In the preface to *Rethinking Health Promotion: A Global Approach*, Théodore MacDonald whets the reader’s appetite by touching on a number of important issues facing health promotion at the close of the millennium. Is health promotion in danger of becoming a ‘theory of everything’? How can it be defined coherently? Should it avoid being seen as a discipline in itself? And—as highlighted in the book’s title—how can health promotion develop a global imperative?

Designed for use in postgraduate and undergraduate education and professional training, the book is broadly structured into three sections. The first section, Chapters 1–4, considers the history and philosophy of health promotion; the second section, Chapters 5–6, focuses on the British experience; and the third section, Chapters 7–14 comprises a number of relatively self-contained lecture papers dealing with an eclectic—and somewhat confusing—mix of health promotion topics (e.g. sexual health, diet, tobacco), methods (e.g. mass media, assessment) and issues (e.g. ethics).

Chapter 1 provides an interesting and thought-provoking discussion of the origins of health promotion and biomedicine, and seeks to demonstrate the epistemological differences between them. MacDonald argues that health promotion has two ‘histories’—the first developing in conjunction with biomedicine’s ‘Hippocratic’ tradition (600BC–AD200), the second emerging in 1974 with the work of Lalonde (1974) as a response to the progressive determinism and specificity of modern rational medicine. He illustrates the distinction between health promotion as ‘holistic’ and biomedicine as ‘reductionist’ by expounding the Greek ideas of ‘Hygeia’ and ‘Panacea’, and concludes by defining what he sees to be a ‘distinct intellectual territory’ for health promotion. In doing this, he contrasts health promotion with health education and sets out a radical agenda, arguing that the latter is characterized by a concern with empowerment, neighbourhood advocacy and the eschewal of medicalization.

Chapter 2 develops these themes, asserting that health promotion involves a three-step approach with empowerment leading to neighbourhood advocacy leading to intersectorality. Outlining the spread of health promotion, MacDonald suggests that it is underpinned by the three ideological/political thrusts of feminism, environmentalism and anti-authoritarianism, and goes on to discuss concepts, e.g. ‘healthism’, ‘empowerment’ and ‘holism’. The potentially exciting and innovative subject matter is, however, weakened by an unclear structure and a failure to provide either a convincing rationale or adequate referencing for his bold analysis. For instance, health education is summarily dismissed as ‘having a brief to acquaint people with the facts of what health is in explicit and identifiable terms’ without reference to either educational theory or the rich debate that has taken place over the years concerning the relationship of health education to health promotion. Furthermore, whilst MacDonald’s distinction between ‘impowerment’ (referring to power giving by those in authority) and ‘empowerment’ (referring to the cultivation of a person’s self-esteem) may be valuable, it would have been strengthened by making reference to the work of other authors who have written extensively on the subject, and in particular by acknowledging that empowerment as a concept has roots in a diversity of disciplines.
The next chapter focuses on the history of the ‘old’ and ‘new’ public health in Britain, outlines the milestones represented by the Lalonde Report, the Alma Ata Conference, Health for All and the Ottawa Charter, and once more grapples with the question ‘what is health promotion’? Whilst the chapter is interesting and informative, it does not obviously say anything that has not been said in a number of other health promotion textbooks.

Chapter 4, entitled ‘Health Promotion: A Eurocentric Phenomenon’, promises to get to grips with the book’s central question—how can health promotion develop a global approach? MacDonald’s starting point is that there is a paradox between the imperative to understand health promotion as global and the culture-specific nature of what health promotion itself is. His argument that Western health promotion is a product of European psychology and is therefore intrinsically ‘Eurocentric’ and unable to be applied to non-Western societies rests on his claim that it is solidly based on concepts of ‘individual autonomy’ and ‘empowerment’. This itself builds on his earlier (unsubstantiated) assertion that health promotion as we know it involves a sequential approach comprising empowerment, neighbourhood advocacy and intersectorality. Whilst the overview of Freudian and other psychology is interesting and informative, the chapter as a whole is disappointing. MacDonald’s argument seemingly disregards the influence of disciplines other than psychology, and fails to acknowledge the diversity of health promotion models which inform Western theory and practice.

