

Social Psychology of Public Health: Building a Historical-Critical Perspective

Vijay Kumar Yadavendu

Associate Professor & Head at the Department of Psychology, Kisan College, Sohsarai, Nalanda.
Email: vkyadavendu[at]gmail.com

Abstract: *The hegemonic philosophy and dominating socio-political ideology of neoliberalism represent bourgeois values in every field, including psychology and health psychology. Those who adopt a more health-promoting lifestyle, where people are relatively free agents with needs, interests, "rights," and so on, may benefit from the epistemic shift of emphasis on heightened health awareness along the lines of personal control and change. Essentially, the remedies for illness are reductionist, and the person is detached from their social context. The individual is abstracted from their social location, and the solutions prescribed for disease are essentially reductionist. The comparatively unfettered exercise of individual freedom and choice explains current social structures and institutional developments. Behaviour modification, self-help, and self-care have become the guiding principles of public health. The social and economic factors influencing occupation choice, lifestyle, sanitary conditions, and various other determinants of health are largely beyond individual control. The outcome was a pronounced focus on identifying specific aetiology, creating curative medications and preventive vaccines, and advocating for individual responsibility. In the process, it may also create the illusion that individuals control their existence, and that taking personal action may improve health and satisfy the longing for a varied set of needs. This effectively obviates the dynamics of interaction between the individual and their environment, with its consequent impact on health and promotes individual risk and responsibility.*

Keywords: Critical psychology, public health, neoliberalism, medicine, psychologism, behaviour-modification, self-care, self-help

One 'cherished illusion' that must be lost if we are to understand the nature of human action and behaviour about health-related phenomena, is the 'myth' which keeps the contemporary psychology 'on the move': 'the belief that what we need is simply more "findings"- that round the corner lies some vital new facts which will settle the argument once and for all.'

Ingleby, 1981:23

1. Introduction

The Subject of Psychology is very fragmented; for example, social, cognitive, and mathematical psychology share a heritage but have nothing in common. The 'variable model' governs mainstream psychology. This model views psychology as a universe of measurable or potentially measurable variables, the relationships between which serve as the foundation for all of the scientific claims and rules of the field, and health psychology is no exception. Several definitions have been put up for health psychology. The definition of health psychology that is most frequently used is of Joseph Matarazzo, "the aggregate of the specific educational, scientific, and professional contributions of the discipline of psychology to the promotion and maintenance of health, the prevention and treatment of illness, and the identification of etiologic and diagnostic correlates of health, disease, and related dysfunction" (Matarazzo, 1980, p.815). He further expanded this definition to incorporate psychology's role in developing, 'the health care system and health policy formation' (Matarazzo, 1982, p.4).

The prevailing dominant socio-political ideology of neoliberalism and its underlying hegemonic philosophy reflect bourgeois values in all possible areas, and psychology in general and health psychology in particular, is no exception. Contemporary health psychology has two leading

voices: the dominant voice of traditional 'mainstream' health psychology, and the lesser-known but gradually emerging voice of 'critical' health psychology (Crossley, 2000, p.1). The field of psychology has been involved in health and illness for more than a century, and mainstream psychology and medicine have a long history of collaborating.

The emergence of health psychology took place at a time when it became apparent that the leading causes of death were no longer acute infectious diseases; chronic illnesses had replaced these, said to be closely related to particular types of individual behaviour and lifestyle that developed with the growth of a consumerist culture (Stone et al., 1979, p.53). These were the initial steps toward increasing the depth of psychologists' participation in healthcare. Within psychology, a second series of events led to the development of behaviour modification, modifying behaviour by adjusting reinforcement to achieve a desired behaviour, shaping the new sub-discipline of health psychology and behavioural medicine. Interest in biofeedback, a technique that provides information about physiological circumstances like heart rate or brain wave activity so that an individual can learn to manage those responses, was the third event. According to studies, both voluntary and involuntary responses could be taught to have more physical control (Miller & Brown quoted in Ibid.).

