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Use and Abuse of the Term "Psychosocial" in the Field of Social Intervention

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ABSTRACT

Applied to theory, research, and intervention, the term "psychosocial" is defined as an approach characterized by the relationships of interdependence and mutual influence between the various levels of reality in which daily life takes place. This idea began to take its first steps with the events that gave rise to the social sciences, psychology among them. Applied to social intervention, the psychosocial perspective is based on a simple premise: psychology is legitimized as an instrument to serve human well-being, both in its personal and collective dimension. It recognizes the constructed nature of reality and the social order, with the purpose of trying to change it when it leaves psychological damage and social destruction in its wake, using the social scenarios (community, group) as the agent and objective of change.

Uso y Abuso del Término "Psicosocial" en el Campo de la Intervención Social

RESUMEN

Aplicado a la teoría, a la investigación y a la intervención, el término psicosocial se define como un enfoque caracterizado por las relaciones de interdependencia y mutua influencia entre los diversos niveles de la realidad en la que discurre la vida cotidiana. Esta idea empezó a dar sus primeros pasos a partir de los acontecimientos que dieron lugar a las ciencias sociales, la psicología entre ellas. Aplicada a la intervención social, la perspectiva psicosocial parte de una sencilla premisa: la psicología se legitima como un instrumento al servicio del bienestar humano, tanto en su dimensión personal como colectiva y a continuación, asume la naturaleza construida de la realidad y del orden social con el propósito de intentar cambiarlo cuando vaya dejando a su paso daño psicológico y destrucción social sirviéndose para ello de los escenarios sociales (comunidad, grupo) como agente y objetivo del cambio.

In a recent interview Santiago Boira and María Fuster (2022), technical secretary and member, respectively, of the Division of Psychology and Social Intervention (PISoc) of the General Council of the Spanish Psychological Association, expressed their concern about the "indiscriminate use" of the term "psychosocial". In a similar way (use that is equivocal, generalist, abusive, and inappropriate), the General Council of the Spanish Psychological Association—CGP in Spanish—(2018, p. 18) had already pronounced itself. The argumentative thread of the interview, for example, starts from a critical assumption: there are professional profiles outside psychology, in which actors who are unfamiliar with this terminology and its theoretical bases participate, producing recommendations and good practice guidelines that lack the necessary rigor in the use of the term "psychosocial", which can lead to malpractice with the consequent harm to highly vulnerable populations. The debate is therefore already underway, and these pages only intend to make a modest contribution, limited, of course, to the theoretical connotations of the term "psychosocial" regardless of the use that may be given to it by different actors in their professional work.

A Brief Tour of the Genesis of the Psychosocial Approach

Let us start with the most obvious: "psychosocial" is much more than a simple word. It is a term supported by more than a hundred years of history and by an epistemology, which, in a first meaning, adopts a particular approach characterized by the interplay of mutual influences between the levels at which the actions carried out by individuals and groups in the scenarios of that supreme reality occur which, according to Peter Berger and Thomas Luckmann, is the reality in which everyday life takes place. It is the reality in which, incidentally, social intervention programs are usually developed: the family, the neighborhood, the educational or work environments, places of leisure and recreation, etc. All these contexts are presented to us, both authors add, as ordered, shared realities, frequently loaded with impositions and full of meanings (see Berger & Luckmann, 1968; pp. 36-46), derogatory and harmful on many occasions, and followed sometimes by actions of the same kind simply because of the group or category to which some persons belong. And for these same reasons, all these scenarios sometimes demand that we take part in the issues that occur in their midst (this is one of the meanings that the RAE dictionary attributes to the verb "intervene") to repair the damage they leave in their wake, to prevent it, or to detect the dynamics that have caused them.

Some of the most renowned theorists in this field of knowledge (Kurt Lewin, Serge Moscovici, Solomon Asch, for example) have defended this vision: the psychosocial "is not so much distinguished by its territory as by the approach that is unique to it" (Moscovici, 1985, p. 20). In his comparative epistemology, Lewin (1991) argued that there are different points of view from which the same object can be analyzed. In fact, he adds, in the course of their development all of the sciences expand their object of study, reserving their idiosyncrasy and singularity to the way of approaching issues that, in many cases, particularly in the social sciences, have accompanied us since the beginnings of group life: power, the raising and defense of offspring and territory, the distribution of tasks, relations within the group itself (relations between members of different ages and sexes) and with strangers,

the establishing of rules and sanctions to order coexistence, etc. Following this logic, it is possible that none of the three authors cited (especially Lewin) would have been surprised by the use of community gardens as agents of intervention, for example, especially if they had known that through them, relationships and emotional well-being among local people improve, interest in identifying and addressing common problems is activated, and neighborhood networks are created that play an important role in reducing delinquency (Maya, 2021, p. 21).