The reader is thus left with a sense of dissonance between the author’s radical vision as outlined in his earlier discussion of health promotion’s socio-economic and political focus (p. 28) and the current chapter’s extreme individual focus, particularly evident in his analysis of empowerment (there is, e.g. no mention of the work of Freire, who has significantly influenced British health promotion and empowerment practice). Furthermore, having highlighted the need for a global approach, MacDonald focuses only on the problems of applying Western models to ‘third world’ practice and fails to engage with many of the key global challenges facing health promotion at the turn of the century. It would have been useful, e.g. to consider some of the following questions: How can Healthy Cities/Communities programmes retain the global focus of Health for All? How can Western health promotion advocate for disinvestment and investment decisions which will promote global health and reduce inequalities between the North and the South? How does health promotion relate to the global imperatives set out in Agenda 21? How can an awareness of global issues (e.g. fair trade, structural readjustment) become an integral part of Western health promotion concerned with issues, e.g. food, smoking and HIV/AIDS?

Having narrowed the focus in Chapters 5 and 6 to consider the experience, consequences of health being viewed as a ‘commodity’, shifting nature of the relationship between medicine and the state, and the value of the 1992 Health Strategy for England, The Health of the Nation (Department of Health, 1992), Chapters 7–14 are devoted to an eclectic mix of topics, methods and issues. Whilst MacDonald acknowledges in his preface that it is impossible to deal with every important health promotion issue, it would have been helpful to understand his choice of subject matter, which ranges in no particular order from sexual health promotion (focusing almost exclusively on HIV/AIDS), through diet, ethics, mass media, employment and unemployment to tobacco, alcohol and assessment of health promotion initiatives. These chapters are all interesting and offer the reader stimulating and unconventional perspectives on the topics. However, their self-contained nature and their failure to meaningfully address or at times even demonstrate links to the book’s central concern with ‘a global approach’ leave the reader with a sense of disconnectedness. For instance, in Chapter 7, there is no discussion of HIV/AIDS as a global problem let alone an analysis of the political and economic factors contributing to its prevalence in countries of the South.

In summary, then, Rethinking Health Promotion: A Global Approach offers a thought-provoking and visionary historical and philosophical analysis of health promotion, provides a number of interesting essays on a diversity of issues, methods and topics, and raises important and stimulating questions which should prompt further reflection and debate in the field. However, the book is disappointing in a number of ways. Firstly, it fails to cogently or comprehensively address its central concern with developing a truly global approach. Secondly, it lacks coherence and at times reads like a series of self-contained essays, with individual chapters lacking connectedness
and engagement with the book’s central focus. Thirdly, for a new textbook on health promotion, it fails to refer to a number of recent developments and influences (e.g. sustainable development, settings-based health promotion). And lastly, even though it contains a myriad of useful references, many of MacDonald’s boldest and most significant assertions (e.g. the distinction between ‘impowerment’ and ‘em-powerment’: health promotion being underpinned by feminism, environmentalism and anti-authoritarianism) are unsubstantiated and developed with minimal reference to the work of other authors.

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People-Centred Health Promotion

