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Let's get real (with a small 'r'): For a health psychology that prioritises the concrete

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Abstract

Depending on which kind of philosophy of science we espouse, health psychology can be a relatively concrete or relatively abstract activity. Estacio, I suggest, prioritises the concrete, by foregrounding real social phenomena. I argue that prioritising the concrete has two particular benefits: it increases the social relevance of health psychology, and it increases the validity of our analyses, by ensuring that they are close to reality. To further the pursuit of the concrete, I suggest that critical health psychology is in particular need of exemplars of critical health psychology in action, rather than reflexive commentary on critical health psychology itself.

Bio

Flora Cornish is a Lecturer in the School of Nursing, Midwifery and Community Health at Glasgow Caledonian University. Her interests focus on community development, participation and partnerships between communities and health services.

Emee Estacio's article (this issue) begins from a real, politically problematic social event with health implications, namely a racialising comedy sketch, and from this event, draws out social issues for research. While the details of these activities are interesting and important, Estacio's article has stimulated me to reflect upon wider questions of the kind of philosophy of science being enacted here, and the kinds of contributions needed for a critical health psychology. In this commentary, I wish to situate Estacio's approach as an instance of a concrete health psychology, which, distinctively, begins with ongoing human experience and activity, rather than with abstract theoretical or experimental preoccupations. In so doing, I aim to promote an activity-focused, societally-relevant health psychology, and to point to the kind of research contribution required to further that interest.

Concrete vs. abstract ways of doing science

The impetus for Estacio's paper is striking in a Psychology journal – what place has a comedy sketch in an academic paper? Is it not far removed from the serious, distanced, specialised debates with which prestigious academic work concerns itself? Moreover, the paper's primary concern is with concrete issues of racism, exploitation and migration, not with a recognised psychological phenomenon or theory. Estacio's prioritisation of real world phenomena is what is most distinctive and exciting for me about her paper. This approach is somewhat unsettling for the dominant psychological preoccupations with empirical findings about psychological variables, or formal psychological theories (Tolman, 1999). Taking practical human activity (such as the creation of media comedies, the exploitative practices of employers of insecure underpaid domestic workers, or collective action to

redress inequalities) as our material and as the measure of our success is what I call a concrete health psychology. Taking psychological constructs (such as attitudes, self-esteem, mental health) and the relations between them to be our preoccupation, is, by contrast, an abstract health psychology.

The activity-focused philosophy of science which I advocate is the kind of approach suggested by Marx's (1845) early philosophical writings, and the development of his tradition in cultural-historical activity theory (e.g. Chaiklin, 1996), and by historical and contemporary pragmatism (James, 1907/ 1995; Rorty, 1999), among others. Common to both these traditions is a prioritisation of concrete practical human activities, and a de-valuing of abstract, idealist theorising or researching. In what follows I will use pragmatist arguments, though a Marxist or cultural-historical activity theory line of thinking could equally be used to make similar claims.

According to pragmatism, the core and undeniable material for philosophical and scientific endeavour is ongoing concrete human activity. While, after postmodernism, we may not be confident that we are reaching ultimate objective truths about the universe, or ideas which are so theoretically elegant as to be unassailable, according to pragmatism, what we can be sure of is concrete human activity and experience (Cornish & Gillespie, under review). If a person says that they are suffering, there is no reason or purpose in doubting their statement. An institutional practice which discriminates between people on the basis of their skin colour is an oppressive practice which can be observed and changed. A collective protest about a racialising television piece

is an effort at social change with public effects. I use the phrase “real with a small ‘r’” in my title, to say that these things are real, not in a Realist sense of being part of an ultimate and undeniable Reality, but in a more modest sense of being a concrete practical event that stands up to our efforts to understand or change it, and which there is no point in denying.

Abstract ways of working are more common in health psychology, exemplified by a focus on psychological constructs such as self-esteem, intelligence, motivation or intention, and on examination of statistical associations between variables (e.g. Tolman, 1999; Cornish, 2004). A realist philosophy of science claims that such constructs reflect an underlying reality and that science is an attempt to come ever closer to that underlying reality. An idealist or rationalist philosophy of science takes the constructs themselves as the object of interest, and values the elegance of theories. According to pragmatists, such abstractions risk lifting off from the reality of activity, to an ideal realm where concepts refer mainly to each other, and their concrete meaning in terms of real human activity is negligible if it can be observed at all. Concrete cases of oppression, inequality, pain and suffering are real, undeniable and urgent in ways that abstract concepts such as self-efficacy, psychological empowerment or the class system are not.

