regimes, especially insecurity Sub-Saharan African regime as compared with the European-conservative regime. Living in a state-organized regime is associated with lower odds of disability prevalence, as higher odds of disability prevalence can be observed in all non-state regimes: with the exception of the productivist regime such as that of East Asia, which seems to have health protective features that are on par with European welfare state regimes.

The second thematic block, including the two following papers, comprises two studies on health inequalities adopting quite different methodological perspectives. The one by Joris Michielsen and his fellows applies the well-known conceptual scheme of Bourdieu to the analysis of the findings of a qualitative research based on the utilization of in depth interviews and focus groups among the female slum dwellers in urban Maharashtra (India): in this way, it contributes to the research on issues of how to tackle health inequalities



not only in the specific case (by describing some paths leading to unequal access to quality health care) but to the more general problem of generating knowledge in this field.

The other study by Ricardo Jorge Antunes is instead a quantitative research on the effects of the social structure on the unequal patterns of morbidity and mortality in Portugal based on the basis of the analysis of the individual clinical files of inpatients that died in 2004 from two hospitals. Using categories such as social classes, health-related lifestyles, life trajectories and illness trajectories and a theoretical framework inspired by Cokerham and Bourdieu's concepts combined with both multiple correspondence analysis and cluster analysis, he enlightens the complex multidimensional social space of this health inequality field. The results show that over the life course, individuals positioned in different social classes experience different health and diseases trajectories; and that unequal distribution of the diseases and of the causes of death in the social space reveals a structure of social inequalities based in the differentiated possibilities in the access and in the use of health resources.

Finally, the third thematic block, including the last two papers, concerns the evolution of medicine in post-industrial societies. David Armstrong questions the title itself of the congress by arguing that it masks the fact that it is the ways in which we construe health and well-being, which makes a major contribution to what we understand by 'radically changing societies': he wonders whether Society and health/well-being are separate constructs and what might be lost by considering them as causally related. In this respect, the impact of radically changing societies on health might be construed in terms of how these societies have affected or transformed the distribution of the risk factors; moreover, the very idea of a health-care system focused on risk factors (rather than pathological lesions) has become an integral part of how societies have become radically different over recent decades. Therefore, at the core of a 'radically changing Society' there seems to be a major process of social transformation, which affects how we perceive and act towards health, its nature, its measurement, its determinants and its effects.

The last paper by Claudine Burton-Jeangros deals with a very interesting theme in the field of healthism and pregnancy: management of risks in pregnant women's everyday lives, a central feature of the experience of pregnancy today. It analyses how the agency of pregnant women and the decisions they make are affected by social influences reinforcing medical norms and moral expectations towards motherhood. Using data from a qualitative study conducted in Switzerland, it describes diverging positions on professional norms, distinguishing women who strive to eliminate uncertainty and ensure a strict control on the biological development of their pregnancy from women who resist medical norms, which they do not consider as relevant to deal with risk. The study



contributes to the analysis of lay strategies towards health risks, emphasizing the articulation of agency and social influences that characterize the extension of risk surveillance in the Society.

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