

Psycho-social correlates of health and health behaviours: What does the term psycho-social mean for public health?

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This issue of the journal presents numerous articles addressing what are called the psycho-social correlates of health and health behaviours. Among other things, we learn about gender differences in leisure-time physical activity in Brazil (Azevedo et al. 2006), with the study revolving specifically around the role of what are considered “social” variables (such as age, economic level, and schooling) in explaining why there might be gender differences in physical activity. A second article focuses on the differences in more “psychological” variables such as sense of coherence, health locus of control, and health related quality of life found between Germans of varying levels of overweight (von Lengerke et al. 2006). A third article, again focusing on Germany (Laubach & Fischbeck 2006), is concerned with job satisfaction and the work situation of physicians, studied through predictors such as work conditions, financial situation and personal health.

What is striking about both the title of this issue, as well as the articles, is the heterogeneity with regard to the unit of analysis. Psychological correlates tend to focus on attributes of individuals, while social correlates focus on attributes of groups, institutions or societies. We confront, therefore, major conceptual, theoretical and methodological problems when considering both psychological, as well as social, correlates of health and health behaviours given that they focus on different phenomena.

According to Higgins (2004), social psychology, the field from which psycho-social variables derive, is the study of how social situations influence people. The phenomena that are “special” to social psychology are represented as being about situational effects. The implicit assumption is that there are social psychological principles that provide unique “situation” explanations for people’s psychological states. So, the outcome in social psychology is a psychological

state, with the social aspect, the situation, being the exposure (in epidemiological terms). But is this really the way that the term psycho-social has been adopted in public health research? Does psycho-social research in public health examine the influence of social exposures on the psychological outcomes of individuals? Have we not, rather, adopted the term “psycho-social” to mean both psychological as well as social correlates of health and health behaviour? And, if the latter is the case, is this a problem-free direction for public health?

I would argue that the term and concept psycho-social may be a problem for public health and that the reasons are two-fold. First, psychological explanations and social explanations for public health concerns are theoretically, conceptually and oftentimes methodologically very different. If we take health behaviours as an example of a public health outcome, an analysis of health behaviours from an individual psychological perspective would take inspiration from theories such as Ajzen & Fishbein’s theory of reasoned action (Ajzen & Fishbein 1980) or Bandura’s social cognitive theory (Bandura 1986), to name but a few. These behavioural theories have been successfully adopted by public health practitioners and researchers and have helped us understand some of the psychological reasons that individuals begin, continue, or stop certain health-related behaviours. What these theories do not permit us to do, however, is to explain why certain groups of people tend to engage in certain health behaviours more than others. So, for example, psychological theories fall short of being able to tell us why it is that marginalised persons in Western societies (such as the homeless, the mentally ill, and generally people of lower socio-economic status) are continuing to smoke in large numbers despite a general population-level trend toward decreased smoking (Barbeau et al. 2004). To understand

these important trends, we require sociological theories that help explain what it is about the social conditions of groups of people that are creating differential social distributions of health-related behaviours (Frohlich et al. 2001).

The second problem with a psycho-social approach in public health concerns the attribution of risk. As described by Diez-Roux (1998), in its origins public health was essentially ecological, relating environmental and community characteristics to health and disease. The main protagonists of this perspective were the sanitarians of Europe in the greater part of the 19th century who focused primarily on the clustering of morbidity and mortality in slums. Their main concern at the time was overcoming the environmental causes of illness (Susser 1996). It was therefore the environment and poverty that brought about exposure and risk. In this century and the last, the growing importance of chronic diseases moved the field of public health in a vastly different direction, shifting our emphasis from environmental causes to individual-level factors, with research beginning to focus increasingly on behavioural and biological characteristics as risk factors for chronic disease (Diez-Roux 1998). This

paradigm, which shares much in common with the psychological approach, has been accompanied by a progressive “individualisation” of risk, so that individuals are increasingly seen to be putting themselves at risk of poor health (smoking being a case in point).

Essentially, then, I would suggest that the use of the term psycho-social within public health research and practice confuses some critical issues that public health is still trying to resolve. We need to think clearly about what we are trying to explain and with what theories. When are we concerned with the attributes of individuals, and when does our attention turn to the attributes of groups? We also need to carefully consider to what or to whom risk is attributed. What is our unit of analysis? Do we study populations or groups of individuals? Is there a difference?

So, while there is great merit to the study of both psychological outcomes in groups of people, as well as the influence of social situations on the health outcomes of populations, we should perhaps be somewhat more careful with our nomenclature to avoid conceptual, theoretical and methodological confusion.

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