This philosophy problematises the traditional hierarchical distinction between basic research and applied research. Researching concrete problems is not an activity of ‘applying’ theories derived from controlled experiments to a real-world context. Rather, it is an activity of studying real-world phenomena and

developing and using theories to the extent that they demonstrably facilitate actionable understandings of those phenomena. Their primary test is in reality, not in the laboratory.

There are both political and intellectual arguments for taking a concrete approach. Politically, the major benefit of prioritising the concrete is that it ensures the social relevance of our work. It focuses our attention on real, urgent problematic issues in our societies, and increases the likelihood that we will contribute to transforming or improving problematic social situations. Intellectually, the pragmatist position argues that we will produce better knowledge – knowledge that is more valid, more actionable, more meaningful and more useful – if we take concrete activity as the core of our work. Problems of external validity of how our constructs relate to the world are minimised when our primary material is the real world.

If health psychology is to contribute to understanding and action on real social problems, I suggest that it needs to give these problems the status of its primary material. From this point of view, Estacio's impetus is in the right direction for a productive health psychology.

The place of theory in a concrete health psychology

While pragmatism prioritises the concrete, this is not to say that it is anti-intellectualist or empiricist, or naively activist, de-valuing theorising and reflecting. Theories are important, but not as statements that uncover or reflect reality in itself. They are useful in a much more practical sense, in so far as they enable us to conceptualise and act on reality in new and desirable

ways (Mead, 1936; Rorty, 1999). Theories enable us to step out of the immediacies of ongoing activity, to conceptualise the activity, revealing, for instance, how it is oppressive or ineffective, and how it might be improved. It is in this role, I suggest, that Estacio places her recommended theoretical traditions. Theories of discourse facilitate our reflection on the use of language in our societies and how it may oppress, discriminate, open up or close down certain kinds of action. Theories of participation and collective action facilitate reflection on means of promoting grassroots movements for health-enabling social change. These theories are tools for opening up the issues to analysis and action, and they are useful in so far as they stimulate fruitful action.

We can describe our activity, then, as having both action and reflection phases, each as important as the other. Paulo Freire (1970), whose work has inspired much community health psychology on collective action, writes of a reflection-action dialectic. Reflection and action are two interdependent phases of critical praxis. Without action, reflective (or theoretical) work risks becoming empty 'blah', meaningless discourse that refers, ineffectually only to itself. But without reflection, action may become mere 'activism', which risks having pernicious uncritical effects, if it is devoid of the critical self-awareness of strengths, weaknesses and complexities which are enabled by a careful reflective phase. A dialectic between reflection and action, is, according to Freire, what enables us to enact a critical emancipatory project.

Scientific contributions as action vs. reflection

We can use this distinction between action and reflection to think about different types of contributions within health psychology, and this is the second form of concreteness that I wish to discuss. We can distinguish between academic contributions that '*do*' critical health psychology, and contributions that *reflect on* critical health psychology. 'Doing' critical health psychology includes initiating health-enhancing social action, but it also includes providing analyses which open up the social world enabling new, critical, transformative interpretations and actions. Two examples may illustrate what I mean by 'doing' critical health psychology.

Catherine Campbell and her colleagues, in collaboration with poor communities in southern Africa, are working to promote and to understand effective and valued local responses to HIV/AIDS. They are showing that poor communities can make a difference, with appropriate supports from more powerful groups. In so doing, they are 'doing' critical health psychology, and demonstrating its value to addressing some of the most difficult and important public health problems. Another example is provided by the work of the London-based Service User Research Enterprise (SURE), which strives to put forward the voices of mental health service users within the research context (Rose, 2008). For instance, SURE has conducted a 'patient-centred systematic review' of electroconvulsive therapy which reviewed service users' experiences of the treatment revealing important disjunctions between users' views and accepted psychiatric understandings and stimulating some controversy (Rose, Wykes, Leese, Bindman & Fleischmann, 2003).

On the other hand, there is another set of papers which do not 'do' critical health psychology, but which reflect upon it. Contributions which explicitly position themselves in terms of 'critical health psychology' often function at a reflective level, for instance, laying out research agendas for critical health psychology (e.g. Estacio, this issue; Marks, 2002), critiquing the mainstream literature (e.g. Crossley, 2001), or critiquing critical health psychology itself (Stam, 2000). For such work, rather than the social world being the object of analysis, it is health psychology, or indeed critical health psychology that is the object of attention. While this reflexive phase of the critical project is crucial to emancipating us from the usual, taken-for-granted ways of thinking and acting, it is not alone sufficient. As Hepworth (2006) and Prilleltensky (2004) have argued, critical health psychology has perhaps over-emphasised the work of critiquing other approaches, to the neglect of establishing its own productive alternative ways of practising health psychology. From a pragmatist perspective, the proof of the value of ideas is in their practical consequences for action.

