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EDITORIAL

# It does take two to tango! On the need for theory in research on the social determinants of health

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Research on social determinants of health has witnessed vivid changes and improvements over the last years. These developments concern, for example, new possibilities of data analysis (such as dynamic or multi level modelling), the generation of new data (cohort or cross-national studies) and even an increase in the political awareness of the issue in some countries. The report of WHO's Commission on Social Determinants of Health is a new milestone in documenting many of these improvements (CSDH 2008). Yet, one needs to state a strong imbalance in research on social inequalities in health. Almost all of these developments refer to data-driven empirical research. The further development of theory, however, is lacking way behind other advancements in the field (Lahelma 2006). In our research we sometimes even refer to the same theoretical approaches that have first been proposed over 30 years ago, for example in the Black report. Of course, even in this field there have been improvements and progression, for example in linking psychobiological processes and aggregate deprivation to social inequalities in health (Marmot and Wilkinson 2006). However, many of these approaches are still largely driven by empirical data. Without any doubt, social epidemiology as well as public health in general are disciplines that strongly focus on empirical research. However, this cannot mean that the gap between empirical and theoretical work continues to increase. While it is not possible to look at the reasons of this development in detail here (due to necessary length-restrictions of an editorial), it is very obvious that the status quo in research on social determinants of health needs a change to a stronger accentuation of explanatory approaches. The full potential of a theory-driven analysis is hardly utilised (Potvin 2009).

Let me illustrate this with two recent examples: First, life course approaches on social inequalities in health have attracted a lot of attention within public health research. The proposed theoretical concepts and models largely originate from epidemiology (Blane et al. 2007). This perspective was truly helpful to contribute to a better understanding of biological, behavioural and social influences—from gestation to death—for health as well as health inequalities. However, all these approaches within the mainstream of life course research strongly focus on a medical risk factor concept. A theoretical foundation of the different life course models—in the sense of a developed formal theory—which goes beyond rather static assumptions is still lacking. This is especially striking because right here a connection with theories of life span psychology and sociological life course research seems to be apparent (Settersten 2009). This is also true for a socialisation theory perspective, which tries to combine approaches from these two disciplines. Singh-Manoux and Marmot (2005) used similar arguments when first trying to use approaches from socialisation theory for the explanation of health inequalities. Unfortunately, this perspective has seldom been considered in life course epidemiology.

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So far, the strength of public health (i.e. its interdisciplinary exchange) as well as the potential of combining different theoretical approaches has not been utilised in life course research.

A second example provides the recent discussion on the effects of welfare state regimes on health and health inequality. Several studies have been able to show that even though social democratic welfare states have the best overall population health, they do not have the lowest level of health inequalities (Lahelma and Lundberg 2009). Here again the questions of a theoretical foundation as well as possible collaborations between different disciplines emerge to contribute to a better understanding of these irritating findings. It's already been troubling to explain how education and income find their way into the human body. But figuring out how the welfare state gets under our skin is an even stronger theoretical challenge.

These are only two examples and surely other areas in the field could be indentified also showing large theoretical deficits. The question, however is, how both theoretical and empirical research learn to dance together more easily. The task of the next years will be to catch up conceptionally with the vast number of empirical findings and to underpin them theoretically. A minimal requirement is to continue combining single approaches to develop broader theoretical models which can be tested empirically; a more comprehensive requirement is the effective integration of the issue of social determinants of health into the overall framework of social science. (Social) epidemiology is required to make a stronger reference to social science theories while the theoretical assumptions and epidemiological findings on disease aetiology should be established and adapted within the sociological research. Furthermore, it would be desirable for senior researchers to encourage their young colleagues not only to publish quantitative papers but also to participate in further development of theories. Maybe provocative theoretical contributions of younger researches are needed—just as much as brave editors are, to publish these new thoughts—in order to put theory on the agenda again. Maybe it is about time to remind ourselves that there "is nothing so useful as a good theory" (Lewin 1935).

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