

EDITORIAL

by Piet Bracke*

Health sociology is a vibrant field of research going from global health studies, the macrosociology of health and illness, over sociological epidemiology, health services research, the sociology of professional care seeking to the sociology of cognitions and emotions. Because health has obvious bodily, cognitive, affective, and, social connotations the sociology of health and illness is one of the more interdisciplinary oriented fields in sociology.

This cross border orientation is stimulated by the fact that a lot of health sociologists work in faculties of medicine instead of departments of sociology. Therefore, they are challenged to make their research relevant for medicine, clinical psychology, health promotion, and other disciplines located at the same faculty. This comes with a drawback too, as often their research disconnects health sociological problems from the core of sociology as a discipline.

Only a few domains of health sociological research seem to circumvent this dilemma, and the sociology of medicalization seems one of them, although its subject is not health behavior as such, but the changing definitions of health and health behavior, its relevance for all health research is obvious and growing¹. Social conditions are increasingly being evaluated by their consequences for health and wellbeing and medicalization theory thrives by this cultural evolution it vehemently criticizes itself. The field also shows admiring resilience, not because it still holds on to the ideas of its founding fathers, but because it seems able to transform itself constantly, from traditional medicalization theory and

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1. Conrad P. and Schneider J.W. (1980). *Deviance and medicalization. From badness to sickness*. St. Louis: The C.V. Mosby Company.

studies of medical imperialism, over medicalisation as iatrogenesis, to studies on medicalization as the optimalisation of normal characteristics².

The arrival of a sociology of the medicine of cognitions and emotions is part of this last wave of medicalization research and helps to refresh the field. It directly relates to the sociology of emotions and identities, and therefore to sociological social psychology in general. Also, as a sociology of social change, it links the personal to the global. Its sub domain of the pharmaceuticalisation of normal behavior connects the sociology of mental health to issues about biotechnology, neurochemicals and identities. This new field of research does not reduce the person to the structure and the function of the brain – as neuropsychology does, and thereby drives out psychology as a relevant field of study but reflects on how biotechnological innovations, that allow for the control of emotions and cognitions, transform identities in late modern societies.

I already made reference to a publication from a special edition of *Salute e Società* on *The medicalization of life* edited by Antonio Mauro and Peter Conrad to show that this flagship of Italian health sociology has never neglected medicalization theory as a vibrant field of research.

The present special issue of *Salute e Società* on the medicine of cognitions and emotions is a welcomed continuation of this tradition. It will contribute to the further development of the second wave of medicalization research in Europe and get its voice heard within the entire health sociological community. As the present president of the European Society for Health and Medical Sociology I hope that it will not only help to strengthen the community of European health sociologists by stimulating debate and generating new insights, but that it will also contribute to the transformation all health scientists' view on the surprising intermix between biotechnology, identities, cognitions, and emotions.

2. Christiaens W. and van Teijlingen E. (2009). Four meanings of medicalization: childbirth as a case study. *Salute e Società* 8, 2: 123-141.