This view of reality and the social order, of the actions, tasks, and activities of those who are its main protagonists (individuals, groups, organizations of all kinds, etc.) and of their consequences, took its first steps with the arrival on the scene of the social sciences as an alternative to the vision of earthly and heavenly affairs offered by theology and philosophy. The political events triggered by the French Revolution (1789) and the upheaval in all spheres of social life brought about by the Industrial Revolution created the conditions for a new way of looking at social life and the behavior of its actors, dispensing with the historical, natural, and supernatural determinisms that had been at work for centuries. Solomon Asch, one of the theorists endowed with particular psychosocial acumen, defined this climate succinctly: there came a time when it was "no longer possible to hold that poverty or war, any more than disease, are inscrutable acts of providence, to be bearn with resignation" (Asch, 1952, p. 3). Nor do we believe today that social exclusion, inequality, discrimination, racism, or gender violence, for example, have their origin in biological or psychic dysfunctions, or are the consequence of the perverse will of some superior being.

In this transition, says Robert Nisbet, two patterns of thought, very recognizable in the field of social intervention, played a decisive role: the reaction against individualism and the recovery of the concept of community (the response to the idea of a "contract" as the foundation of social order) as the articulating axis of social thought. It is worth recalling that for the "titans of social thought" (Comte, Marx, Durkheim, and Weber), the word community "encompasses all forms of relationship which are characterized by a high degree of personal intimacy, emotional depth, moral commitment, social cohesion, and continuity in time" (Nisbet, 1966, p. 47). Its archetype, they add, is the family. Its presence as an agent of intervention is nowadays considered indispensable in the prevention of delinquency, school failure, or the different forms of addiction in adolescents, for example. Not to mention programs such as foster care or those aimed at learning parenting skills.

To this way of understanding the reality of social life around the forms of relationship that give rise to the community, the events that define it and the consequences that accompany them, the neo-Kantian approach led by prominent German thinkers of the second half of the 19th century, including one of the founders of psychology (Wilhelm Wundt), all of whom shared the belief in the existence of a collective psyche ("Volksgeist") from which the individual psyches are nourished, contributed decisively to this understanding of the reality of social life. The main argument of these first steps of the psychosocial approach can be defined in terms that are necessary to remember and easy to retain: among the sciences of the spirit ("Geisteswissenschaft") it is necessary that, together with an individual psychology, the foundations be laid for a psychology that deals with the ideas, representations, attitudes, and activities shared by the individuals who are part of the same community-

group, people, or nation and which are the outcome of "psychic exchange" among them, as are, for example, practically all the contents of what today we have come to call social cognition.

Back in 1834, John Friedrich Herbart took a decisive step forward on the basis of the following two premises: a) the person considered in isolation is pure abstraction, a mere entelechy; as a psychological entity, the person only acquires real existence within a community, a group, or a society in which he or she is in permanent interactive contact. Outside this framework, humanity is lacking, Herbart says; b) this makes necessary a psychology of the relations between individuals, of the principles and postulates that guide them, and of the products to which they give rise. In 1871, the Austrian Gustav Adolph Lindner went a step further: this way of approaching the set of facts arising from the interchange between people, which gives rise to the psychic life of society, should be called social psychology. There are collective phenomena resulting from contact, union, and association (see, for example, Durkheim, 1987, pp. 115 ff.) that leave a deep imprint on individual psyches: language, rituals, customs and cultural traditions, myths, and religion are, it was said then, manifestations of the collective soul. Today we say the same thing in other words: norms, social representations, group beliefs, intergroup biases and emotions, attitudes, categorical schemes, etc., are part of the contents of our mind. At the beginning of the 20th century, broad-spectrum collective psychic events (the collective soul) gave way to interest in group psychic phenomena ("group mind"). These defined the psychosocial work of the three leading theorists of that time (Charles Ellwood, Edward A. Ross, and William McDougall): the psychic life of groups stem from the interaction and joint action among their members, from the mental attitudes of some towards others. When these persist, they institute order and group structure and typify reciprocal action, turning it into habit, into uniformities resistant to change, those that today are at the center of many social intervention programs in order to curb or prevent hate crimes, for example.

