



## Editorial

## Health in context: New perspectives on healthy thinking and healthy living



People do not want to get sick, become disabled, or die young. At the same time, many people have trouble giving up unhealthy lifestyle choices or adopting healthy behaviors or goals. To help people overcome the struggles associated with improving and maintaining good health, researchers and practitioners have developed a variety of health behavior change interventions. Unfortunately, reluctant audiences are often unwilling to enroll or remain in structured, standardized interventions (Durantini & Albarracín, 2009; Earl et al., 2009; Earl & Nisson, 2015; Noguchi, Albarracín, Durantini, & Glasman, 2007). In addition, behavior change recommendations often have low generalizability outside of the context of the intervention program (Earl, Crause, Vaid, & Albarracín, 2016; Earl, Nisson, & Albarracín, 2015; Estabrooks & Gyurcsik, 2003; Weiss, Koepsell, & Psaty, 2008), and recommendations (and health behaviors more broadly) may resonate differently among different sub-groups of the population depending on how they are framed (Lewis Jr. & Oyserman, 2016; Oyserman, Fryberg, & Yoder, 2007).

What can be done to increase the efficacy of health behavior change interventions? Which social psychological theories might be best suited to yield positive effects? What examples do we have of these *actually working*? Our objective in this special issue was to integrate novel research targeted towards improving health outcomes, while simultaneously improving process models to understand motivation, self-control, and other likely levers for effective behavior change, with examples from laboratory and field-based interventions. In this editorial, we first give an overview of how we operationalize health, and then discuss the role of context in health behavior, including (a) the advantages of systematically examining the role of context, (b) how we, as a field, can study context effects in a way that is generative for theory development and testing, and (c) the implications of studying context for different types of interventions. We conclude with our acknowledgements and final note.

### 1. How do we define health?

We took a broad definition of what “health” means when selecting from the articles initially submitted for consideration for this issue. We were open to articles that focused on prevention of disease, as well as those examining promotion of healthy behaviors. We followed the lead of the World Health Organization, which defines health broadly: “not negatively or narrowly as the absence of disease or infirmity, but positively and broadly as a state of complete physical, mental and social wellbeing, the enjoyment of which should be part of the rightful heritage of every human being without distinction of race, religion, political belief, economic or social condition (WHO, 1948, p. 16).” To that end, the special issue considered health across a wide variety of health behaviors, including eating fruits and vegetables (Fritz, Armata, Walsh, &

Lyubomirsky, this volume; Lenne et al., this volume; Wilding, Conner, Prestwich, & Lawton, this volume), physical activity (Köykkä, Absetz, Araújo-Soares, Knittle, Sniehotta, & Honkonen, this volume; Lenne et al., this volume; Wilding et al., this volume), dental flossing (Wilding et al., this volume), alcohol intake (Wilding et al., this volume), sedentary behaviors including screen time (Köykkä et al., this volume; Lenne et al., this volume; Wilding et al., this volume), consumption of unhealthy snacks or sugary drinks (Cummings & Tomiyama, this volume; Krishna & Hagen, this volume; Lenne et al., this volume; Wilding et al., this volume), and risky health behavior such as drug use or self-harm (Kopetz, Woerner, Starnes, & Dedvukaj, this volume). We also acknowledge that there are many other ways of operationalizing health that are not represented in this volume; space is limited in a special issue, and thus it is impossible to cover the full spectrum of health and health behaviors. However, we hope that the articles in the special issue are generative for a broad range of future research on health.

### 2. What is the science of context?

This special issue focused not only on health, but specifically contextual effects on health outcomes. We focused on contextual effects, in particular, because many current models of health behavior place the individual as the locus of behavioral control, with the implicit assumption that changing the individual will result in behavior change that generalizes across environments. However, Lewin (1936) argued that behavior is a function of the person in the environment. That is, both dispositional factors and contextual factors interact to produce behavior. In this volume, we included papers that focus on context, or took a Lewinian interactionist approach by examining the role of both individual differences and context in health and health behavior. Furthermore, we considered contextual factors at multiple levels of analysis (i.e., individuals, dyads, and systems) to better understand health behaviors, behavior change, mechanisms, and their boundaries.

