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A wake-up call for social epidemiologists studying health inequalities: Response to Dijkstra & Horstman

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ABSTRACT

In their paper, published in this journal, Dijkstra & Horstman critically reflect on a selection of social epidemiological articles and examine how low socioeconomic status populations are constructed in these articles. They identify four components which they argue represent the "dominant thought style" of this literature: 1) proliferation, 2) generalization, 3) problematization and 4) individualization. We largely agree with their first two points, but strongly disagree with the other two, and explain why in our reply. All in all, we believe that their analysis is a wake-up call for social epidemiologists, rightly pointing to the risk that the relevance and moral origins of the use and study of categories, like 'low socioeconomic status', can easily become less visible, and therefore should be articulated and explained every time.

In their paper, published in this journal, Dijkstra & Horstman (henceforth D&H) critically reflect on a selection of social epidemiological articles on socioeconomic inequalities in health – including some of our own – and examine how low socioeconomic status (LSES) populations are constructed in these articles (Dijkstra and Horstman, 2021). They identify four components from their content analysis believed to represent the "dominant thought style" of this literature: 1) proliferation, 2) generalization, 3) problematization and 4) individualization. Their efforts to raise awareness of the unintended consequences of deeply rooted research dynamics are important, and can further advance science. Yet, we firmly believe that some of their conclusions are incorrect, and therefore require a reply.

Regarding their first component, D&H point towards a 'proliferation' of concepts, measures, and meanings of indicators used to indicate socioeconomic status (SES) across different studies. We appreciate this wake-up call and urge for more theoretical justification and explication of how SES is defined and operationalised. Having said that, such practices likely still lead to the application of different indicators of SES, because the applied theory and mechanisms under investigation will differ across studies (Galobardes et al., 2007). Furthermore, studies examining other factors which may be closely related to SES, such as financial strain or housing tenure, may still be of value as long as their selection is justified with a theory- or evidence-based reasoning, and these factors are not referred to as SES. In line with this, we agree with the second point made by D&H ('generalization'), that an extrapolation of findings found for a particular SES group (e.g. those with a particular educational or income level) to a generalized SES population should be avoided.

We strongly disagree with the authors' third component, labelled 'problematization'. According to D&H, social epidemiological literature has constructed LSES groups as a 'problematic population', with a 'problematic LSES culture' and 'problematic behaviour'. We distance ourselves from this interpretation, and specifically the word 'problematic', which we never used nor will use. Social epidemiological research departs from the view that health inequalities are unfair, unjust and should be reduced, and thus, one could say, classifies the observed *inequalities* as problematic – but this is certainly not a statement that refers to LSES groups or their behaviours. Rather, we, and other researchers in this field, aim to better understand to what extent differences in the various circumstances in which different SES groups are born, live, work and age, affect their health and health-behaviours, in order to find entry points for policies and interventions to reduce health inequalities. This

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should also include concepts of resilience, capabilities and other protective factors, as stated by D&H.

Disconcerting was the fact that the authors, for the illustration of their fourth component ('individualization'), reframed our research on the role of cultural capital (Kamphuis et al., 2015, 2018; Oude Groeniger et al., 2019) as one that investigates "personality traits" and that construct LSES as "a deviant personality characteristic". We find it improbable that such interpretations can be drawn from a detailed reading of our research, but skilful cherry-picking of particular passages seemed to have allowed the authors to construct this as a "thought style" of social epidemiological research. In these studies, we draw inspiration from Pierre Bourdieu and that of 'cultural class analysis' (Savage et al., 2015), "which seek [s] to make cultural issues central to the analysis of class" (Savage et al., 2015: 1013), as "there are mechanisms of accumulation other than those arising from the labour market alone" (Savage et al., 2015: 1017). This line of research suggests that cultural aspects of SES developed in favourable socioeconomic conditions give higher SES groups additional advantages (power) in contemporary societies, over and above the economic conditions that enabled their initial cultivation (Abel, 2008). Acknowledging the *existence* of sociocultural differences, however, does not imply any normative ranking of one over the other. On the contrary, what we aim to do is draw attention to the role of processes of power and domination as key determinants of health inequalities (McCartney et al., 2021). We therefore profoundly distance ourselves from the authors' interpretation of our work as an investigation of "personality traits". Nevertheless, we take the interpretation by D&H as a valuable lesson to remind us how important it is to be extremely careful in how research on this topic is phrased, for it is all too easy to frame such writings in different ways than they were ever meant.

While we disagree with some of D&H's claims, there is large value to be gained from critical literature analyses like theirs, about the moral and political effects of classifications and dominant discourses. Such analyses are a wake-up call for social epidemiologists, rightly pointing to the risk that the relevance and moral origins of the use and study of categories, like LSES, can easily become less visible, and therefore should be articulated and explained every time.

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