The three factors mentioned above are thought to have had a significant role in the development of health psychology, bringing about a new awareness and interest in health and medical care on a broader scale. This frequently involves concerns for improving one's health and occupational and environmental health risks. Focusing on personal health and making individual lifestyle changes may coexist alongside efforts to alter social conditions that harm everyone's health. It may even serve to encourage such efforts. Simply put, health psychology is an effort to comprehend the connections

Volume 6 Issue 7, July 2017

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between people's thoughts, feelings, and actions around their health issues. Nonetheless, health psychology uses a reductionist perspective to study person-oriented health issues like smoking, obesity, poor dental hygiene, etc., viewing risk and accountability as "psychological dispositions". The capitalist ideology, manifesting in a spirit of individualism and independence, coupled with a reluctance to challenge the status quo, is proposed to explain the preoccupation with a reductionist individualistic process. The following section discusses how the reductionism of neoliberalism rules in health psychology.

2. Reductionism in Health Psychology as a Limiting Lens

The application of psychology in health awareness is imprisoned by reductionism. The immediate personal environment is the only consideration, not the social environment, even when the sick individual's psychological environment is considered when treating the illness. Russell Jacoby critiques contemporary psychology, where the context is often reduced to the immediate one of interpersonal relations and 'psychological atmospheres' (Jacoby, 1975). He further notes that "a social constellation is banalized to an immediate human network. It is forgotten that the relation between 'you and me' or 'you and the family' is not immediately exhausted: society seeps in" (Ibid. p.136). Nevertheless, studying the individual reduces the social context to the immediate context of interpersonal relations and psychological dispositions. Don Ardell observes:

How you organize your bedroom or work space, the kinds of friendship networks you create and sustain, and the nature of the feedback about yourself which you invite by your actions, are all examples of the personal environment, or spaces you consciously or unknowingly set up for yourself. (Ardell, 1977, p.63)

The society in which experience is embedded is concealed when "social relations to immediate human ones" are reduced; the component is separated from the whole. The idea of personal accountability is fundamental to the self-care and awareness model. This idea is present in almost all of the writing on these topics (Crawford, 1980, p. 376). Ardell further argues for the philosophy of self-responsibility and self-care:

All dimensions of high-level wellness are equally important, but self-responsibility seems more important than all the rest. It is the philosopher's stone, the mariner's compass, and the ring of power to a high-level wellness lifestyle. Without an active sense of accountability for your well-being, you will not have the motivation to lead a health-enhancing lifestyle. (Ardell, 1977, p.94)

Individual responsibility generally delegitimises existing authorities. It opens a new political terrain, as Robert Crawford (1980) further notes that individual responsibility is highly problematic, like political language. It promotes market-based social relations, which overlook the social constraints against 'choosing'. The responsabilisation functions as a technique for self-management and self-

regulation of social risk such as illness, unemployment and poverty (Lemke, 2001). Vincent Navarro has commented:

... it strengthens the basic ethical tenets of bourgeois individualism, the ethical construct of capitalism where one has to be free to do whatever one wants, free to buy and sell, to accumulate wealth or to live in poverty, to work or not, to be healthy or to be sick. Far from being a threat to the power structure, this lifestyle politics complements and is easily co-optable by the controllers of the system, and it leaves the economic and political structures of our society unchanged. Moreover, the lifestyle approach to politics serves to channel out of existence any conflicting tendencies against those structures that may arise in our society. (Navarro, 1976, p.126)

Navarro stated that self-care and lifestyle changes are supposed to be the most important strategies to improve the lifespan of individuals. Moreover, behaviourists, psychologists and 'mood analysts' are put to work to change the individual's behaviour. The basic cause of sickness or ill health is supposed to be located within the individual and not in the system. The solution, therefore, is intervention, primarily behaviour modification, and not structural change of the economic and social systems and fundamental economic relationships. By doing this, the analysis methodically eliminates broad socioeconomic factors and considers risk in terms of behaviour. When behaviourism is taken too far, it can lead to unscientific and reactionary notions like behaviour modification, which employs unethical and even violent methods to alter behaviour. For instance, the Knowledge Attitude and Practice Studies (Rao 1974, KAP Studies) from India were carried out to introduce or enforce different forms of contraception. The interventionist idea of motivation was applied to alter people's perceptions of this type of contraception. The psychology employed in the family planning program and the advancement of contemporary health care are skewed and have been exploited to impose their will. The misuse of motivation and conditioning concepts on people with low incomes is a glaring example—behaviourism in psychology, such as the theories of John Watson (1919) and B.F. Skinner (1945) must be criticised as mechanical, as the reduction of the psychological process of human functioning to the physiological process of behaviour alone. This problem frames the entire discussion: how psychology, especially health psychology, became epistemologically and methodologically reductionist, aligned with neoliberal, individualist ideologies. On the other hand, the metaphysical theory of Freudianism considers the unconscious mind—which is separated from both individual and social reality and consciousness—as the fundamental factor influencing human emotion, attitude, and behaviour. In the next section, I will examine the historical development of social psychology from the beginning of the twentieth century.

