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The emotional determinants of health: *The Lancet*–London School of Hygiene & Tropical Medicine Commission



Sven Torfim/Panos

Various efforts have been made to understand the spectrum of determinants of health outside of traditional clinical and public health frameworks. The social determinants of health are the conditions in which people are born, grow, live, work, and age—and how they impact overall health.¹ The political determinants of health relate to how health is inherently political and the ways that political decisions impact health outcomes.^{2,3} The commercial determinants of health consider strategies and approaches used by the private sector to promote products that can be detrimental to population health.⁴

A new *The Lancet*–London School of Hygiene & Tropical Medicine Commission will bring the important dimension of emotions to this ecosystem of levers that impact on health decisions and outcomes. Ultimately, decisions about health are not only reliant on a rational process but are also impacted by our hopes or fears, anxieties and worries, and empathy and feelings,⁵ which

are intertwined with political and social determinants, but merit their own attention. As neurobiologist Cori Bargmann suggests: “Emotions do not exist to make us think, they exist to keep us alive” (Bargmann C, Laboratory of Neural Circuits and Behavior, Rockefeller University, personal communication).

Lucy Gilson⁶ argues that health care is inherently relational and so many crucial health challenges lie in human behaviour and relationships, which are, by nature, emotional. Understanding human emotions can bring insights as to why people make certain health decisions, why they respond to health crises in various ways, and what meanings they attribute to health interventions, health-care providers, or public health strategies and policies. The political economy of hope, for instance, has been examined within the context of experimental cancer treatments,⁷ while others have considered emotions in the context of cancer therapy decisions.⁸

Fear and anxiety during the outbreaks of Ebola virus disease in west Africa had important roles on multiple levels, ranging from impacts on prevention behaviours to stigmatisation of people with Ebola virus disease or affected communities and the wider concerns of policy makers.⁹ “Emotions also influence policy preferences and prejudice”, write political psychologists Shana Gadarian and Bethany Albertson, who argue that “Anxiety, for example, increases support for restrictive policies such as quarantines”.¹⁰ Valerie Curtis considers that the feeling of disgust, another emotion, “is a hidden cost of many occupations such as caring for the sick and dealing with wastes”.¹¹ Other research has recognised the role of disgust as a factor influencing vaccine hesitancy.¹²

Emotions are learned. Historical experiences shared by communities can help internalise communal emotions that influence acceptance or rejection of government or outsider health interventions, especially among marginalised groups. Meanwhile, individuals have their own emotional “wiring” as Lisa Feldman Barrett writes in *How Emotions Are Made*.¹³ Policy makers too have their own emotions as they make decisions, faced with the emotions of publics—sometimes anger, sometime hope.

This Commission will explore and gather evidence on the emotional determinants of health in diverse settings and across different actors to generate recommendations and guidance for better preparedness and

management of emotions in the context of clinical and public health.

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Thank you to *The Lancet's* reviewers of 2019

The Lancet's commitment to publish science that adheres to the highest scientific standards and has the greatest opportunity to improve lives depends to some extent on the large team of external reviewers. The confidence that academics, clinicians, policy makers, and the public have in the research published in *The Lancet* rests on the diligence and expertise of our peer-review process.

To the reviewers (appendix) who have supported us in 2019, the editors of *The Lancet* would like to express our heartfelt thanks. We have learned from and been guided by you. As reviewers, you are part of a global community that seeks to advance the health and wellbeing of people worldwide, and we are grateful for the key role you have in this.

As editors seek peer reviewers, the value of diversity of expertise is clear to us. For the past 3 years, we have tracked the gender of our peer reviewers. The percentage of women has increased from 22% in 2017, to 28% in 2018, and to 30% in 2019. We recognise that this is one measure of diversity and are committed to growing our network of reviewers, particularly in its geographical diversity.

To all the reviewers who joined us in 2019, thank you and welcome to the team.

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See Online for appendix