

## **Not quite in the public interest**

### **Book review**

Bennett, P & Murphy, S (1997) **Psychology and Health Promotion**. Buckingham: Open University Press. ISBN. 0-335-19765-5 pbk. 184 pages.

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While health promotion draws on a broad range of disciplines and perspectives, psychological theory has undoubtedly informed much of the science and practice of health promotion. Notwithstanding this, texts that demonstrate and advance the application of psychological theory to health promotion practice are relatively scarce. This is Bennett and Murphy's central goal, and as such this text represents a welcome contribution to the field.

The book is structured in four parts. Part one reviews the evidence linking a number of lifestyle risk behaviours to disease (viz. diet, smoking, alcohol consumption, exercise and sexual behaviour) and considers the mediating role of psychological processes with regard to the effects of stress, gender, socio-economic status and ethnicity on health and disease. The remainder of part one is devoted to a review of social cognitive theories pertinent to behavioural decision-making processes, including social learning theory (Bandura), health locus of control (Rotter), theories of reasoned action and planned behaviour (Ajzen and Fishbein), the health belief model (Becker), stages of change theory (Prochaska and DiClemente) and the health action process (Schwarzer).

Part two offers strategies for facilitating individual behaviour change, based largely on social cognitive theories. These include the use of verbal and written information, motivational interviewing, Egan's model of problem-focussed counselling and stress management training. Their application and effectiveness are examined with respect to smoking cessation, preventing HIV transmission and reducing the risk for coronary heart disease.

Part three considers the application of psychological theory to promoting individual behaviour change through population-based strategies. These include social, environmental and legislative interventions, mass communication and programmes targeted at specific settings, for example, the worksite and whole cities.

Part four emphasises the inter-relationship between the social context (including class and ethnicity) and individual health, and introduces the use of symbolic interactionism

as a means of understanding this reciprocal relationship. Finally, a case is made for health promotion to move beyond a disease prevention model to a focus on the promotion of positive health.

While descriptively rich, the book suffers several omissions and shortcomings. Having acknowledged both social regulationist and radical structuralist perspectives on health in the introductory pages, the book launches into a largely vertical and individualistic treatise on health promotion, and applies mainstream psychological theory in this enterprise in a rather uncritical and unproblematised fashion. The primary focus of health promotion, following Bennett and Murphy, is on individual risk factors, problems of lifestyle and the lack of personal efficacy to effect individual change. The solution offered is the application of psychological theories in order to produce reasoned action and planned behaviour change, by guiding individuals through the relevant stages of change. While environmental factors are certainly acknowledged, these are largely construed as social norms, threats and barriers to change to be overcome by the individual by a shift in attitudes, health beliefs, and locus of control. Where population-level interventions are discussed, these take the form of social manipulations (eg the restriction of availability of harmful substances, taxation, legislation, and altering captive social settings like the worksite) aimed at fashioning individual behaviour in accordance with an intended norm.

Several problems arise from this approach to health promotion. In the first instance, it superfluously conflates the notions of illness and disease, thereby restoring the nineteenth century link between sickness and moral agency, and hence moral order. This epidemiologically-derived equation of risk avoidance with moral behaviour elevates health promotion to the status of a secular moral imperative whose injunctions are fundamentally victim-blaming.

Secondly, much insight is lost in the text by the setting up of an ideological dichotomy between the individual and the social context. To treat each separately and to simply assert their inter-relatedness offers little heuristic value. An alternative approach would be to recognise and explore the dialectical process whereby micro and macro forces inform, produce and reproduce each other, as detailed, for instance, by Leonard (1984). This merging of figure and ground would arguably have allowed the authors to locate the role of individual behaviour change within the context of an informed social transformation project that is truly health promoting.

A further problem is an apparent acceptance of health problems as given, or as being inherent in the data. There is no explanation, other than the epidemiological facts that are presented, of why health promotion efforts in industrialised countries have focussed on selected problems and not on others. For instance, surely violence, racism and fascism are important public health concerns in these contexts, and therefore warrant health promotion interventions at least to the same degree as poor diet or smoking do? There is thus little explicit recognition of the fact that the research problem, and indeed knowledge itself, is socially constructed i.e. defined and shaped by specific constituencies in the interests of particular social formations. This *objectification* of the research problem and the research process does little to promote critical inquiry by the student reader, especially with regard to the ideological assumptions and epistemological basis of health promotion as a discipline.

These shortcomings accrue largely from two discernible omissions. The first is the lack of a theory of society and social change to inform the text. The application of critical theory, for instance, would result in a far more reflexive integration of psychology and health promotion (see, for example, Petersen & Bunton, 1997). Foucault (1967) would argue that the individual is both constituted in social practice and reflexive in her action; the understanding of health problems, therefore, would demand an investigation of the relational investment and transmission of power amongst all social groups. Similarly, a historical materialist interpretation of individual health would explicitly locate health promotion within the context of social class conflict and the struggles of working people to secure better conditions of living (Navarro, 1980). The point is that in not adopting any particular theoretical approach to social change, the authors offer a loose collection of mainstream psychological models, lacking in any theoretical or paradigmatic coherence.

A related problem is the ahistorical representation of health promotion as a somewhat homogenous entity. This stems from a failure to discuss the history of the health promotion movement, to reflect the divergent voices within it and to locate its role in contemporary society. The mainstream positivist approach to health promotion has in fact been extensively critiqued in the literature; an alternative praxis that is theoretically informed and that recognises the social determinants of ill-health has been well articulated (see, for example, Milio, 1981; Minkler, 1989; Caplan, 1993; Eakin et al, 1996; and Robertson, 1998). The moral emphasis of mainstream health promotion on the *responsibilisation* of individuals is understood within the context of globalisation and the rise of the neo-liberal state. The new world is characterised, *inter-alia*, by an assault on welfare-state policies, with a concurrent emphasis on privatisation and the pre-eminence of market forces in regulating social behaviour. It is not difficult to appreciate how mainstream health promotion, as described in this text, powerfully reproduces this market ideology by making each individual the entrepreneur of her own health through self-government, self-examination, self-care and self-efficacy. The application of psychological theory and methodology to the public health domain lends "scientific" credibility to this enterprise of regulating individual "risk behaviour".

Thus, the marriage of mainstream psychology and health promotion, understood within the context of globalisation and neo-liberalism, mirrors and advances a shift away from overt repression and welfare interventionism to new and more sophisticated forms of social control, predicated on "good/moral" behaviour that is ultimately determined by the requirements of profitability and competitiveness. Following Petersen and Bunton (1997), this is the Janus-face of neo-liberalism, which commodifies health and shifts the responsibility for health risks and costs from the public to the personal domain, while simultaneously creating new opportunities and justifications for intervention into private lives in a most insidious fashion. An alternative health promotion project, therefore, intervenes at both macro and micro levels with the explicit intention of empowering the marginalised and the poor in order to produce fundamental shifts in the balance of power in society. Bennett and Murphy's resounding silence on these very salient ideological issues at best compromises their goal of promoting the health of all people in society and, at worst, promotes the vested interests of industrial capital in a neo-liberal social order.

In conclusion, this text provides a wealth of descriptive information on psychology and health promotion and summarises a large body of empirical studies in the field. It is

lucid and very accessible to a broad range of audiences, particularly undergraduate and graduate students. Its shortcomings relate primarily to its fundamental epistemological ethnocentrism, its lack of an explanatory theoretical and ideological framework and its ahistorical account of the field. Lest it be left unsaid, a sanitised eurocentric version of health promotion is presented, offering little resonance with the stark public health problems experienced in developing country contexts.

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