As an activity of 'calling for further research', Estacio's paper is in the genre of reflections on critical health psychology. The most convincing way of demonstrating that the suggested avenues of research should be pursued would be to put them into practice and show how productive they are. While Estacio's paper is concrete in its focus on real world issues, it is less concrete in what it achieves.

We need exemplars of critical health psychology in action for at least three reasons. The first is to meet the critical health psychology interest in making a contribution to health-enhancing transformative action. We need to *do* critical health psychology, to put it into practice, or our reflections risk becoming 'empty blah'. Secondly, to make its mark, critical health psychology needs to demonstrate to other disciplines and professions the valuable difference that its perspective makes to tackling key problems (MacLachlan, 2006; Vinck & Meganck, 2006). Thirdly, for our development of expertise as critical health psychologists, and for the education of students, detailed case studies exemplifying critical work in action are needed, to develop familiarity with the nuts and bolts and the complexities of working in real social settings.

Let's get real

A focus on the concrete is a challenge to health psychology to make clear its implications for real human activities in which health is supported or undermined. I have argued for the value of concrete health psychology research, both in terms of focusing on concrete problems, and in terms of providing concrete exemplars. It is not always easy to keep the focus on the concrete, but if we want to do so, we can start by asking ourselves the simple but infuriatingly difficult question: "so what"?

References

Campbell, C., Nair, Y., & Maimane, S. (2007). Building contexts that support effective community responses to HIV/AIDS: a South African case study. *American Journal of Community Psychology*, 39(3), 347-363.

- Campbell, C., Nair, Y., Maimane, S., Sibiya, Z. & Gibbs, A. (revisions in progress) Dissemination as intervention: building local AIDS competence through the report-back of research findings to a deep rural community in South Africa. *Antipode*.
- Chaiklin, S. (1996). Understanding the social scientific practice of *Understanding Practice*. In S. Chaiklin & J. Lave (Eds.), *Understanding practice: Perspectives on activity and context*. Cambridge: Cambridge University Press.
- Cornish, F. & Gillespie, A. (under review). A pragmatist approach to the problem of knowledge in health psychology.
- Cornish, F. (2004). Making "context" concrete: A dialogical approach to the society-health relation. *Journal of Health Psychology*, 9(2), 281-294.
- Crossley, M. L. (2001). *Rethinking health psychology*. Open University Press.
- Freire, P. (1970). *Pedagogy of the oppressed*. London: Penguin.
- Hepworth, J. (2006). The emergence of critical health psychology: Can it contribute to promoting public health? *Journal of Health Psychology*, 11(3), 331-341.
- James, W. (1995 [1907]). What pragmatism means. In R. B. Goodman (Ed.), *Pragmatism: a contemporary reader*. London: Routledge.
- MacLachlan, M. (2006). Towards a global health contribution for critical health psychology: Some comments on Hepworth. *Journal of Health Psychology*, 11(3), 361-365.
- Marks, D. F. (2002). Freedom, responsibility and power: Contrasting approaches to health psychology. *Journal of Health Psychology*, 7(1), 5-19.

Marx, K. (1845). *Theses on Feuerbach*.

<http://www.marxists.org/archive/marx/works/1845/theses/index.htm>

[Accessed: 9 Jan 2009].

Mead, G. H. (1936). *Movements of thought in the nineteenth century*.

Chicago: University of Chicago Press.

Prilleltensky, I. (2003). Critical health psychology needs psychopolitical validity. *Health Psychology Update*, 12(3), 2-11.

Rorty, R. (1999). *Philosophy and social hope*. Harmondsworth: Penguin.

Rose, D. (2008). Madness strikes back. *Journal of Community & Applied Social Psychology*, 18(6), 638-644.

Rose, D., Wykes, T., Leese, M., Bindman, J., & Fleischmann, P. (2003).

Patients' perspectives on electroconvulsive therapy: Systematic review. *British Medical Journal*, 326, 1363–1366.

Stam, H. J. (2000). Theorizing health and illness: Functionalism, subjectivity and reflexivity. *Journal of Health Psychology*, 5(3), 273-283.

Tolman, C. W. (1999). Society versus context in individual development: does theory make a difference? In Y. Engeström, R. Miettinen & R.-L. Punamäki (Eds.), *Perspectives on activity theory*. Cambridge: Cambridge University Press.

Vinck, J., & Meganck, J. (2006). Do we need critical health psychology or rather critical health psychologists? *Journal of Health Psychology*, 11(3), 391-393.