Citizen participation in the political process is often hailed as the central component of American democracy. Citizen participation increases the likelihood that interests are represented, needs are met, and grievances are addressed (Verba, Schlozman, and Brady 1995). Citizen participation has even been linked to economic development, crime prevention, educational attainment, and other community assets (Putnam 2001). Recently, however, the virtues of citizen participation have been challenged. Americans do not like politics and do not want to participate, and forcing their participation does not ensure better decisionmaking, a more legitimate system, or benefits to the participants (Hibbing and Theiss-Morse 2002).

Underlying this debate is a consensus that citizen participation in contemporary America is low. Researchers simply differ on whether this low participation is good or bad. An important but overlooked dimension in the debate is whether low citizen participation has good or bad health implications.

To the extent that health has entered debates about citizen participation, attention has focused on how participation affects policy. If citizens do not participate, social welfare needs are not brought to the attention of policymakers, and policymakers have little incentive to respond (Hill et al. 1995; Blakely et al. 2001). The resulting social welfare policies adversely affect health. In addition, low political participation is associated with limited social support networks, which also adversely affect health (Blakely et al. 2001; Putnam 2001).

Here I suggest an additional mechanism by which participation, or the lack thereof, might affect health, given a political grievance. Participation might be instrumental in enhancing self-efficacy because it leads to desired results or provides a sense of control and purpose, which ultimately improves health. Participation might also serve expressive functions, such as venting or going on record as objecting to an injustice, which decrease frustration and stress and thus improve health. Alternatively, participation might be ineffective, frustrating, or even maddening and therefore diminish self-efficacy and worsen health.

To date, research on the effects of citizen participation on health is limited but generally suggests that participants are healthier than non-participants (LaVeist 1992; Kennedy et al. 1998; Sanders 2001). Work in social psychology on self-efficacy and the loss of control also suggest a positive relationship (Mirowski and Ross 1989; Bandura 1997), although the vast majority of this research deals with the health implications of lost control in the workplace (Syme 1989; Marmot and Bobak 2000). Extending the findings of this research, I argue that, if loss of control over work has such important health implications, loss of control over one’s political life should too, especially at times when politics exercises a critical influence over citizens’ destinies.

I explore the link between political participation, perceived political efficacy, and health using the Social Capital Benchmark Survey, the Panel Study of Income Dynamics, and other data sources. Some preliminary findings are that, controlling for a range of variables, trust in government is significantly related to self-rated health, as is the perceived efficacy of political activities such as voting, litigating, or participating in a civic organization. Most available data are cross-sectional rather than longitudinal, and I am currently investigating ways to gather more data to test whether the direction of causation is mostly from participation and efficacy to health, or vice versa.