

The curative power of *us*.

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Spending time in the busy streets of Nanchang might not be in your top tips of things to do to enhance your health. It certainly wasn't in ours given the high volume of traffic, noise, and pollution that one of us faced on a visit to China a couple of years ago. But the health benefits of doing so are exactly what middle aged to older women experience when they engage with their *square* or *plaza dancing* groups in these very public places. Over a million women have danced in public places; a square, a street, or even a parking lot. And they're picky. Women dance with the same group, even though several can be on offer, and there is a strong sense of solidarity that develops. As one woman shared through a translator: "these are my sisters, my family". Research is now supporting what these women have known for some time — that square dancing together, regardless of where it is undertaken, is good for their health (see Box 1).



Box 1. Square dancing in China

Note: A recent study by Gao and colleagues (2016) compared the effects that engaging in square dancing had on women's mental health. Healthy women between the ages of 45 to 55 years either took part in 90 minutes of square dancing under the guidance of a coach at least 5 days a week for 3 months or just lived as normal. The researchers found that the probability of suffering depression was 2.3 times greater in women who did not participate in square dancing; and this was after taking into account effects of age, education, marital status, economic and housing conditions, and working situation.

Source of image: Haslam, C., Jetten, J., Cruwys, T., Dingle, G. A., & Haslam, S. A. (2018). *The new psychology of health: Unlocking the social cure*. London and New York: Routledge

Similar health benefits have been reported in larger gatherings, also under conditions that no one would recognise as healthy. The Prayag Magh Mela, an annual religious event in India, attracts a huge number of pilgrims; up to 70 million at its height every 12 years, who

engage in rituals that include bathing in the Ganges (Hopkins & Reicher, 2016). Here, living and sleeping conditions are rudimentary, the noise is deafening, temperatures fall to zero in the evenings, and the risk of infectious disease is high. Despite these risks, research conducted by Shruti Tewari from the University of Allahabad and colleagues from the UK in 2012 shows not only that people return from the pilgrimage feeling better than when they left, but they are also healthier and happier than those who stayed away (see Box 2).



Box 2. Bathing at the Kumbh Mela Hindu festival

Note: Research conducted by Tewari and colleagues (2012) followed a group of pilgrims before and after they attended the Margh Mela and another group of socio-demographically matched people who did not attend at the same time points. The researchers found that the pilgrims experienced significantly better health-related quality of life and fewer symptoms of ill-health than those who chose not to attend.

Source of image: Khmer Times, link <https://www.khmertimeskh.com/50569351/kumbh-mela-hindu-festival-begins-in-india/>

So how do we explain these health benefits? The activities themselves differed, as did where they were undertaken. It is unlikely then, that there was something particularly special about bathing or dancing or where those taking part lived. Rather, a common ingredient is that both engaged people in a positive shared group activity. While these examples involve face-to-face contact, increasingly research suggests that similar benefits can emerge in online or virtual groups (e.g., Facetime, chat rooms, Skype) provided these engage us in positive shared interaction — something that we have all been thinking about in this era of Covid-19.

As we will go on to argue in this article, it is this level of group engagement and identification — whether experienced physically or virtually — that is central to their healing power.

Social connectedness makes for a longer and healthier life

Two of the longest running studies of health in aging show just how vital our social relationships are to living a long and healthy life: the Grant Study has been tracking the lives of Harvard graduates since 1938, and the Glueck Study has been doing the same since 1970 with a less advantaged boys from inner-city Boston. Altogether, 724 men have been followed, some for about 80 years, answering questions about their lives (their marital quality, finances, social activities) every 2 years and completing a range of medical tests every five (e.g., X-rays, brain scans, echocardiograms). Taking all these factors into account, the researchers found that it was the quality of people’s social relationships — not their cholesterol levels or the presence of chronic disease — that best predicted whether they were healthy and happy in their 80s. As Robert Waldinger from Harvard Medical School, who now oversees these studies, concluded in his TED talk, loneliness kills and it does so indiscriminately; affecting both the well, and not so well, off (see Box 3).