3. History of Social Psychology

Around the beginning of the twentieth century, the subject matter of social psychology fluctuated between notions of 'group mind', on the one hand, and 'instinct', on the other. Emile Durkheim (1987), Gustave Le Bon (1903), Edward

Ross (1908), Gabriel Tarde (1899) and Wilhelm Wundt (1912) theorised in various ways about collective representations, group mind, collective mind and collective consciousness, which is the composite of 'those mental products created by the community of human life and are, therefore, inexplicable in terms of merely individual consciousness'. The most familiar proponent of the social instinct view was William McDougall (1908), for whom mental activity is fundamentally grounded in the biological makeup of the person, in his terms, the force of instinct. In contrast, for Ross, 'social psychology... studies the psychic planes and currents that come into existence among men in consequence of their association' (Ross, 1908, p.1). However, McDougall's biological orientation was replaced with Floyd Allport's individualistic behaviourism. Allport succeeded not only in integrating the behaviourist orientation of the day, but also simultaneously replaced McDougall's instinctivism. Though the theoretical foundation of social psychology is based on the supposed explanatory repertoire of hedonism, utilitarianism, egoism, irrationality-rationality, sympathy and imitation, there are separate vigorous and autonomous traditions of an experimental and non-experimental nature within the discipline. It is Jamuna Prasad (1935,1950) and Durganand Sinha (1952) who worked on the circulation of rumours at the time of the Indian earthquake in 1934, after other natural disasters in the subcontinent. More than ten years before the seminal works of Festinger (Festinger et al., 1948) and Allport and Postman (1947), Prasad (1935) specifically examined the role of anxiety, uncertainty, collective importance, and social norms in rumour transmission. Jamuna Prasad's work was neither referenced nor included.

However, Frederic Bartlett's (1932) work on remembering influenced both the methodology and theoretical orientation adopted by Allport & Postman (1947) in their studies of students. In those early days in Britain and America, a separate and autonomous experimental social psychology could scarcely be said to exist; it was part and parcel of a more general experimental psychology mirroring the zeitgeist tradition used to analyse social phenomena at the individual level. The emphasis on individual-level factors and the disregard for group or sociocultural factors that influence social behaviour in social psychology have been extensively documented and criticized (Ho, 1998; Collier et al., 1991; Pepitone, 1981; Taylor & Brown, 1979; House, 1977; Billing, 1976; Steiner, 1974; Moscovici, 1972; Tajfel, 1972). Examples of this type are numerous. However, social psychology has recently been increasingly concerned with "socializing" social psychology.

James House (1977) distinguished three domains of social psychology, identified primarily by the level of analysis within the new practice. The experimental tradition dominates the first, 'psychological social psychology' (hereafter PSP), which focuses on people's feelings and behaviours and tries to explain them in terms of their immediate environment. Such a method is ahistorical by definition of the scientific paradigm in which it functions and promotes focusing just on behaviour and behaviour modification. The process of search, elicitation, and application is the focus of PSP. According to PSP, the 'social' is one of several methods that may be used to precisely and rigorously study cognitive processes under

carefully monitored laboratory settings. Its advantages and disadvantages are similar to those of every other approach, with the latter seemingly outweighing the former. This arises not solely from the experimenter's bias or demand characteristics. However, mainly from the frequent neglect of external validity and when assessed, the social dimensions of the encounter are often not analysed for their psychologically pertinent attributes.