Examining the role of context in health in these ways can provide several distinct advantages for both theoretical advancement and practical knowledge. Studying real world contextual variables, like most of the articles in this volume did, allows us to test theoretical mechanism and their boundary conditions (Rothman, 2004). At the same time, knowing the specific contexts and population in which effects occur is tremendously beneficial for advancing practical application, and understanding generalizability more broadly (Simons, Shoda, & Lindsay, 2017; Whittsett & Shoda, 2014). This fusion of what is often falsely dichotomized as “basic” and “applied” research can facilitate theory generation and development and improve our understanding of the social world (see also Rothman, 2004). In addition, studying context in this way can also teach us useful ways to navigate and intervene in the social world. For instance, knowing how and why learning in one

<https://doi.org/10.1016/j.jesp.2018.09.001>

context can impact how students approach learning in other environments is incredibly useful for both theory and practice (Oyserman & Lewis Jr., 2017). Contextual shifts can also impact how we engage with messages we agree or disagree with, which may increase receptivity to message we might otherwise ignore, counterargue, or derogate (Earl & Hall, in press).

Recent advances in applications of chaos theory to health behavior change have also suggested that initial context may be especially powerful for initiating change (Resnicow & Page, 2008). Indeed, Logel and colleagues (this volume) provide evidence that there may be critical times for intervention, which can have implications for health even years later. This suggests that studying context can have implications not only for short-term single shot decisions like nudge interventions (e.g., Krishna & Hagen, this volume; Lewis Jr. & Earl, 2018), but can also be useful for understanding more process-oriented interventions designed to generalize across contexts (e.g., Lenne et al., this volume; see also Kenthirarajah & Walton, 2015 for a discussion of nudge versus process-oriented interventions). Furthermore, because individuals exist in systems, examining behavior at multiple levels can increase the predictive validity of our models, and ultimately be more effective at changing behavior (Albarracín, Rothman, Di Clemente, & Del Rio, 2010; Bronfenbrenner, 1979; Suls & Rothman, 2004). As such, we were open to articles that examined influences on health at many levels, and were able to include articles in the special issue that focus on both individual and dyadic influences on health behavior.

### 3. Future directions and concluding thoughts

How do we advance a science of context? We postulate that the science of context could benefit from additional theorizing about the types of contextual variables that are likely to impact behavior, and the role of context specificity versus generality in maintenance and change of behavior. For instance, there are myriad ways context could be operationalized, such as (a) types of environments that matter (e.g., when and where a behavior occurs), (b) types of dependent variables that are examined (e.g., fruit and vegetable consumption), (c) the attitudes, goals, or identities that are activated at the time of a decision or behavior, (d) the social context of the behavior (e.g., who the target audience is; this can be approached at both the individual level, or with dyadic-level analyses), (e) across space and time (e.g., initial context), (f) across agents of change (e.g., targeting teachers and parents rather than students and children to facilitate change), (g) structural-level contextual factors (e.g., access to institutional resources). These are a few dimensions that were covered in this issue, but surely our list is not exhaustive. From this list, can we create a taxonomy of context effects to pin down the contextual variables that matter, and articulate the specific conditions under which they matter (Simons et al., 2017)? Identifying critical variables can also serve as a roadmap for future work to test the boundary effects of theory, which is something we must do if we are to advance the science and ensure that its implications for practice are sound. Future work examining the role of context in health behavior may also benefit from re-examination of assumptions about the stability of inputs for behavioral change. We often approach health behavior change campaigns by trying to change something about a person (e.g., their self-control) because we assume that changing the person will be effective for sustaining behavior change over time and will generalize across situations. However, attempts to change a person without considering their environment can be problematic. This is because environments can sometimes be highly resistant to change, and can themselves elicit behavior automatically (Ouellette & Wood, 1998), as in the case of cue reactivity among addicts (Carter & Tiffany, 1999). Thus, behavior change elicited in the context of a standardized intervention program may not generalize once people return to environments where, or around people with whom, problematic health behavior previously occurred. Taken together, future work on the science of context may benefit from theorizing about not only the types of

contextual variables that are likely to matter, but also the relative stability and strength of those inputs. To help push the field forward, we asked all authors to include constraints on generality statements (Simons et al., 2017), as well as to comment on how their work can contribute to a science of context. We hope that doing so can spark additional theorizing and empirical investigation of these issues.

Finally, we are indebted to the authors, reviewers, and staff at JESP for their invaluable contributions to this special issue. This special issue would not have been possible without their hard work. We are also incredibly grateful to Dr. Roger Giner-Sorolla for giving two junior scholars a chance to have a voice in shaping the field, and for his wisdom and guidance throughout the process of putting together this special issue. As one reviewer noted, “it’s hard to imagine someone submitting, let alone JESP publishing, a paper like this 20 years ago. Yet this paper deserves publication...” We thank Dr. Giner-Sorolla for giving us, and the work represented in this special issue, a chance to reach a broad social psychological audience. We hope that in doing so, this special issue can inspire high-quality, theoretically-driven work that also addresses important social problems.

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