John Raeburn and Irving Rootman

‘So how about it, dear reader?’ is the rather unconventional final sentence to a book which offers a spirited and ardently written account of People-Centred Health Promotion (PCHP). Raeburn and Rootman are clearly on a crusade, with their final entreaty to the reader acting as a rallying call. Their ultimate goal is to persuade and empower their targeted audience, whom they refer to as ‘doers’ of health promotion or ‘wanting to be doers’ (students), to go out and engage in PCHP. In order to achieve this goal, they have put together a text which is intellectually stimulating, controversial and compelling. It is easy to be carried along on the wave of enthusiasm which drives their writing. The reader knows where these authors stand from the outset. This is not an objective and anaesthetized discourse on health promotion. There are strong philosophical elements to the work, much of which is value laden. Written by two well-known academics from social science disciplines, who are also seasoned health promoters, their strong views may not endear them to other social scientists or professional health promoters. They talk about social scientists, e.g. as often liking to be ‘lordly and remote’ and the professional as a ‘supreme being who observes godlike the doings of a depersonalized and abstract common mob’. The notion of professionalism and professional training comes in for further attack. The authors feel that training reinforces the view that professionals are a ‘special race, to whom due deference should be given by the unwashed masses’. A principal aim of the book, therefore, is to provide a resource for training that puts an alternative view and creates a different type of professional, one who adopts a more facilitatory role. In this capacity, the book may prove effective.

It is coherently written and is presented in three parts. The first part deals with the fundamentals of the Raeburn and Rootman version of PCHP, and places it into the theoretical and political spectrum. The mnemonic PEOPLE is used to highlight the philosophical and practical elements of the key components, e.g. People-centredness, Empowerment, Organizational and community development, Participation, Life quality and Evaluation. There are novel terms and phrases dotted throughout the text, e.g. ‘ill-being’ and ‘jpfs’ (‘just plain folks’ cited from research by Lave, 1988), and a helpful section on the concept of strength building. Part two of the book takes a selection of the basic principles and considers them in depth, to provide a basic conceptual and procedural structure for PCHP. This emphasis on fundamental concepts, issues and
approaches contains worthwhile discussion on empowerment, community development, and the cultural and spiritual dimensions of health (the latter two generally being ignored in other health promotion texts). Part three of the book elaborates on the practice of PCHP and the application of key principles, concentrating specifically on what the authors refer to as the people system. The penultimate chapters in this section are case studies which demonstrate how the PCHP approach can be translated into real projects. This final part, therefore, is where the authors attempt to take PCHP outside the realms of rhetoric and make it operational by applying the principles to practice. It is rather surprising that they incorporate within this a concluding chapter which is self-indulgent and borders on the realms of fantasy. Having adopted a pragmatic approach for most of the volume, they close with wishful thinking in exploring and presenting a vision of an ideal society based on PCHP principles. Nonetheless, this does not detract from the true value of the book, which is the appeal to the reader to adopt a more challenging approach to health promotion. It encourages the health promoter to strive for the attainment of positively experienced health and well-being within a quality of life context, and provides clear advice on how to work towards this end. There are lucid explanations of many of the terms and concepts that have been in use by health promoters for some time, but are frequently misunderstood. One such term is empowerment, which is the concept that best describes what the authors are trying to achieve. Although they admit to not liking the word, they nevertheless regard empowerment as the basic philosophical tenet for those that are ‘alive’ in their health promotion work.

That they choose to use the word ‘alive’ in this context points to a potential problem. Raeburn and Rootman are keen to persuade the reader that their people-centred approach to health promotion has the moral high ground, and in doing this they border on sounding self-righteous. If you do not agree or are unable to work in a people-centred way you may be left feeling that you lack ‘human values’ or your values are ‘hard’ rather than ‘soft’. Essentially, the authors present a strongly argued, but singular view of health promotion. They refer to PCHP as the third wave following on from what they label, and by implication reject, the lifestyle and social model eras. Lawrence Green, in his Foreword to the book makes a similar point. He regards the authors as having established a beachhead between the victim blamers on one side and the system blamers on the other. This may well be the case, but in establishing this beachhead they have taken no prisoners.

The numerous strengths of the book, however, far outweigh any such weaknesses. This is an invaluable addition to the growing number of publications informing health promotion practice. As a training resource it will prove useful, not only as a stimulus for debate and discussion, but also as a practical example of how to operationalize empowerment. Ultimately, the success of this book might be measured in the impact it has on the ‘doers’ and ‘would be doers’ of health promotion,…so how about it, dear reader?

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