Beyond Individuals in Interaction

This very brief overview of what could be considered the founding steps and moments of psychosocial thinking provides some arguments for social intervention:

1. Rather than interaction, the psychosocial approach focuses on the interdependent relationships between the different levels of reality, the macro-social (the rules of the market, which push millions of people into poverty or create ever-widening inequality gaps), the micro-social (the family, the school, the peer group, etc.), the biological (it should be recalled that William McDougall laid the foundation of the psychosocial in the existence of instinctive drives and motives), and the psychological.

2. None of these realities was in its origin and is in its course inevitable, but rather they were the fruit of human action and, as such, open to change.

3. It is within these realities that shared ways of thinking, feeling, and acting originate, which are very often imposed on us without asking our opinion.

4. Some of them leave behind a psychologically devastating and sometimes imperishable trace that does not just affect certain individuals but whole groups at times.

5. There is no room for indifference or neutrality in the face of these realities.

The relationships of interdependence and mutual influence between these levels of reality constitute the framework of the psychosocial approach and, by the same token, of social intervention. And if we had to venture to point them out, we would not hesitate to note the following four:

1. Others as particular individuals and, above all, as belonging to groups and/or social categories with respect to which we have constructed imaginary, petty, and at times bizarre narratives which give rise to stereotypes.

2. The groups and social categories to which we belong in comparison, and sometimes in conflict, with other groups and other social categories.

3. The social structure that has placed millions of people in situations of extreme vulnerability through decisions taken, or not taken, in the political, social, and economic spheres.

4. Culture, the world of shared meanings and patterns of action that defines the relationships between groups and social categories based, on many occasions, on the belief in the biological, moral, or social superiority of some over others (ethnocentrism).

Between these levels there is no ontological rupture, but continuity, interdependence, currents of mutual influence that give rise to "the emergence in a system of a property not possessed by any of its parts" (Jiménez Burillo, 2022, p. 134). Working at different levels, sharing and distributing tasks among different professionals is a guarantee of effectiveness. Let us look at a couple of examples.

In the case of gender violence prevention, the systematic review by Levy et al. (2020) has shown that the most effective programs are those that have been able to involve adolescents and young people in group workshops that improve their skills and competencies in gender relations as part of the curriculum (involvement of the school context) with the active participation of teachers. Another example are the programs implemented in the United States under the seal and philosophy of "Community That Care" (CTC) focused on generating changes among the adolescent population in the face of circumstances and conditions that expose them to risks of addictive and violent behaviors (see a detailed description in Hawkins et al., 2008). What defines this intervention philosophy are two conditions that are perfectly aligned with the psychosocial approach: the mobilization of community coalitions (formal or informal organizations, media, opinion leaders, etc.) and the participation, together with the adolescent collective, of the family and the school. The efficacy of these programs has also been tested in EU countries (European Monitoring Centre for Drugs and Drugs Addiction, 2017). It was already noted in the presentation of the monograph "Prevention That Works for Children and Youth": the efficacy of programs aimed at the adolescent population is directly proportional to the participation and coordination of efforts on the part of the family, school, community organizations, health and social services system, and policy makers (Weissberg et al., 2003).

In this task, the traditional protagonism of the subject (of the psychological-individual variables) gives way to the group-community as the main actor, either as a scenario, as an instrument, as an objective, or as a resource for intervention (McLeroy et al., 2003). It is here that the criticism of the individualistic

reductionism raised by many referents and supporters of the psychosocial approach acquires special relevance. Among them is Ignacio Martín-Baró, a psychologist and priest who was murdered by the Salvadoran army, together with five other Jesuit colleagues and two employees of the Central American University of El Salvador:

> The problem with individualism lies in its insistence on seeing in the individual what is often found only in the collective, or in referring to individuality what is only produced in the dialectic of interpersonal relationships. In this way, individualism ends up reinforcing the existing structures by ignoring the reality of the social structures and reducing structural problems to personal problems" (Martín-Baró, 1998, p. 291).