Box 3. Image of Robert Waldinger in his TED talk on social relationships and mortality

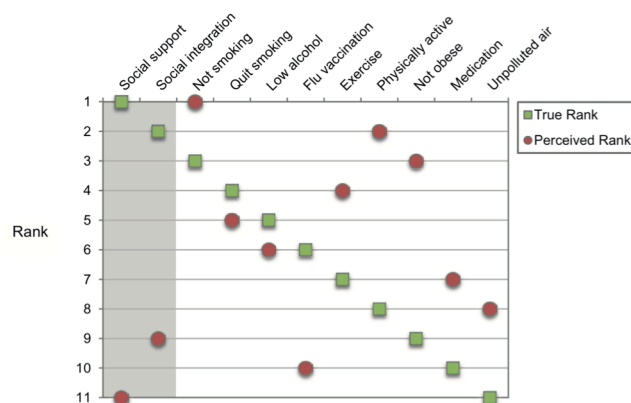
Note: View this TED talk by Robert Waldinger who oversees the Harvard Studies of Adult Development in which he highlights that the key to long and healthy life is other people and our satisfaction in the relationships we have with them.

Source:

https://www.ted.com/talks/robert_waldinger_what_makes_a_good_life_lessons_from_the_longest_study_on_happiness?language=en

Now, just in case you're tempted to think there is something unusual about these men, the same general conclusion emerges in other even larger studies. Among the most influential of these is a meta-analysis led by Julianne Holt-Luntstad from Brigham Young University who looked at the impact of social relationships on mortality relative to other usual health suspects (like smoking, exercise, diet, pollution). Drawing together findings from 148 studies, involving over 300,000 people, they found that social support and social integration in fact topped the list of health behaviours that increased life expectancy. Their data showed that people with strong social relationships had a 50% greater likelihood of survival than those with weaker relationships. This is echoed in findings from an extensive analysis of civic engagement in American society conducted by Harvard-based Robert Putnam. Looking at voter turnout, political activism, church attendance, and active involvement in organizations, he found a marked decline in civic life that came at a cost to health. He concluded: "...if you belong to no groups but decide to join one, you cut your risk of dying over the next year in half. If you smoke and belong to no groups, it's a toss-up statistically whether you should stop smoking or start joining".

These statistics should leave us in no doubt that social (dis)connection is critical to our health — its impact on health is as powerful as smoking and even more impactful than behaviours we recognise as public health priorities. But ignoring this fact appears to be exactly what we do as a general public. Speaking to this are data from a study led by our colleague, Alex Haslam, at the University of Queensland (Haslam et al., 2017). In this, about 500 members of the general public were asked to rank the importance of the 11 health behaviours identified in the Holt-Luntstad study above. A comparison of people's subjective rankings with the objective rankings, indicate that while we are pretty good at judging the importance of established health risks (e.g., not smoking, exercise, reducing our alcohol intake), we are pretty hopeless when it comes to recognising the value of social factors for health which were ranked at the bottom (see Box 4).



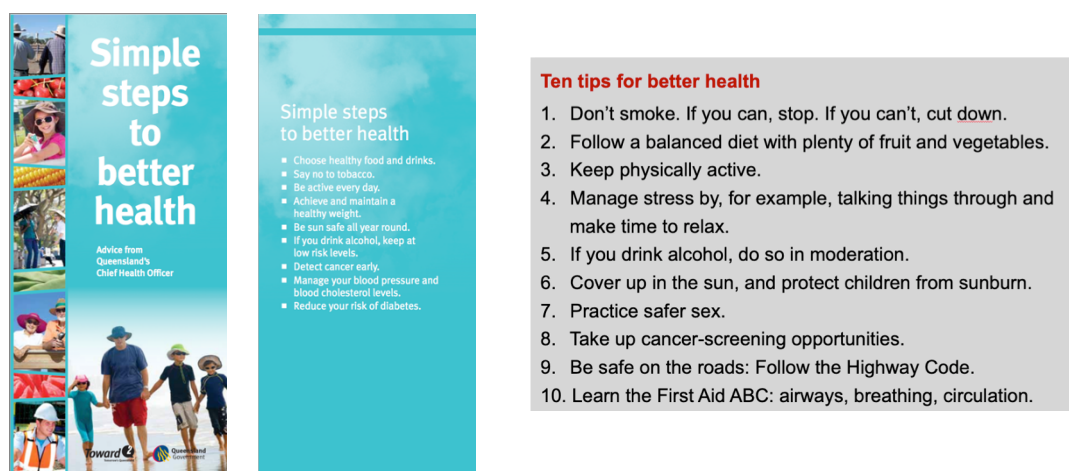
Box 4. Comparison of general public (perceived) and meta-analysis (true) rankings of the importance of behavioural risks and social factors for mortality

Note: As this figure highlights we seriously underestimate the role that social relationships play in health. Results of a study led by Alex Haslam, shows that the general public rank social support and integration in the bottom 3 predictors of mortality.

