Special Issue on Some histor{y/ies} of health psycholog{y/ies}: An introduction

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Abstract

Academic (sub-)disciplines develop in time and place when particular ideas/practices are nurtured

within social, gendered, cultural, community, economic and political contexts. Different histories employ

different analyses, some with external views of scientific outputs describing research and practice, and

others with internal, behind-the-scenes examinations of these developments, through oral histories and

personal recollections. This collection, written by historians of (social) science, or practitioners or

pioneering participants, uses different historiographical methods to contextualize health-related

activities within the sub-discipline of health psychology and the evolving critical and/or community

approaches. The papers connect the evolving health psycholog{y/ies} with changing socio-political

circumstances in different countries.

Keywords: History, health psychology, critical psychology, critical health psychology

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Some histor{y/ies} of health psycholog{y/ies}: An introduction

Scientific disciplines are not fixed in their ideas and practices but rather they evolve over time and place. Among historians of psychology there have been debates about the rationale for researching (and teaching) the history of the discipline. Historical reflection does not just chronicle or critically evaluate past paradigmatic developments, but can serve other functions: heuristically guiding current and future research, practice or "theory construction"; intertwining historical analyses with theory, metatheory and ethical evaluations; suggesting or promoting forms of health action and advocacy; and opening a critical perspective concerning prevention of repeated errors, some involving ethics, culture, gender, colonialism, etc. (see Brock, 2016; Danziger, 1994; 2013; Furumoto, 1988; Green ,1996, Klempe & Smith, 2016; Smith, 1988; Smith, 1999; Stam, 2003; Teo, 2000, 2015; Wertheimer, 1980; Woodward, 1980). This special issue brings together a series of studies focusing on the social, cultural, and political contextual factors that have impacted the development of health psychology.

The collection falls within the tradition of the *Journal of Health Psychology* which for over 20 years has been a leading forum for critical debate about the nature of the sub-discipline. In its aims, the journal explicitly states that it 'reflects the *social significance* of health psychology by addressing the social, political and economic contexts in which psychological and health processes are embedded'. This special issue expands this remit to consider the historical context. The concern for history comes at a time when there is unceasing social and political turmoil throughout the world which implicitly calls on all social scientists to reflect on their mission. From the outset, Marks (1996a, b) stressed that the journal was committed to provoking debate and discussion. This has been reflected particularly in the many special issues (e.g., Murray, 2000; Flick, 2007; De-Graft Aikins & Marks, 2007; Sools, Murray & Westerhof, 2015; Spink et al, 2016; Marks, 2017) which explored not only theory and method but also the importance of context and mission.

The articles in this special issue use different historiographical methods and produce different historical accounts, some conceptual, some professional/institutional, some personal, some critical. We thus have used the term "histor{y/ies}" to indicate that these variations in recounting the development of health psychology exist within one location. As the developments in different countries are described, we see that they have evolved from different roots, and within different contexts. Thus, we use the term "health psychology{y/ies}, as we unpack these "varieties" which took root in different countries after the

1950s while also casting an eye back on earlier developments. Much of the attention in these articles is deliberately on developments outside North America to show how psychological approaches to the study of health and illness have often pursued approaches to theory and practice antithetical to the current dominant positivist approach and which problematize the very concept of health. Instead, these articles illustrate the earlier debates with psychoanalysis, the contemporary engagements with critical theory and methods (e.g. Horrocks & Johnson, 2012; Lyons & Chamberlain, 2006; Murray, 2015; Murray & Chamberlain, 1999) and the development of less individualistic and more social and community approaches to practice (e.g., Campbell & Cornish, 2014; Lubek et al, 2014; Murray, 2012; Murray & Campbell, 2004; Murray and Poland, 2004), all of which deliberately engage with broader cultural and political issues.

Health psychology has now become a prominent field of research and practice within psychology. Its histor{y/ies} are often traced to developments in North America in the 1960s and the subsequent formal establishment of the field in the 1970s, concurrent with, and often overlapping, reflecting and playing off developments within behavioural medicine. Its early borrowings from other paradigms can be traced through overlapping strands of research in social and clinical psychology and psychophysiology, coupled with developments in public health and psychosomatics. In the 1960s-1970s, discussions about "health" began to replace ones about "mental health", and funding increased for research within public health, and within the sub-disciplines of community, social, clinical, and cross-cultural psychology. Professional societies were established in many countries, and institutionalization advanced through the convening of conferences, launching of journals and textbooks, and the creation of courses, training programmes and specialized professional degrees recognized by health agencies and governments.