The Theory-Practice Circularity

The central idea of the psychosocial was thus outlined more than a hundred years ago: the person and the actions he/she performs, both at the individual and collective level, and the consequences that this gives rise to, are the result of interdependent relationships between the different levels in which the reality of his/her daily life takes place. This is a reality that has been conceived and established, in some cases in a senseless way, by the hand of the human being for whom social intervention shows concern, sometimes incredulous and indignant, for its effects, not only to understand them, but to try to change them when they leave a recognizable trace of damage in their wake, particularly to those groups that have historically been denied fraternity (see, for instance, Domènech, 2019).

Kurt Lewin, an author of everlasting authority in the field of social theory and intervention, enriched this central idea on the basis of the following two premises: the first, already mentioned, refers to the broadening of the object of study that the sciences have been experiencing in the course of their development. The second establishes a line of continuity between the basic and the applied, between research and intervention. In fact, the first of the five phases that define the evolution of any scientific field has been aimed at responding to practical problems and needs. This is precisely the main objective of social intervention. Vygotski (1991) pointed in the same direction; it is practice that sets itself up as the supreme judge of theory.

Scholars of the historical path of psychology have not hesitated to highlight the applied value of psychological knowledge as its raison d'être as a science and as a profession (Carpintero, 2017). In the case of intervention, psychology "aims precisely at the introduction of some sort of change, improvement, readjustment, reorientation" (p. 24) in parameters that define the existence of the subject or his or her environment. This is a simple and elegant way of defining social intervention, very much in line with Lewin, with social change as the rudder of the ship. After an exhaustive analysis of a representative sample of the periodic reviews of the *Annual Review of Psychology* and the most representative manuals in the field, Maya et al. (2007) conclude that social intervention is understood "as the introduction of an external element into a social system to produce a change in a given direction" (pp. 18-19). First, "the facts" that we have endeavored to construct (see Berger & Luckmann, 1968), the reasons (ideology) that justify them and give them continuity, with studied indifference in many cases to

the traces they leave in their wake, and then the "things to be done". Social intervention, it could be said, "cannot be content with reconstructing more or less faithfully what has happened, but must strive to build that which has not happened, but should happen; not the facts, but the *things to be done*" (Martín-Baró, 1998, p. 333).

On this path of going back and forth from the problems (the trigger and first link in the chain of any intervention) to the theory, and from the theory, analyzed and renewed on the basis of its response to the problem in question (praxis as a source of inspiration and theoretical renewal), is where the Research-Action process has its origin, one of whose main axes lies in participation, a process of which Lewin himself (1951) offered a seminal example in the 1940s. As is well known, the intervention was aimed at changing the attitudes of North American housewives, who were very reluctant to cook offal products. The procedure, as simple as could be, consisted of comparing two strategies, one individual (a lecture/speech by an expert) and another that encouraged debate and discussion within the group to reach a final decision. The results of this and other interventions developed with the help of the same strategy could not have been more encouraging:

> "It might be expected that individuals in isolation would be more amenable than groups of like-minded individuals. However, experience in leadership training, in changing of food habits, work production, criminality, alcoholism, prejudice, all seem to indicate that it is usually easier to change individuals formed into a group that to change any of them separately" (Lewin, 1951, p. 228).

Faced with the passivity of an auditorium, their uncertain commitment, and the limited capacity to provoke a decision based on an individual strategy of change, the group discussion (participation) introduces an additional force to "break the habit", breaks the normal resistance to change, with which we comfortably go about our daily lives, and makes it possible to make a decision in the proposed direction based on the implicit presence of a group norm. To put it simply: for better or worse, the group is the main arena of influence, i.e., the main driver of change, and participation becomes its main ally. Since the pioneering studies by Triplett (1898), one hundred and twenty-five years of group research support this assertion.

It was on these premises (the tendency towards the broadening of the object, the response to practical problems as the first step in the development of science, the group as an agent of change, and participation as its main axis) that the change of paradigm in the field of social intervention was based. Urie Bronfenbrenner's well-known ecosystemic approach enriched them, but the author himself never forgot their origins: this work can be seen as an attempt to provide psychological and sociological substance to Lewin's brilliantly conceived topological territories (Bronfenbrenner, 1979, p. 9). His debt to the German master is also evident in the first four definitions of the ecological orientation and, above all, in Proposition A: "in ecological research, the properties of the person and those of the environment, the structure of environmental settings, and the processes taking place within and between them must be viewed as *interdependent*[1] and analyzed in systems terms" (Bronfenbrenner, 1979, p. 41 Italics added).