Source: Haslam, S.A., McMahon, C., Cruwys, T., Haslam, C., Jetten, J., & Steffens, N.K. (2018). Social cure, what social cure? Exploring the propensity to underestimate the importance of social factors for health. *Social Science and Medicine*, 198, 14-21.

A new psychology of health

So why is our judgement so poor when it comes to the influence of social factors? There are a range of reasons, not least because social factors are often absent in many of the top tips for health we see circulated by health authorities (see Box 5). The Social Identity Approach to Health is an attempt to redress this balance. And it does so not only by raising our awareness of the value of social connectedness for health, but of the particular role played by social groups in achieving this goal. These groups are fairly wide ranging and can include the square dancing and pilgrimage groups we raised at the start, but also family and friendship, work, leisure (e.g., gardening, arts-based), community (church, neighbourhood), sporting (football, bowling), and political or ideological (vegan, activist) groups.



The image displays two health-related graphics. On the left is a vertical poster titled "Simple steps to better health" with the subtitle "Advice from Queensland's Chief Health Officer". The poster features a collage of images showing people engaged in various activities like gardening, walking, and socializing. To the right of the poster is a list of "Simple steps to better health" with 10 bullet points. On the right side of the image is a grey box titled "Ten tips for better health" containing a numbered list of 10 tips.

Simple steps to better health

- Choose healthy food and drinks.
- Say no to tobacco.
- Be active every day.
- Achieve and maintain a healthy weight.
- Be sun safe all year round.
- If you drink alcohol, keep at low risk levels.
- Detect cancer early.
- Manage your blood pressure and blood cholesterol levels.
- Reduce your risk of diabetes.

Ten tips for better health

1. Don't smoke. If you can, stop. If you can't, cut down.
2. Follow a balanced diet with plenty of fruit and vegetables.
3. Keep physically active.
4. Manage stress by, for example, talking things through and make time to relax.
5. If you drink alcohol, do so in moderation.
6. Cover up in the sun, and protect children from sunburn.
7. Practice safer sex.
8. Take up cancer-screening opportunities.
9. Be safe on the roads: Follow the Highway Code.
10. Learn the First Aid ABC: airways, breathing, circulation.

Box 5. Top tips for health from Australian and English Chief Medical Officers

Note: These are just a few examples of lists for life circulated by public health authorities. Most noticeable in these is not what is included, but what is missing. Both neglect social connectedness which science shows is as important as some health behaviours factors, and more important than others, in keeping us alive for longer.

Source: (i) Leaflet from Queensland's Chief Health Officer and (ii) England's Chief Health Officer (2000)

We now know that when people lose groups that matter to them this has a detrimental effect on their health. We might think this is uncommon, but it happens pretty frequently when we experience life change. For instance, when students start university, when new mothers experience a loss of connection to friends, when injury makes it impossible to continue playing with your football team, when retirees stop work, and when older people move into care homes. A critical point here is that the changes we experience throughout life — whether expected or unexpected, whether positive or negative — can alter our connections with others and these relationship changes are implicated in a range of health problems.

Just to illustrate the size of these effects we can look at findings from one of our studies investigating the impact that changes in social groups that people experienced in the early years of retirement had on mortality. Following people over a 6-year period post-retirement, the study found that those who lost two groups had a 12% risk of mortality. This reduced to 5% if only one group was lost and decreased even further when people gained new groups in retirement; gaining two groups reduced mortality risk to less than 1%. Notable too was the finding that social group memberships had about the same effect on mortality as physical exercise.