This special issue involves some cross-disciplinary collaborations between those who research and write history and those who research and practice health psychology. Evidence-based historical accounts may have a different "look and feel" than the standard scientific article. Historians often write two narratives, one in the main text, and one in the footnotes or endnotes, which "justify" their statements and conclusions. Historians and health researchers can sift through extant competing narratives and interpretations about a topic such as health psychology. Rather than drawing "universalist" conclusions and attempting to develop one standard history, they note differences or particularities in different contexts, communities, cultures, genders, countries, etc. Therefore, in this special issue, a pluralistic view describes conjunctures of research, practice, professionalization and policy precursors that have led to country-specific versions of (sub-) disciplines or areas such as health, social, clinical or community

psychology, and behavioural medicine. Some of these precursors have taken root in different countries at different times, largely after World War II, and often prefigured by earlier developments in psychoanalysis, psychosomatics, medicine and public health. In the studies that follow, we may observe how particular institutional factors and the histories of neighbouring sub-disciplines will vary within different linguistic, cultural and national communities.

Reviewing past collections on histor(y/ies) of social psycholog(y/ies), we found a variety of historical methods used to recount the development of this neighbouring sub-discipline: text analysis, bibliometric studies using citation counts, biographical interviews, case reports, archival research, autobiographical accounts, etc. (Lubek, 1992, 1993a, 2000a, b). Here, studies using different methods and viewpoints would often see their findings triangulate (as in social science research). This same "histor{y/ies}" approach was adopted for this special issue. Although health psychology has formally existed in some countries for five decades, there has been little systematic reflection on its historiography. The few brief historical accounts that often introduce textbooks or handbooks may refer to a limited number of key individuals and events but do not always discuss in any detail the controversies and debates, or the differing forms of development in various places. Previously, Murray (2014) has explored the development of health psychology through a study of the content of popular textbooks. The articles in this special issue go further to connect the evolving field with changing social and political contexts in different countries, as well as the changing face of health research and practice, and major health epidemics and challenges, including HIV/AIDS. This collection arose from several conference symposia followed by an open call for submissions and supplemented by requests to individual researchers by the editors. It is in no way intended as a comprehensive review of the 'history of health psychology'. Rather, it is a start for what will hopefully be further exploration of developments in the field, especially in non-English speaking countries.

A brief critical, contextual note on the conceptual toolbox for writing a History of Psychology and its sub-disciplines

A discussion of historians' conceptual tools and terminology critically applicable to many historical narratives -- "celebratory", antiquarian, hagiographic, "Great Man" (sic) (Boring, 1950a), "Whiggish" or "court" histories (Samelson, 2000) -- is available elsewhere (Lubek, 1992; 1993a). Others as well have suggested that we move towards a historiographical gold standard, with post-Kuhnian contextual, discontinuous, historicist, and/or critical accounts (Furumoto, 1988; Harris, 1980; Danziger, 1990; Cherry, 1995, Lubek, 2000). These would also identify and confront "origin myths" such as Auguste

Comte's "discovery" of experimental social psychology (Samelson, 1974). Such historical myths were discussed by scholars well before the advent of "alternative facts" and "fake news" entered our vocabularies (Koch, 1992; Green, 1992; Bickard, 1992). By contrast, psychologists have frequently held "alternative hypotheses" and are always wary of non-replicability of findings or "falsified data" (Aldous, 2011; Samelson, 1992), well before "false news" was discussed.