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[1] In the Spanish edition (Paidós, 1987, p. 60), there is a serious error in the translation of this proposition, which affects the core of the Lewinian conception: "interdependent" has been translated as "independent" attributed to the processes that take place within environmental settings. This translation completely alters the original proposal of the author and his theory.

Participation as a Strategic Mediator

Nowadays, participation is a commonly accepted and used strategy in social intervention, and it is present in practically all autonomous social services legislation. In addition to the reasons and examples pointed out by Lewin, we must add some others of equal importance. From different lines of research, it is suggested that the low level of citizen participation in community activities is related to low levels of life satisfaction and a decrease in life expectancy. The best known line of research is probably the one led by Robert Putnam on social capital and the consequences of its decline. It is also the most ambitious because it analyzes not only the beneficial effect of social networks and affective ties (family, community, friends), civic associations, and neighborhood groups on people's well-being, but also the effect on the democratic clime. For the purposes of this article, the following proof is worthwhile: "of all the domains I have traced the consequences of social capital, in none is the importance of social connectedness so well established as in the case of health and well-being" (Putnam, 2000, p. 326). Recently, Vega-Tinoco et al. (2022) have again tested this same relationship based on a complex analysis of data from the last nine applications of the "European Social Survey" with a similar result: civic participation in political or any other type of organization, requests to join issues of common interest, wearing a pin related to a campaign, etc. has a positive and robust impact on health, feelings of happiness, and satisfaction with life among the elderly. Thus, a path and a strategy for social intervention is open.

The other side of the coin is the Cambridge-Somerville Youth Study. This program was implemented in the late 1930s and early 1940s with a group of 253 adolescents (average age 10.5 years) living in these two areas near Boston, with an equivalent number in the control group. The design left nothing to chance: social workers visited each of the families twice a month for five years, half of the adolescents received homework help, were put in contact with the Boys Scouts, YMCA, and other youth groups, half of them attended summer camps, most participated, along with their guardians, in sports activities and attended athletic competitions, and, to top it off, about 100 received medical or psychiatric care. The program ended in 1945, and thirty years later the results could not have been more discouraging: there was no difference between the intervention and control groups in delinquent behaviors during youth; serious crimes were more frequent in the intervention group than in the control group; an almost identical number in both groups received treatment for alcoholism; the incidence of mental illness was higher in the intervention group than in the control group (see details in McCord, 1987; 1992).

Based on some of our previous arguments, the reasons for the failure should not surprise us. In the development of the program, the role of families was attempted to be replaced by "someone also who tries to take the role of parent". This was a critical error, says McCord (1992, p. 37), which was accompanied by a second, no lesser one in its consequences: attributing to these adolescents and their families deficiencies and deficits that could be compensated for through external help without taking into account and without relying on their own resources, those of their families, and those that could be provided by the community itself. An attempt was made to address a social problem from a purely individual

perspective. The participation of the family, the community, and the interested parties themselves was practically nil; the latter were limited, at best, to following the advice and recommendations from the ones taking the role of parents. Finally, in the design of the intervention, no attention was paid to the subcultural idiosyncrasies of these communities.

Participation, relations of solidarity, coexistence, consensus, cohesion, trust, gratitude, and loyalty are the characteristics attributed to the community by those who established it as the articulating axis of social thought (see Nisbet, 1966, pp. 47-106). All of these characteristics are currently part of the dimensions that define the sense of community, with the necessary variations and innovations (see, for example, Hombrados, 2013). They are not many, but they are certainly relevant. Some have enriched the theoretical landscape through valuable reflections on the connotations of the sense of community and the development of two important conceptual tools: resilience and community strengthening. Others, probably the most novel, have given rise to an infinite variety of intervention strategies (personal and community empowerment, support groups, community coalitions, creation of healthy environments, learning communities, leadership training, peer mentoring, etc.) and methodologies to evaluate the effectiveness of the activities implemented.

When I say Well-Being, I Mean Health

The criteria for the effectiveness of social intervention programs can be very varied, but it is conceivable that all of them should converge in the presence of some positive impact for the individuals, groups, or communities involved. Because if the intervention has no impact, if it does not achieve a beneficial change in models of interpersonal, intergroup, or intercategorial relationships, or prevent certain people from sliding down slopes that could endanger their well-being, it loses its raison d'être. The change pursued is always accompanied by a positive connotation, it follows a direction in which, sooner rather than later, we want to find ourselves with quality of life, well-being, health, and preferably, with mental health understood not as the absence of disorder, but as the presence of conditions that favor subjective well-being, psychological well-being, and social well-being, to recall the spirit and the words of the founding act of the World Health Organization (WHO, 1946). Therefore, beyond nominalist debates of little theoretical utility, the psychosocial ends up becoming the hallmark par excellence of the intervention, its true matrix.