These effects extend to brain health. In another of our population studies we compared the contribution that people's one-on-one (with a partner, a confidant) relative to group-based relationships made to their mental acuity. Not only did group ties do more of the heavy lifting, they also mattered more as people aged. Here the data showed that someone aged 50 who had more group ties performed like a 46-year old, but that someone aged 80 with more group ties had a 10-year saving as they performed like a 70-year old. As Robert Waldinger asserts in his TED talk — good relationships protect our brains. Here we take this further to show that social group belonging is a key part of this story.

Social groups are key to health because they are at heart what makes us human. Whether they be our family, friendship, work, community or other groups, we live and have evolved to function in social groups. And it is not the case that these groups exist independently of us. Rather they can be integral and central to who we are, influencing what we think, how we feel, what we say and what we do in different situations. So a large part of

our sense of self and identity, who we are, comes from these group memberships; as *us* Schmidt's, *us* women, *us* teachers, or *us* vegans. These groups are what form our social self; what we refer to as our social identity (our sense of 'we' and 'us'). And, when we think and behave as part of a collective — as *us* Europeans — that social identity group becomes internalized as part of the self.

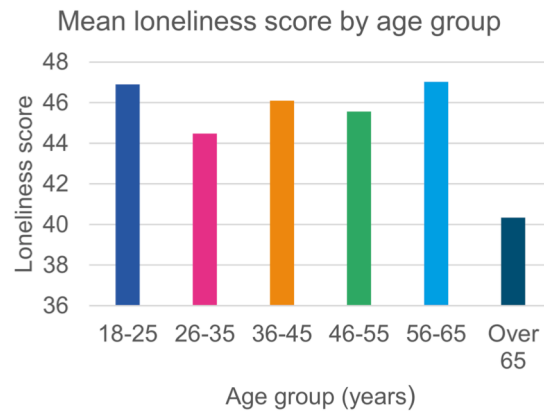
This process of internalization, through identification, is critical because it explains why groups wield such power in health contexts. When groups become part of us, they enable access to a range of psychological resources — providing us with a sense of purpose, belonging, meaning and direction in life, a boost to our self-esteem, a greater sense of control, and access to social support. Through these resources, groups can shape our response to stress and challenge and even whether we engage (or do not engage) in particular health behaviours (e.g., exercise). Another of our meta-analyses illustrates this effect of group identification in the everyday work context. Drawing on data from about 60 studies with 20,000 people, this analysis showed that work team and organizational identification was a key predictor of good health and also the absence of ill-health (stress, burnout).

As this discussion highlights, it is not the case that just any group will do. A group needs to matter for it to influence health; and this helps to explain why it is that different groups exert different effects on different people. The Bundesliga 2019 final would have limited, if any, effect on someone with no interest in football. But a die-hard Bayern supporter would have been elated, receiving a boost to their mood and self-esteem, and a Leipzig supporter would have felt the pain and costs to their well-being associated with the collective fate of the group. It is through such internalization that groups gain the power to build us up in some contexts and bring us down in others.

Unlocking the social cure

Many who are well connected socially may have already put these ideas to good practice. But groups that are good for your health are not that easy to find, develop, and keep for everyone. How do you join a group when you work long hours? Some groups may be harmful to health, so how might you avoid or leave these groups when they are the only ones you know? There are also times when we might not be aware of losing groups and less conscious of the associated costs this may have on our health — in periods of life change like retirement, moving neighbourhoods, becoming a parent. Recall the data on retirement that we talked about earlier, showing that losing just two groups increased mortality in a fairly short period of time, but gaining two groups almost eliminated this effect. We are also increasingly aware of some groups in society being more vulnerable to social disconnection; including

young people of Generation Z who have been shown to be the most lonely (see Box 6). These are just the contexts in which people would benefit from the psychological resources that flow from group belonging, but they are just out of reach.



Box 6. Mean loneliness scores as a function of age group.

Note: This figure summarises perceptions of loneliness (measured using the UCLA Loneliness Scale) in a sample of 1,678 Australians and shows that the age group who are most lonely are between 18 to 25 years. Similar findings are emerging in other countries.