When viewed by "externalist" historians, who are disciplinary outsiders, a sub-discipline may seem, within a country, to undergo a smooth process of progression, demonstrated by such "success" indicators as publications, course creation and attendance, PhD production, membership in professional societies, etc. However, an "internalist" historical approach observed and reported by current practitioners or "pioneers", may reveal tensions, debates and competition among theories, methods, and practices and between a paradigm's adherents and anomalous naysayers. In the past 50 years, historiographical writing about psychology has greatly broadened. Yet this "new history" (Furumoto, 1988) and often critical scholarship, is not always reflected in the textbooks that pass on a discipline's "story". Thus, many textbooks on the "history" of psychology now routinely skip more than 2000 years of philosophical precursors, and start their accounts somewhere around the 1879 founding of Wundt's laboratory in Leipzig; there, elements from the disciplines of philosophy and physiology were mixed together into a newly "hybridized" (Ben-David & Collins, 1966) discipline of "psychology"¹. All textbooks can be supplemented by careful scholarship, which critically and contextually re-frames Wundt's role as pioneer of experimental psychology (e.g., Danziger, 1997) and considers his broader contribution to psychology (e.g., Wong, 2009). More broadly, for psychology in general, there is a variety of nontextbook historiographical accounts available. Some are autobiographical narratives from disciplinary pioneers (e.g., Murchison and Boring, 1930; Boring et al., 1952; Lindzey & Runyan, 2007; Mos, 2009), mostly men. More recently, as a corrective, there are now additional accounts about, and by, women psychologists, starting with O'Connell and Russo (1980) and Scarborough and Furumoto (1987), and an online source of biographical sketches at www.feministvoices.com . In addition, other more "externalist", contextualist, critical/historical accounts have reviewed the development of psychology (Pickren & Rutherford, 2010; Buss, 1979; Capshew, 1999; Morawski, 1988; Pandora, 1997; Danziger,

¹ Truncated "standard historical accounts" are transmitted in psychology textbooks (Lubek, 1993b; 2000), simplified for undergraduate use. They start in the 19th century and highlight the Wundt/Leipzig 1879 starting date (Goodwin, 2015; Koch & Leary,1985; Fancher & Rutherford, 2016), although some exceptions offer more philosophical background (Boring,1950b; Klempe & Smith, 2016; Walsh, Teo & Baydala, 2014; Watson, 1963).

1990; Herman, 1995). Some accounts zeroed in on specific sub-disciplines² including health psychology (Hepworth, 2006; Murray, 2000, 2014; Pickren & Degni, 2011). Other critical historical studies have focused even more narrowly on research/practice topics, methodologies or paradigms³.

Our sampling of health psycholog{y/ies} and their histor{y/ies}

Against this background of historiography and critical historiography in psychology, we have solicited a series of articles concerning the development of health psychology(y/ies) in Australia, Brazil, Canada, France, Ghana, New Zealand, South Africa, UK and USA. There are three articles from non-English speaking countries (France and Brazil) and another two from African multi-lingual counties (Ghana and South Africa). We start by giving priority to these five articles to highlight the particularity of their trajectories and explore to what extent they have developed a distinct approach to the psychological study of health and illness.

The first two concern the growth of psychological research on health in France where debates about the shape of psychology have been extensive for the past century. Both articles show the interweaving of ideas, key individual figures and contemporary health challenges. Marie Santiago-Delefosse and Maria Del Rio Carral (2017a) begin by exploring the tensions within French psychology after WWII and the subsequent development of a specific approach known as 'clinical psychology in health settings' in the 1950s. They note the central role of Daniel Lagache (1903-1972), an influential psychoanalyst, who was actively involved in French intellectual and professional debates in the 1950s and 1960s about the role of psychology in healthcare and the attempts to bring together ideas from psychoanalysis, social and clinical psychology, and psychopathology. It was within this context of conflicting ideas that the American approach to social psychology entered the scene offering an 'objective' approach and helped to shape French social and subsequently health psychology, although not without some resistance (e.g., Moscovici, 1972; see also Markova, 2012; Moscovici and Markova, 2006).