Quality of life, well-being, and health are present in the code that guides professional activity in the field of psychology: "The practice of psychology is ordered to a human and social purpose, which can be expressed in objectives such as: well-being, health, quality of life, the fullness of the development of individuals and groups, in the different areas of individual and social life" (Article 5). And it is equally present in reports, guides, and institutional reflections coming from psychology (see, for example, Colegio Oficial de Psicólogos [Spanish Psychological Association], 1998; López-Cabanas et al., 2017; CGP, 2018), as well as in the numerous definitions proposed for this purpose. In fact, these objectives served to justify the existence of psychology itself by the person who, at a particularly convulsive moment, held the position of president of the American Psychological Association (APA),

invoking one of the founding postulates of social thought: the most urgent, the most psychologically harmful and socially destructive problems we face "are problems we have made for ourselves... whose solutions will require us to change our behavior and our social institutions" (Miller, 1969, p. 1063). It is up to psychology, as a science at the service of human well-being, he adds, to lead the search for new and better personal and social scenarios.

The Axes of Well-Being in the Field of Social Intervention

In the field of social intervention, well-being would be defined as a priority around three axes. The first of these is framed within personal empowerment, an objective that is pursued through the promotion of active living habits to prevent isolation and loneliness in the elderly, training in social skills and assertiveness strategies in order to face the pressure to consume alcohol or other addictive substances or avoid risky sexual practices, job search counseling for mothers at risk of social exclusion, and many more. All these programs, carried out in social settings and usually through group activities, promote the development of autonomy, activate, and set in motion personal resources while making us aware of our own limitations, defining goals, and indicating the way to achieve them. They enable us to manage with solvency part of the environment (interpersonal or professional) in which our daily life develops and help us to achieve the feeling of personal growth. All these experiences are part of psychological well-being (Díaz et al., 2006).

However, regarding personal empowerment, we should avoid a frequent misunderstanding: the acquisition of skills and competencies for the achievement of the objectives sought in any social intervention does not depend only on the motivation, interest, or skills of the people concerned, but also, and sometimes to a large extent, on the opportunities provided to them in order to achieve them. The social, political, and economic conditions and the decisions taken, or not taken, in those environments play a decisive role in creating capabilities (Nussbaum, 2012), with the particularity that "to promote capabilities is to promote areas of freedom, and this is not the same as making people function in certain way" (p. 25). Amartya Sen understands that these areas are extraordinarily restricted due to poverty, unemployment, precarious employment, limitations in education or health, gender inequality, etc. All these circumstances undermine the capabilities and, therefore, the basic freedoms needed to achieve well-being: to lighten the burden of poverty, to escape group pressure, to avoid discrimination and social exclusion, or to overcome the walls that prevent us from seeing the horizon beyond the immediacy of everyday life. Here at this crossroads is where freedom meets liberation as the goal of intervention: psychology has to break the chains that keep us tied to fatalism, to free people from the alienations coming from social bonds, to break the asymmetrical relationships defined in terms of power-submission, to release the burden of resignation, starting from the assumption that "there is not, nor can there be, a personal disalienation that is not, at the same time, social, nor is it possible to conceive a true inner liberation that does not entail an outer liberation" (Martín-Baró, 1998, p. 339).

In terms of social intervention, it is not enough to analyze whether a person is capable of achieving well-being; it is necessary to be interested in the freedom (the opportunities) offered by the environmental conditions to achieve it (Sen, 1999). For example,

without bothering to analyze the reasons for the failure of the Cambridge-Somerville Youth Study, conservative politicians were quick to draw on their recalcitrant individualism to call for a reduction in support programs for young people from economically disadvantaged backgrounds, arguing that it is personal values and dispositions that define whether someone will become a criminal or an honest citizen (Ross & Nisbett, 2011, p. 215).