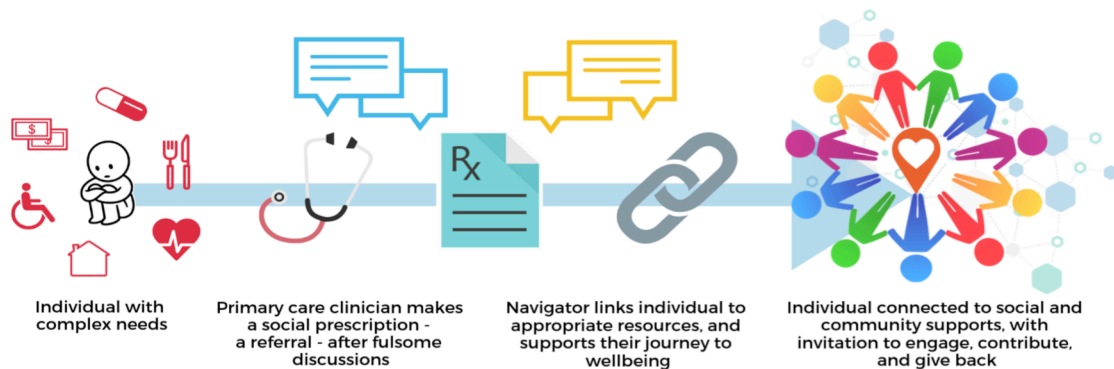
Source: <https://psychweek.org.au/wp/wp-content/uploads/2018/11/Psychology-Week-2018-Australian-Loneliness-Report.pdf>

In management of loneliness, the United Kingdom is taking a lead in recognizing it as one of its most pressing public health issues of our time. A key initiative has been to invest in social prescribing networks (see Box 7). These networks are integrated in General Practice (GP) clinics that employ community navigators or link workers to provide practical support in linking people to various social supports, activities and groups in their communities (e.g., arts-based, education, interest, exercise groups). Increasingly, this is tapping into digital technology to support, identify opportunities and connect. Social prescribing is an important part of the solution with studies now showing that these group activities can reduce loneliness and mental health problems (Chatterjee et al., 2018, Rempel et al., 2017).

Ultimately though, we need a longer-term solution; one that empowers people to manage their own social worlds into the future. For this we need something that works alongside social prescribing to help people be autonomous in identifying and making the

most of group activities on offer in their local communities. This is where the social identity approach offers a solution in its theory-informed health intervention, GROUPS 4 HEALTH.

GROUPS 4 HEALTH (see Box 8) is a brief intervention that aims to give people the knowledge and skills they need to develop, extend and maintain their social groups and identities in various ways to support health. We have completed two trials to date and these show that the program reduces loneliness, depression, and social anxiety and does so by



Box 7. The social prescribing process.

Note: In social prescribing networks a GP or other health professional refers a person to a link worker. Together they discuss interests and locally available group programs and use this as a basis from which to co-produce a social prescription that is tailored to the person. Well-known versions of social prescribing include “the Arts on Prescription”, “Education on Prescription”), and “Exercise on Prescription”.

Source: <https://www.allianceon.org/Rx-Community-Social-Prescribing-Ontario>

increasing people’s sense of connectedness and identification with groups of others. There are also a number of adaptations of the program in various stages of development and trial. These focus on particular life changes where people are known to be at greater risk of social isolation — when starting university study, recovering from addiction, and transitioning to retirement, to name a few. Early findings from these adaptations are also positive, and most telling is feedback from those taking part who feel the program raises their awareness of the value of social groups in their lives and is helping them feel more confident in harnessing them.

Top social identity tip for health

A key message to take away from this article, is that what lies at the heart of health is the nature of the social connections that exist between people and the shared sense of social identity that this cultivates. Dance, religious and other groups do not just enrich our lives; they are vital ingredients in managing health. This new psychology of health lays the

foundations of a different way of understanding and working with health, and one that can promote a better way of being and living in the world. Indeed, the Covid-19 pandemic is showing just how important meaningful social connection is for well-being and health.



Box 8. GROUPS 4 HEALTH content

Note: GROUPS 4 HEALTH is the translation to practice of the social identity approach to health. It is a manualised program that targets the building and maintenance of social groups to support health and well-being. Its five sessions aim to increase knowledge of the contribution that groups make to health, raise awareness of a person's existing groups, identify those groups that are important to maintain and strengthen to support health, develop new social groups, and review attempts to build and maintain groups in the context of going through the program.

Key references

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