

Introduction

By any stretch of the imagination, this is not a traditional health promotion book. There is no mention of health promotion models and standards, it has nothing to say about epidemiology or lifestyle management, and there is not even a sniff of a health promotion target to be found within its pages. If you are looking for a conventional exposition of the merits of health promotion, this is not the book for you. However, if you want to understand how health promotion might move beyond its fixation with disease and illness, and at last live up to its aspiration to provide meaningful health for all, then read on.

The trouble with conventional health promotion is that it is conventional. Conventional health promotion - the sort of health promotion that tells people to stop smoking cigarettes and drinking alcohol and cajoles us to get our kids immunised - uses traditional assumptions and traditional techniques. Because these assumptions and techniques are so well-established amongst conventional health promoters, conventional health promotion finds it virtually impossible to conceive that they might be questionable.

The conventional health promotion industry - a vast, informal consortium of government administrators, public health officials, medical professionals, academics, researchers, practitioners and consumer movements - continues to expand. As it does so, it develops more and more specialist branches: public health, public safety, disease surveillance, family health, health in developing countries, heart health, child health, community development, well-being promotion, mental health promotion - the list goes on. Each new specialism strengthens conventional health promotion simply by adding to its chain-mail of conventions.

As a trained and instinctive philosopher, conventional health promotion has always filled me with disquiet. *My* assumption is that institutions unable to criticise themselves - and unable to see the point of criticisms made from outside their walls - are certainly less useful to us all than they might be, and are probably dangerous to at least some of us. I have explained this in detail in a previous work, *Health Promotion: Philosophy, Prejudice and Practice* (which may usefully be read alongside the present book), and had thought this was all I had to say on the subject.

The present book was originally meant to be entirely about mental health promotion. I imagined it would do a similar job to *Health Promotion: Philosophy, Prejudice and Practice*, this time with sole reference to the mental realm. I had in mind a book which would disentangle the ubiquitous muddles over the nature of mental illness and mental health, and assess the merits of various approaches to mental health promotion - psychiatry, psychology, mental morbidity prevention, well-being promotion, and alternatives to psychiatry - before offering a constructive way forward using the foundations theory of health, my own health promotion preference. But no sooner had I begun than I realised that this plan would have to be aborted. It dawned on me that not only are mental health and mental illness artificial categories - categories manufactured by human beings - but the distinction between the physical and mental realm is artificial too. Given this, I could not possibly write a book exclusively about mental health promotion.

So I wrote a different book. *Total Health Promotion* does discuss different understandings of 'the mental' (**Part One** may be read as a rough and ready review of contemporary beliefs about mental health and illness). But it does not do so to establish a case for best practice in mental

health promotion. Rather it discusses mental health and illness in order to show how strange it is to divide the mental from the physical - despite the fact that most of us make the separation all the time.

The belief that the mental and the physical are entirely and forever apart is perpetuated almost everywhere in western culture - in schools, in leisure activities, by Christianity, by the health professions, by the news-media: by the very way we organise our social systems into compartments for 'mental stuff' (mental hospitals, psychiatry, counselling, intellectual intelligence, emotional intelligence) and 'physical stuff' (general hospitals, organic medicine, sport, physical health promotion, work 'with the hands' and so on).

We seem to think and feel emotion in our heads, and move and touch with our bodies, and so it seems only natural that we should have disciplines devoted to the health of our mental lives, and other quite separate disciplines devoted to the health of our physical organs, tissues and cells. But even though we routinely divide the world up like this, the mental/physical split is no more necessary than the idea that 'schools are where kids get educated' and 'outside school is where kids do non-educational things', or the idea that there are white people and there are black people and they are not the same. We make such classifications because they make sense to some of us - they offer some sort of explanation of our human experience, they appeal to some of our instincts, and some of us find the values they represent reassuring. We make them. They don't make themselves.

Total Health Promotion argues that once we countenance the possibility that we do not have to be bound by strict separations of the mental and the physical - and therefore no longer need to be glued into rigid specialisms like psychiatry, mental health promotion and strictly organic medicine - we are free to be infinitely creative in our health promotion activities. We do not, for instance, have to restrict ourselves (in a box labelled mental health promotion) to techniques designed to improve the 'maturity' or 'sense of self' of an individual with a mental disorder. Indeed, once liberated from fixed categories, we can see that it is better not to think of 'individuals with mental disorders' at all - because this classification inexorably binds us to a focus on the individual, or even to a focus on an individual's thought processes or brain function. It is far more liberating to concentrate on 'life difficulties', since the idea of life difficulties enables us to consider *either* the individual *or* the life circumstances surrounding the individual, or both.