The second axis occurs within the framework of community empowerment through, for example, community coalitions to prevent alcohol consumption among the adolescent population, learning communities to prevent school dropout, the implementation of community resources to deal with the damage caused by a natural catastrophe, the recovery of damaged social networks after prolonged events of political violence. Community empowerment facilitates social integration and a sense of belonging, generates trust in others and in institutions, and favors involvement in issues or problems that affect the common good. All of this is what defines social well-being (Blanco & Díaz, 2005).

The third axes enters a powerful space from the psychological point of view, that of the socially rooted and socially shared emotional experiences arising from the events (some of them truly stressful) that mark the life of any person, frequently stemming from interpersonal, intergroup, and inteecategorical relationships, and/or from the position inside the social structure. In an open criticism of the dominant taxonomies in the definition and diagnosis of mental disorders in DMS-III (American Psychiatric Association, 1983), Martín-Baró considered at the time (in the 1980s) that it was urgent to change the perspective and see mental health or disorder not from the inside out, but from the outside in; not so much as the consequence of an internal dysfunctional functioning, but as the materialization in a person of the humanizing or alienating character of a framework of social relations, which is where we build ourselves historically as individuals and as a human community (Martín-Baró, 2003, p. 343), not only as a personal attribute, but as a collective trait. It is probably long overdue to replace personality disorders with interpersonal disorders (Wright et al., 2022).

The mediating role of the emotions in health, both positive and negative, occupies today one of the most prominent chapters in research. To make a long story short: positive emotions are highly contagious, provide pleasant sensations, improve cognitive performance and interpersonal and intergroup or intercategorical relationships, make us more tolerant to frustration, set us in motion for action, including coping with stress, and strengthen the immune system (see Fernández-Abascal, 2015, pp. 23-51). These experiences are what Ed Diener called subjective well-being: experience of pleasant emotions, low level of negative emotions, and high satisfaction with life (Diener, 1994). In short, as opposed to a model of mental health defined by the absence of negative symptoms, the psychosocial approach focuses on two diagnostic criteria: hedonia (emotional experience) and positive functioning (Keyes, 2005). Although it is practically impossible to reach a consensus and exhaustive agreement on mental health, as the WHO warns, this organization itself has incorporated into its definition subjective well-being, autonomy, perception of efficacy, the possibility of working productively and profitably, putting intellectual and emotional capacities into practice, coping with the stressful events of daily life, and collaborating with the community. These are some

of the dimensions of positive psychosocial functioning. This concept of mental health, they add, is consistent with its broad and varied cross-cultural interpretation (WHO, 2001).

It is in this context that the boundaries of professional profiles begin to blur. Our professional association is in all probability obliged to do this as a protective strategy for professional practice, and it is equally convenient and necessary for training in specific competencies, but health cannot be considered a territory limited to an area of knowledge from the academic point of view, and much less, an exclusive field of a professional profile. A few years ago, Jorge Fernández del Valle—who has first-hand knowledge of the field of social intervention—analyzed the use of the term "psychosocial intervention" in the scientific literature with an unexpected result: the most common use of the term was in the medical field, closely followed by that of mental health. It is pleasing to see that the use of the term "psychosocial" within medicine could be subscribed to by Lewin, Moscovici, or Asch: a complementary treatment "aimed at the psychological aspects and the social context (especially the family) of the sick" (Fernández del Valle, 2010, p. 40). There are many examples from the field of social intervention where mental health comes into play. In addition to those already mentioned, we should add programs aimed at preventing gender violence, suicide in adolescents, social exclusion in people with disabilities, interventions for the community integration of people with mental disorders, not to mention the increasingly active line of intervention for the support of responsible and positive parenting during the first years of life, which, in addition to improving cognitive, linguistic, and socioemotional development, prevents future behavioral problems (see in this regard the meta-analytical review by Jeong et al., 2021).

On the other hand, there are countless professionals working with the therapeutic treatment of mental disorders who would recognize themselves in the experience of José María Ayerra, a long-time psychiatrist and former head of the mental health area in Getxo: "based on the realization of the involvement of the family in the emotional and psychic development of patients, my perspective changed, and my understanding went from an individual model to a family-centered thinking, indispensable in the understanding of small groups, large groups, and social functioning" (Ayerra, 2019, p. 208), which has been all too absent in research and treatment work in the field of health psychology in our country. This field has neglected "psychological interventions elaborated from a more social perspective implemented within non-clinical contexts such as, for example, the school, family, or work" aimed at health promotion and prevention (García-Vera, 2020, p. 19). In the latter setting—that of work—chronic work stress, task overload, lack of support, abuse of power, and psychological and sexual harassment have been shown to be powerful risk factors for health (Alcover, 2019). The results of a meta-review of reviews and a subsequent meta-analysis (Niedhammer et al., 2021) show a significant relationship between these working conditions and cardiovascular diseases (coronary heart disease, ischemic stroke), and particularly strongly, with mental disorders (depression). This is why, in a reciprocal and complementary way, many social intervention professionals see themselves reflected in the need for clinical psychology knowledge that Fernández del Valle (2018) calls for in foster care work.