Experimental social psychology (ESP) is still considered imprisoned within the confines of laboratories. Only individuals' immediate influences on one another's behaviour in a dyad or group are considered. Lawful connections between the recorded influences and resulting behaviour are treated as ahistorical invariances, and the societal, historical dimensions of the observed 'social' behaviour are excluded (Tolman, 1994, p.41). Alternatively, if they are brought into consideration, they are translated into the language of variables and thus stripped of their societal, historical concreteness. Treated as variables, individual activities' societal, historical dimensions become indistinguishable from and irrelevant to psychological laws, which are presumed to have an independent existence. The interpersonal relational structures investigated by social psychology are thus understood as constructed from independent, immediate and reciprocal influences of individuals upon one another (and their lawful transformation into behavioural patterns), and as isolated (or in principle isolable) from the condition of actual societal life (Ibid. p.41-42). Social psychology does not challenge the limits imposed upon it by an ahistoric, nomothetic model (Holzkamp, cited in Ibid., p.41).

The second face, symbolic interactionism, is a sociological position that adopts a more phenomenological basis. The origin of Symbolic Interaction Theory can be traced back to the work of three key contributors: George Herbert Mead (1934), Charles Horton Cooley (1902), and Herbert Blumer (1991). It focuses on the dynamics of human interaction in the development of the mind. George Herbert Mead is considered the foremost proponent of this face of social psychology. At the core of this theory, individuals interact with each other using symbols—words, objects and gestures. As Charles Mills remarked, in Mead we find 'a theory of mind... which conceives of social factors as intrinsic to mentality' but realises fully the selective character of mentality' (Farberman, 1991, p.65). Mead tried to shatter a deterministic conception of man and reformulate the mind and self through a behaviouristic and pragmatic prism. For Mead, the self and the mind were social, enabling the human being to communicate with himself, and the mind being the behaviour in this inner communication (Blumer, 1991, p.146). Individuals depend upon one another to satisfy their needs, thus necessitating a commonality of expectations. This occurs through symbolic interaction, which is aimed at achieving common interpretations. In this way, individual needs are brought into the social sphere and cause modifications of interpretations, which, through compromise, achieve reciprocity of understanding that makes possible optimal satisfaction of the participants' needs.

Symbolic interactionism has attracted much criticism, for instance, that it tends to be ahistorical and non-economic, especially in its approach to social problems (Meltzer, Petras

& Reynolds, 1991, p.37). 'Symbolic interactionism either ignores or has a faulty conception of social organisation and social structure' (Gouldner, cited in Ibid., p.38). Another criticism is that society is reduced to individual interaction and communication processes. Unless conceptualised as a supra-individual system of interpretations, society operates just as the negative aspect of the individual interpretative system. It thus appears as a foreign, blind and meaningless resistance to the meaning-giving activity of human subjectivity. The total separation of subjective and social determinants is consequently reproduced but, as it were, from the other side; the restriction and obstruction of subjective and intersubjective systems of interpretation and expectation by society therefore appear as an inexplicable accident (Tolman, 1994, p.45). It can be concluded that although symbolic interactionism and similar positions make some interesting and important moves of a phenomenological sort, they lack a scientific understanding of society and subjectivity.

Sociological social psychology (SSP) is considered the third face of social psychology, anchored in classical sociology, and begins with social structure. It explores its relationship to individual experience and behaviour. Even in this avatar, the analysis does not begin at the level of societies but at the level of organisations, institutions and communities. This understanding is anchored in the writings of Karl Marx (1977), Emile Durkheim (1953) and Max Weber (1947), who were centrally concerned with problems of social structure and personality. For Marx, man is a rational, purposive producer. His understanding of man and society was thoroughly sociological, viewing man's primary social relationship as a process of production that conditions the structure of society. Weber, the 'founders' of sociology, was similarly concerned with the relationship between position in social structure and individual values, motives and beliefs, but in contrast to Marx, argued that values, motives and beliefs play an autonomous role in society and can indeed be significant causes of dramatic changes in social structure. Steven Lukes (1967) argued that Durkheim's concept of *anomie*, like Marx's concept of *alienation*, involves the relationship between 'social phenomena' and individual 'states of mind' or what are termed here, social structure and personality.