This article is followed by an autobiographical account by Claudine Herzlich (2017) tracing her evolution in France from social psychology to health sociology. Her initial work with Moscovici in the development

² These include: clinical psychology (Braginsky & Braginsky, 1974; Sarason, 1981); social (Cherry, 1995; Strickland, Aboud & Gergen, 1976; Greenwood, 2004; Lubek et al, 1992; Lubek et al, 1993; Lubek, 1997, 2000); developmental (Burman,1994; Riegel, 1972; Broughton, 1987); community psychology (Fox & Prilleltensky, 1997), and organizational psychology (Bramel & Friend, 1981),

³ These include, for example, Danziger, 1997; Lubek, 1986; Lubek and Apfelbaum,1987; Minton, 2002; Nicholson, 2003; Stam, Lubek & Radtke, 1998; Weidman,1999; Winston, 2004; Zenderland,1998.

of social representation theory (Moscovici, 1961)⁴, shaped her doctoral research on representations of health and illness which when translated into English (Herzlich, 1974) was influential among social psychologists and sociologists, although less so among the nascent health psychologists who preferred an approach based upon social cognition theory (Petrie & Weinman, 1997). Herzlich did not self-label as a "health psychologist" in France but worked closely inter-disciplinarily with sociologists, public health personnel, government agencies and various stakeholders in developing a strategy to combat the growth of HIV/AIDs there.

Although today French health psychology and social psychology are dominated by American social cognitive ideas there is an awareness of major social theorists such as Foucault and Bourdieu as well as growing interest in qualitative research methods (e.g., Santiago-Delefosse and Rouan, 2001; Santiago-Delefosse and Del Rio Carral, 2017b). Further, the ideas developed by Herzlich continue to inform those researchers who use a social representation framework to investigate health and illness not only in France but elsewhere (e.g., Flick, 2000). In addition, her innovative ideas on the social and historical construction of health and illness (Augé & Herzlich, 1995; Herzlich and Pierret, 1987) continue to challenge the dominant ideas of mainstream health psychology.

In many ways, Mary Jane Paris Spink (2017) traces a similar journey to that of Herzlich in her account of her involvement in the development of health psychology in Brazil. Spink was also originally influenced by social representation ideas from her discussions with Serge Moscovici and Denise Jodelet on her many visits to Europe. However, she moved to develop a cultural-historical approach that she applied to understanding emergent health challenges in Brazil (e.g., Spink, 1999). She also worked closely with colleagues in Brazilian public health to develop programmes designed to combat HIV/AIDS. Spink reminds us that health psychology has a long history in Cuba where, since the revolution, psychologists have been involved in a wide range of hospital and primary care health settings (see Sosa and Gonzalez, 1997). In Brazil, similarly two approaches evolved – one a health psychology for hospitals and one for public health. This bifurcation of the field of health psychology is a recurrent theme in these articles. They highlight how critical social and community psychological ideas have especially connected with public health campaigns and have challenged the implicit individualism of much mainstream health psychology.

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⁴ Lagache supervised Moscovici's (1961) doctoral thesis; Herzlich, as Moscovici's research assistant, helped prepare his thesis research, before starting her own thesis.

The papers from Africa clearly bring to the fore the political context within which health is created but also within which psychology develops its ideas and practices. In South Africa, the savagery of apartheid provided the backdrop for the emergence of an expansive critical social psychology (e.g., Louw and Foster, 1992; Ratale & Duncan, 2003). In this context of sustained political debate and action, some psychologists adopted a much more critical approach to health, questioning its focus on medical issues and advancing a more expansive remit. As Jeffery Yen and Oriana Vaccarino (2017) detail, for many psychologists in South Africa the theory and practices advocated by North Americans and their narrow definition of health was and continues to be an approach with which they could not connect. Similarly, Ama de-Graft Aikins (2017) details the challenges in developing a truly African approach to the psychological study of health and illness in her analysis of developments in Ghana. She concludes by presenting the need for a 'worlding' approach that connects colonialism with everyday experiences of health and illness and the move to promote health with the need for larger political and structural changes.