It is surprising, then, that the fundamental etiological axis in the genesis of mental disorders continues to be based on behavior (Colegio Oficial de Psicólogos [Spanish Psychological Association, COP], 1998, p. 22), as if behavior, and the actor involved in it, were suspended in a social vacuum. No one is unaware that, in some cases, repairing the damage requires personalized therapeutic treatment, but from this reality it cannot be inferred that behaviors "relevant to health and illness" are the property of the profile of clinical and health psychology. They are the property of practically all psychological work, both in its basic and applied aspects, in both research and intervention. Health-related behaviors extend over a wide area that includes community gardens, addiction prevention, the aftermath of exclusion, rejection and discrimination (hate crimes), the damage caused by natural disasters or perpetrated intentionally at the hand of humans, the prevention of isolation and loneliness in the elderly, and many others. Not to mention the physical, emotional, and moral pain caused by poverty (Narayan, 2000).

It remains a mystery why this obsolete marriage between the clinic and health is still maintained when, from the epidemiological point of view, health-relevant behaviors are far removed from psychological anomalies or pathologies that require personalized clinical treatment. Reputed experts in this field, both in Spain (see, for example, González & Pérez, 2007) and elsewhere, have warned that emotionally painful experiences, in addition to being part of any person's life journey, do not necessarily lead to a disorder. One of them, George Bonnano, has been particularly insistent in this regard: the results of research in recent decades have shown irrefutably that most people exposed to events that endanger their health and even their lives do not develop post-traumatic stress disorder; most of them are able to cope with traumatic stress reasonably well (Bonanno, 2021, p. 14).

Finally, health, well-being, quality of life, freedom to achieve well-being, are not only a theoretical framework; they are also, and above all, an indispensable commitment for social science, which, like so many others, refers us back to the "emancipation principle" around which the pioneers of social thought developed their activity. Their moral aspirations (Nisbet, 1966, p. 18) are also ours. Among many others, Jiménez Burillo (1985) put it so succinctly and aptly: "it is necessary to involve values upon which to judge the benevolence or perversity of social systems" (p. 79) and of the products they create, it should be added. This is the basis of the critical vocation of social intervention: the denunciation of conditions that leave a trail of victims in their wake.

There is no longer any debate on the freedom of values in the work of social science, much less in the framework of social intervention. In each and every one of its programs there is a deliberate stance taken by those who design and implement them; a simple glance at the objectives of any of them would suffice as proof. This is a truism that no longer needs any justification. If anything, in conclusion, we might recall how, after collaborating for several years with various organizations in charge of alleviating the flood of suffering that swept through Europe after World War II, and after having himself spent time in a Nazi extermination camp, Henri Tajfel decided to devote himself to the study of intergroup behavior. Once he had embarked on this path, in which he became the main reference in European social psychology, he became convinced that he could not do so from a comfortable

asepsis: "social psychology can and must include among its theoretical and research preoccupations a direct concern with the relationship between human psychological functioning and the large-scale social processes and events which shape this functioning and are shaped by it [...] In view of all this, my belief in a 'value-free' social psychology rapidly grew shaky" (Tajfel, 1981, p. 7).

All this, in a very summarized way, to conclude that, more than a territory, an objective, or a particular content, the psychosocial is a perspective from which we analyze social events and problems, the actions that are at their origin, and the consequences that they entail at the personal and collective level, in the conviction that all this is the result of the conscious and intentional activity of the human being. If this is so, it could be concluded that everything that has been conceived and created in a certain way and in a certain direction can be changed, and should be changed when it leaves in its wake a trail of psychological, social, and moral damage for which there is no place for indifference or neutrality. The psychosocial approach to intervention bases itself, as a priority, on the group-community as the agent, scenario, and objective of change.

Conflict of Interest

There is no conflict of interest.

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