In contrast to Karl Marx (1977), Sigmund Freud (1953) saw man as dominated by unconscious and irrational instincts, with the nonproductive death instinct being predominant. For Freud, society was mostly a product of his psychologising, and the structure of society was derived from the working of various psychological mechanisms, for example, Oedipus complexes, instincts, etc. The contrast occurs here – Marx emphasised social factors and Freud emphasised psychological ones. It is alleged that while psychological sociology is sensitive to macrostructures, it is weak on the psychological side- how individual material conditions and socialisation processes shape thought and behaviour. Henri Tajfel (1978) has pointed out repeatedly that all these various interpretations of the social have one thing in common: the result of such studies are invariably expressed in terms of individual responses or the average of such responses (which comes to the same, the only difference being that averages disguise as much as they reveal, even if a sigma is added). As a rule, social factors are introduced in such studies as

independent variables whose meaning is taken for granted and remains unanalysed (Holzkamp, cited in Ibid.). While institutions, processes or events result from human actions, once established, they become autonomous of the individual.

Two themes especially emerge when one looks at the various approaches to social psychology. One is the waxing and waning of naive empiricism/positivism and its association with the rise of experimental social psychology, and the other is psychological sociology with its scathing attacks on the former approach. All the paradigms within social psychology have in common a protest against empiricism and positivism. They offer a powerful critique of social psychology as practised in the past. The dominant practice of social psychology continues to forge along the old path, using empirical positivism as the guiding methodology. Mainstream social psychology concentrates on individual responses, which do not enable us to go beyond the individual. This, of course, means that generalizability is limited. In sum, modern psychology is found to be practised as 'a science dealing with alienated man, studied by alienated methods' (Fromm, 1970, p.69). In the next section, I will try to see whether there is a possibility of a critical social psychology where banal empiricism and reductionism can be questioned.

4. Critical Social Psychology and the Frankfurt School

There is a need for a strong theoretical base, a critical psychology that challenges many of mainstream psychology's theories and practices. This critical psychology can be broadly similar to the attempt made by the Frankfurt School. Erich Fromm (1965, 1970), Wilhelm Reich (1966), Rueben Osborn (1965), Herbert Marcuse (1955) and Jean Paul Sartre (1968) made attempts to combine Freudianism with historical materialism, but how much they succeeded is debatable. Fromm (the only psychoanalytically trained member of this school, though he drifted later on) extensively argued for using psychoanalytic typology for analytic social psychology. He argues that analytical social psychology, which is rooted in human life and requirements rather than mere ideas, aligns with historical materialism. It investigates one of the natural factors operating in the relationship between the economic base and the formation of ideologies. Thus, analytic social psychology enables us to understand the ideological superstructure regarding the process between society and nature (Fromm, 1970, p.180).

Stated differently, critical social psychology examines the social character, or how people live their lives as defined by the production method and the social stratification that results. The social character is the structure of psychic energy, which any given society moulds to benefit its functioning. Empirically, the important task for such an approach would be in revealing the nature of human needs, the satisfaction of which makes human beings more alive and sensitive and factitious needs created by capitalism, which tend to weaken them to make them more passive (Fromm, 1965, p. 216). Fromm had been critical of others who had used psychoanalytic concepts for a social theory because they had no clinical experience (Ibid., p.210). This criticism is against Marcuse, who is alleged to have distorted psychoanalysis. Marcuse considers psychoanalysis as a set of

'metapsychological' rather than a clinically oriented 'technical discipline'; the main contention of Fromm for its distortion is to limit the incompatibility of conjoining Marx and Freud (Nayar, 1991). Marcuse is important for his dexterity in linking the individual psyche with the social structure through needs, not for his psychoanalytic concepts. The ideas of psychoanalysis were used to fill a gap in the Marxist methodology (Marcuse, 1968). The need for such integration is necessitated for a critical theory of society which would demonstrate that individuals would collectively regulate their lives by their needs and lay the foundation for a transformation of economic order (Ibid., pp. 141-142). Following the Marxian concept of praxis, for Marcuse, knowledge of the essence of an object or situation through reason would enable man to change the object in the light of his interest and needs and ensure his freedom (Ibid. pp.75-88). When the individual is provided with a goal, purpose, and the means to strive for and attain, domination occurs. For Marcuse, domination can take many forms: to require an individual to do something by physical force, to coerce him by threats of disagreeable consequences, to condition the psyche by subjugation. The systematic propaganda, to socialise or indoctrinate the individual so that it makes choices within the framework of a 'performed mentality', to plant specific desires in her/his by subliminal advertising and such other measures. It becomes apparent that psychoanalysis and its concepts have been given undue prominence in linking the psyche with society. If we look into Fromm's analysis of Marx's contribution to man's knowledge, it would be possible to point out the incompatibility of Marxist and psychoanalytic thinking (Fromm, 1970). However, Marcuse's attempt at understanding the concept of essence and the process of domination, again through need, is more relevant and paves the way for critical social theory, which integrates psychological correlates of social structure (Nayar, 1991, p.24). In any case, the issue brought to light by these two viewpoints, notwithstanding the weaknesses of relying on psychoanalysis for achieving it, is integrating the missing individual in the critical social theory, even though both views suffer from being too pessimistic. However, Philip Wexler notes differently:

Despite the facile homologies, the mirroring of social processes at the microscopic level, and the absence of description of social psychology of social interaction- of the mediating process between the social matrix and the intro-individual dynamics, the Marxist Freudians, on the other hand, do provide a critical model of the relation between the social structure and the functioning of individual. However, the Marxist Freudians remain at the periphery of American and English criticism of social psychology. This peripheral place, despite the accomplishment of Marxist-Freudians, is, in part, justified (though liberal social psychologists have probably ignored them for different reasons. (Wexler 1983, p.69)

A critical psychology should include a description and analysis of the intermediate level of social processes that Marxist-Freudians omit: How are the reproduction and transformation of social relations and the individual life processes that constitute them accomplished in social interaction? Existing deterministic models of social sciences have more or less perpetuated the status quo and waning of

responsibilities. There is an urgent need for far more than a Goffmanesque attention to the details of the interpersonal setting. Critical social psychology is historical, not only in its evaluation of the roots of its theory, but in its examination of the changing experiences of real individuals as they confront the contradictions inherent in everyday life. Insofar as this approach is rooted in the critical tradition, those contradictions are viewed as the manifestations of a changing capitalism whose influence is increasingly felt in all aspects of social life. Critical psychology must be a transformative attempt to include all the mediating processes. Critical psychology can reverse the madness of a society of individuals trying desperately to cope with capitalism's incompatible demands. The crucial issue remains: How does envisioning possibility in real social situations contribute to realising those possibilities?

5. Conclusion

In mainstream psychology, the individual is abstracted from social location, and the solutions prescribed are essentially reductionist. The abstracted individual is completely robbed of collective identity. The existing social institutions and institutional changes are explained in terms of relatively free individuals exercising their choice. Behaviour modification, self-help and self-care have become the guiding principles of public health. Although the social and economic influences on the choice of occupation, lifestyle, sanitary conditions, and a range of other factors that affect health remain outside the control of the individual. The result was an overemphasis on determining specific aetiology, developing curative medicines and preventive vaccines, and promoting individual responsibility.

Psychological dispositions and market fetishism strengthen the case for biomedical and individual-centric approaches. This effectively obviates the dynamics of interaction between the individual and her/his environment with its consequent impact on health, and promotes individual risk and responsibility.

Acknowledgments

I am thankful to the anonymous reviewers for their excellent suggestions and reflections on an earlier draft of this article. Any failures of omission or commission, of course, belong to me.

Conflict of Interest

The author declared no potential conflicts of interest concerning this article's research, authorship, and/or publication.

Funding

The author received no financial support for this article's research, authorship, or publication.

ORCID iD

Vijay Kumar Yadavendu- <https://orcid.org/0000-0003-1847-213X>

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Author Profile

Vijay Kumar Yadavendu ([vk Yadavendu\[at\]gmail.com](mailto:vk Yadavendu[at]gmail.com)) is an Associate Professor & Head at the Department of Psychology, Kisan College, Sohsarai, Nalanda. His research interests include philosophical historiography of public health and epidemic ethics. His work has appeared in many International and national journals, such as *The Howard Journal of Criminal Justice*, *Current Science*, and *Economic and Political Weekly*. He is the author of *Shifting Paradigms in Public Health: From Holism to Individualism*, New Delhi, Heidelberg, New York, Dordrecht and London: Springer 2013, 2016 [2nd Edition].