In Australia, Susan Kippax (2017) connects her roots in social psychology with developing a programme to combat a major public health challenge – that of HIV/AIDS – and engagement with other social science disciplines. In what she describes as a 'truncated autobiography', Kippax illustrates the value of personal reflection on increasing our understanding of the development of psychological knowledge, employing a cross-disciplinary perspective and describing the interactions with community stakeholder and health-related academic and governmental institutions. In New Zealand, Kerry Chamberlain, Antonia Lyons and Chris Stephens (2017) were initially involved in research on stress and wellbeing which provoked their interest in the evolving field of health psychology. From a distance, they discussed the approach adopted by the new health psychologists in North America and Europe and found it lacking but were enthused by the qualitative turn in psychological research that evolved in the UK in the 1990s. Instead, they worked at developing their own approach and reached out to scholars in Europe and elsewhere for collaboration in developing a critical approach internationally. In many ways, their distance from the major metropolitan centres and awareness of the historic role of colonialism in their country, as well as of the development of indigenous movements made them receptive to and keen to promote more critical ideas in their research.

⁵ "...the small numbers of South African psychologists have been split for many years...some were advocates of racial segregation or (after 1948) apartheid (or were apologists for such policies), while others were opposed. Thus it was always difficult to separate psychological from political stances." (Louw and Foster, 1992, p. 655.)

Michael Murray (2017) steps back from an examination of recent developments in health psychology to consider much earlier psychological research on health and illness in the UK. Aided by bibliometric evidence, he discusses how historically, within British psychology, there has been a tension between the pursuit of a positive science and a desire to provide solutions to pressing health problems. Initially, the problems that attracted the attention of psychologists were around mental health issues but from the 1970s, they turned to physical health and particularly such public health issues as smoking. In the early twentieth century, psychoanalysis was an influential theoretical approach in the UK as in the rest of Europe but again North American social cognition ideas with their concern with individual behaviour change found a very receptive audience. However, the simultaneous growth of critical and qualitative approaches ensured that from the outset these ideas were challenged.

Moving to what many researchers consider the home of 'health psychology' – the United States, Ian Lubek and his colleagues (Lubek et al, 2017) have historiographically triangulated a traditional analysis of the growth of interest in health research in that country, with a collective biography focussing on just one cohort in one psychology department, supplemented by a brief bibliometric summary of the literature. They trace how ideas from various sub-disciplines shaped the development of the newly evolving health psychology and neighbouring field of behavioral medicine. Finally, Henderikus Stam and his colleagues explore the personal frustrations of critically-minded psychologists in neighbouring Canada where they sought to question the dominant United States approach (Stam, Murray & Lubek, 2017). Although Canada is officially a bilingual English-French society, ideas from France tend to be overwhelmed by those from south of the border. In this context, critical psychologists have tended to turn away from 'health psychology', to look for inspiration elsewhere (Murray, 2017), and to develop an alternative approach informed by ideas from critical social psychology and community development.

A Luta continuum

As indicated in the title of the special issue, this collection of articles is not intended to provide one universal account of the development of health psychology. Rather, these articles explore the challenges researchers and practitioners in several countries have faced in developing theory and practice to connect with certain health issues within local cultural and political circumstances. In many ways, by default, they highlight the inadequacies of the dominant positivist United Statesian approach that continues to exert a major influence through its publications and textbooks. Today, an article in an APA journal carries greater impact but it must conform to an expectation about the acceptability of certain approaches. Recently the new editor of the flagship APA journal *Health Psychology* announced the need

to connect more clearly with the perceived scientism of behavioural medicine (Freedland, 2017). The articles in this special issue indicate that this viewpoint is not unanimously held. Rather our exploration of the various histories has exposed the need to further challenge the perceived universality of the dominant approach to health psychology and instead advocate for various approaches that reflexively connect ideas and practices with context (Brock, 2016) and with other disciplines. But, there is more. The articles by scholars from the global south have highlighted that psychological research on health and illness is not simply an academic concern but a matter of life and death. The new global challenges of mass migration, climate change, and population ageing are ones with serious health implications that demand that health psychology more than ever connect with social/political psychology and with other disciplines, professions and organisations if it is to make a serious contribution to health for all in the 21st century.

After reading this special issue, should you wish to continue these historical discussions, please consider contributing a paper of your own. This could document another country (or culture or gender) and be either a fully referenced historical treatment (6000 words) or a shorter commentary or critique (2-3,000 words), and, pending peer review, will appear in 2018. These continuing contributions can be submitted to the linked publication *Health Psychology Open*, which will waive publication fees. See the call for papers at: www.SagePress.HPO..Histor{y/ies}....

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