

Editorial Health Concepts in Different Contexts

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HEALTH is in the focus of this journal as stated in its title. It is also in the focus of the World Health Organization, not only in its title, but also in its different programmes like 'Health for All'. Health, on the other hand, is something people often only become aware of when it is missing, reduced or has become a problem more generally. The professional work in the health system is much more focused on illness and health risks than on maintaining and promoting health itself. Compared to that, in psychology and its neighbouring sciences—social anthropology, sociology, etc.—research is focusing more on the experience and meaning of health in different contexts. Research questions are for example: How do people think about health and illness? What do they know of these topics? How do they use their knowledge or beliefs in the way that they deal with these topics in their everyday practices? What are the differences in health concepts between different cultures? What are the differences between lay people's concepts and those of professionals?

These questions are asked, studied and answered in different contexts. There are various levels, on which such contexts can be localized. First of all, health concepts are studied by employing different theoretical approaches like social representations, mental and cultural models, subjective or lay theories, health beliefs or discourses and narratives. Second, 'context' can refer to the cultural embedding of the phenomenon and experience of health. Are health and the threshold towards morbidity and illness the same for people in, say, Western Europe and India? Are health and illness the

same phenomena and concepts for people in ethnic or cultural subgroups in Western European countries and for the indigenous inhabitants of these countries? A third context is the context of 'normal' life—in which people practice health relevant activities like sport or participate in or refuse health promotion activities or share, express and exchange everyday beliefs in conversations. A fourth context is the experience of a specific disease—one's own or a family member's disease. Here, especially chronic illness—like diabetes, Crohn's disease or skin diseases for example—can be the context or the more spectacular diseases like AIDS or mental illness. A fifth context, finally, is the work of professional groups in the health system: What concepts of health do doctors and nurses have, how do they use them and how do they change?

These are the contexts of health concepts addressed by this special issue. The articles have been organized into three sections: the first section focuses on *health in everyday life*. In their article, Michael Murray, Daryl Pullman and Theresa Heath Rodgers use social representations theory and narrative theory as a theoretical framework to analyse health and illness concepts of a specific generation (baby-boomers) in Canada. They find specific social narratives in their groups, which suggest seeing the health concepts as social representations. Michele Crossley used focus groups to analyse whether participants consider themselves as healthy and how they deal with the moral dilemma of participating in or refusing health promotion programmes in the United Kingdom.

C. K. John Wang and Stuart J. H. Biddle analysed the motivation of Singaporean students to sports and physical activities. They conclude from their results that intrinsic motivation towards sport and physical activity might be enhanced through interventions that focus on self-referenced and self-improvement notions of ability as well as perceived competence. In India, Karina Kielmann and Margaret E. Bentley studied the perception of morbidity thresholds in women. Three contexts are relevant to analysing the health concepts in the study of Uwe Flick, Claudia Fischer, Anke Neuber, Friedrich Wilhelm Schwartz and Ulla Walter. The study was localized in two cities in Germany, where health concepts in the context of professional work (nurses and general practitioners) were analysed in reference to an ageing population and clientele.

The second section focuses on *chronic diseases in different cultural contexts* as a framework of health and illness experience. Ama de-Graft Aikins takes diabetes as a point of reference, but studies social knowledge and experiences in Ghana. Sylvie Jutras, Pauline Morin, Renée Proulx, Marie Claude Vinay, Emmanuelle Roy and Lysanne Routhier analyse how conceptions of wellness change in the process of living with a diabetic child. This study brings us back to Canada and is embedded in the approach of positive psychology. Christel Salewski draws on illness representations again in families with chronically ill children. Here, it is a skin disease, which is the context of analysing differences in the family members' representations of causes and treatments in Germany. Mariane Krause studied in Chile how the representation of health and illness changed during the participation in a self-help group for Inflammatory Bowel Disease patients. This change can be described as a normalization of the representations. Helen Joffe and Nadia

Bettega studied the social representations of AIDS among adolescents in Zambia. They found that representations of this disease are linked to contexts of otherness in teenage girls, the West in general and God in particular.

The final section addresses *mental health* as a context for health and illness representations. Juliet Foster takes up the notion of otherness when studying the representations of mental illness held by clients of different mental health services. Here it becomes clear that representations are less linked to diagnostic categories than to the question of control (what is the locus of control of 'my' disease). This section is complemented by Liz Forbat's article on the concepts of dementia and ethnicity held by gatekeepers (in the health system) and service users. Forbat shows there is a close linkage between these concepts in the daily experience of both groups.

This brief overview of the contributions to this Special Issue already shows that there are some accents in the research that can be noted. On the level of theory, there is a larger portion of articles referring to social representations theory. On the conceptual level, health concepts quite often still become the issue for research in linkage with specific illness experience. All articles in this Special Issue aim to make a contribution to a fuller understanding of the multidimensional and complex issue that health is, and more generally, to what health means for whom. They also show, that there is still a lot of open questions and unsolved problems on ways of spelling out the main issues for an up-to-date health psychology: the variety of health concepts and experiences we meet in everyday life and professional practice.

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