Total health promoters should always endeavour to see the total picture - however conflicting it is and however difficult it may be to do so.

The argument

Total Health Promotion is an ambitious book, but it tries not to overreach itself. It offers a blueprint for a reflective, uninhibited form of health promotion, in the following simple steps.

Chapter One

The opening chapter argues that our urge to classify things and processes into distinct categories is an inescapable reaction to a world that is otherwise far too complicated for us to comprehend. We tend to think our classifications are discoveries - that we have found the world to be like we think it is. But we are mostly mistaken.

By means of a well-known mid-twentieth century murder case - made notorious for a second time by the 1994 film *Heavenly Creatures* - Chapter One suggests that no matter how obviously right it looks to some of us, the statement ‘this person is mentally ill’ depends as much on beyond-the-evidence assumptions as the statements ‘this person is possessed’, ‘this person is evil’, and ‘this person is criminal’

Chapter Two

Since Chapter One’s conclusion is controversial - and will no doubt be rejected out of hand by most psychiatrists - Chapter Two shows that psychiatry would not exist without beyond-the-evidence assumptions, and explains that alternative classifications of mental problems are therefore equally as plausible as psychiatry’s.

Chapter Three

Chapter Three describes different definitions of mental health. It points out that just like classifications of mental illness, all understandings of mental health sit permanently beyond-the-evidence. Consequently, definitions of mental health are of little use for total health promotion, since each is artificially disconnected from the physical and social world.

Chapter Four

Chapter Four gives detailed reasons why we should not automatically separate the mental from the physical, and explains why it makes more sense to think of the world as fundamentally interconnected. In so doing the chapter begins to consolidate the groundwork for total health promotion.

Chapter Five

This chapter explains what rational fields are. It describes the difference between a natural rational field and a manufactured one, and it shows how a mix of evidence and non-evidence can be combined to create manufactured rational fields. Chapter Five also explains how to assess the stability of manufactured rational fields, using the examples of psychiatry and mental health promotion. In the process, it demonstrates that psychiatry and mental health promotion are both disintegrating rational fields, artificially held together by human instincts, values and classifications.

Chapter Six

The final chapter explains three important steps. It shows how to analyse rational fields by asking ten clarifying questions (**STEP 1**). It explains how to compare and contrast rational fields in context (**STEP 2**). And it demonstrates how total health promoters can combine the foundations theory of health with rational field thinking, in order to devise the most thoughtful and practical health promoting schemes (**STEP 3**).

As it works through these steps and explores different health promotion challenges, Chapter Six shows how health promotion could be released from its artificial conventions to become self-critical, ethically mature and focussed on autonomy creation.

Total Health Promotion

I am under no illusions as I offer this book. Having been a health promoter myself for a while, I

understand health promotion culture and am well aware of the pressure on working health promoters to conform to conventional expectations. I also realise that the book does not even look like a health promotion text, at least not in **Part One**. I imagine *Total Health Promotion* will be met with either incomprehension or mis-comprehension by the bulk of its conventional health promotion audience (assuming there is an audience at all). However, even knowing this, I put the book forward in the belief that it is an important contribution to health promotion's future. I confess that the book is patchy, and I admit that the idea of using rational fields to promote health is underdeveloped and untried. Nonetheless, I think there is tremendous potential for myself and (I hope) for others to refine this ground-breaking approach to health promotion.

If total health promotion were to become widely adopted the social advantage could be enormous. At present, most health promotion is conservative, unreflective and seeks to change people's behaviours by training us, indoctrinating us or passing laws to make us behave - and it usually does so without seeking individual or public consent. Conventional health promotion cannot see anything wrong with this approach, but total health promotion thinks quite differently. Where the conventional health promoter proceeds as a matter of course, the total health promoter reflects and analyses in ethical and practical detail, taking as little as possible for granted. Unlike conventional health promotion, total health promotion has wholly explicit purposes, and it uses a template that can be applied to assess any and all health promotion interventions. Crucially, this template demands absolute honesty about the instincts, values and classifications that must lie behind any health promotion plan.