

Health Promotion: Evidence and Experience

By K. Lucas and B. Lloyd, Sage, London, 168 pages, references and indexes, \$AU61.00 (Paperback)

When Alan Chase (2003) reviewed Ralph McInerny's *Triple Pursuit* (in the Father Dowling series) for *Who Dunit*, he found himself in a dilemma. He could not recommend the book to his readers. Yet, McInerny is not only the beloved author of dozens of mystery books in a number of series. He is a philosopher of international stature who is a recognised expert on the philosophies of Thomas Aquinas and Jacques Maritain. He is known for his concise and lucid prose and for his ability to communicate the essence of an argument memorably.

Still, Chase deemed *Triple Pursuit* to be sub-standard for the genre. He speculated that McInerny might have become tired of the protagonist or have had insurmountable deadlines. In any case, Chase (2003) blames the editor. Editors, not authors, are the ones responsible for publishing books. Writers write. Editors edit. And editing means more than getting the books published and sold; it requires getting the books written well. Authors—even very experienced ones—often need a great deal of help.

Turning to the back cover of *Health Promotion: Evidence and Experience* the reader is offered a great deal by the publisher. Ostensibly we will be given “a major re-appraisal of health promotion activity” that argues for what works and for engaging the salient issues. Fundamentally, the authors seek to provide practitioners with an integrated view capable of effectively coordinating the various disciplines that health promotion research, teaching and practice draws upon. This is a tall order for a book of fewer than 170 pages. It took David R. Buchanan (2000) something over 200 pages to lay the foundations of such an endeavour in his bench-mark text, *An Ethic for Health Promotion: Rethinking the Sources of Human Well-Being*.

What is the substantive difference between these two works? In his first essay on the “Principles of Method” published in *The Friend* nearly 200 years ago, Samuel Taylor Coleridge (1969) distinguishes a well-educated man from others by a specific attribute:

It is the unpremeditated and evidently habitual arrangement of his words, grounded on the habit

*of foreseeing, in each integral part, or (more plainly) in every sentence, the whole that he then intends to communicate. However irregular and desultory his talk, there is a **method** in the fragments.* (Emphasis in the original, p.449)

Of course, when discussing whether someone is well-educated or not, Coleridge is not speaking about how many years of study a person has completed or the length of their journey of discovery. He is considering the issue of how well-formed a person has become because of such an education or journey. What particularly marks out the well-educated person is the ability to habitually consider “things” in terms of their relationship to other “things” or the observer *and* “to the state and apprehension of the hearers” (Taylor, 1969, p.451).

Unfortunately, *Health Promotion: Evidence and Experience* reads like a disconnected series of draft lectures and papers on health promotion. It is a pastiche—no pejorative sense intended—of poor quality in its present form. As suggested in the previous paragraph, the quality can be judged in terms of both the thinking and its presentation. For the most part, the chapters report on the thinking of others (hence, it is a pastiche) with insufficient critical and contextual analysis of that thinking or adequate integration of such thinking into the whole of the book's argument; hence, it is of poor quality. Thoughts, ideas and arguments from different paradigms and parts of the world are strung together as if there were no history for or development of such thinking.

Additionally, although there is frequent reference to disparate articles in journals such as *Social Science and Medicine*, readers will look in vain for solid evidence of engagement with and understanding of sustained discussions of the same key issues that have been unfolding in the salient health promotion and health education journals over the past 20 years. Moreover, the works of significant authors and editors such as Bunton and Macdonald (2002) are not even referenced, much less discussed. Besides the lack of care in delineating the various “schools” of thought that have developed differentially using very diverse disciplines such as psychology, sociology,

epidemiology, anthropology, political science and economics, there is a lack of care in the basic mechanics of argumentation and articulation.

Too much of the discussion remains at common-sense level, which takes things as they appear without asking relevant critical questions to a satisfactory degree. Even though sympathetic with aspects of their thesis, experienced readers may often find themselves frustrated with the lack of acceptable abstraction and cogency. One is never sufficiently convinced that what had or could have “worked” in one place would be relevant or suitable for another particularity. Additionally, there is a systematic one-sidedness to their arguments regarding why many things have not worked. The continuous desire is to reply, “Yes, but what about this, that or the other thing?”

The authors’ discussion of the importance of theory and its absence in terms of partnership development provides an instance of what is meant (Lucas & Lloyd, 2005, pp.18-20). Instead of referencing available research on the use of theory by health promotion practitioners in general or those working in partnership development specifically, the authors have selected a sanitised job advertisement for a health improvement coordinator (primary care) position. This is offered as an example of the paucity of theory in the development of healthy public policies.

It would have been somewhat more convincing to have referenced the whole position description, and, of course, even more appropriate to have drawn upon research into the use of theory in policy development and implementation. To suppose that an advertisement is the best data to examine is facile. To then draw upon Nutbeam and Harris’ (2004) *Theory in a Nutshell* as a substantive support text is inappropriate; it is at a further remove from the sources they have used. Additionally, both of these authors have been involved in more substantive work on this subject and their current work is half the length of the text provided by Lucas and Lloyd.

Had the authors been editorially guided to follow up their own lead and had they used Antonovsky’s Sense of Coherence Construct (SOC) literature.

and his salutogenic (health generating) approach as a foundation for theoretical and practical integration, they would have found themselves at the centre of a relevant discussion that Antonovsky (1996) sparked over a decade ago. Others have taken him up on his proposal (Taylor, 2004). While his approach—as he had articulated it by the time of his premature death—is inadequate as a foundation, it does open up the possibility of fruitfully using general systems thinking.

This was, of course, implicit in his work. And, as the economist Kenneth Boulding (1956) famously recommended, general systems theory should be considered seriously as the skeleton of an integrated science that requires fleshing out by each particular discipline, whether new or old. Such an approach can provide a credible and cogent centering point for exploration and integration within and between all the domains of inquiry and endeavour relevant to health promotion.

Given their dismissive stance towards the work of Talcott Parsons, Lucas and Lloyd might object that this is exactly what they do not desire. However, they have not successfully argued that this is not something which is needed. Additionally, their treatment of Parsons is exemplary of their lack of balance. On the other hand, within 10 years of Boulding’s counsel, Gibson Winter (1966) had convincingly offered a method for reconciling the human sciences with human ethics in the field of public policy. He did this without dismissing what is truly of merit in the work of Talcott Parsons or any other position.

Despite the fact that the very widely respected Keith Tones (who is highly regarded by this writer) commends *Health Promotion: Evidence and Experience* in the flyleaf of the book, this reviewer cannot recommend the work. Experienced health promotion practitioners are likely to know enough to be better served by other works. Conversely, health promotion students are unlikely to know enough to become well-educated when reading it by themselves. Like Chase, I would argue that this is the responsibility of the editors. This could have been a much better argued and articulated work and, thus, an important contribution to the

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