Contents

Preface vii
Acknowledgements ix
Introduction xi

PART ONE: FILING REALITY

Chapter One Beyond-the-Evidence 3
Chapter Two Psychiatry’s Alchemy: An Attempt to Transform Non-Evidence into Evidence 19
Chapter Three Mental Health Defined – And Disconnected 33

PART TWO: RATIONAL FIELDS (AND HOW TO USE THEM TO PROMOTE HEALTH)

Chapter Four Mind, Body and the Human Experience 49
Chapter Five Rational Fields 61
Chapter Six Total Health Promotion 101

References 145
Index 149
All progress is initiated by challenging current conceptions, and executed by supplanting existing institutions. Consequently, the first condition of progress is the removal of all censorships.

(George Bernard Shaw, Preface to Mrs. Warren’s Profession, 1893*)

There are different kinds of censorship. There are deliberate prohibitions, there are unspoken taboos, and then there are all those ways in which we unthinkingly censor ourselves. This book is about the latter. In particular, it is about how we censor our ethical imagination as we complacently accept comfortable classifications of the world.

We have to classify reality. Without classification we merely prowl the earth. The only way we can move beyond instinct is to distinguish one bit of meaning from another. So we separate highbrow hobbies from popular culture, childhood from adulthood, intelligence from stupidity, sanity from madness – and make a million other conceptual divisions, mapping the world as we want to see it. But as soon as we come to believe our classifications are real like rock is real we are trapped. We could see the world as a perpetual adventure, but instead we bury ourselves under a heap of conventions, unwilling and unable to find the strength to shake them off.

Evidence of self-inflicted censorship is all around us. Opinion polls repeatedly show that the majority of us make concrete divisions between criminals and regular people, terrorists and non-terrorists, social status and social disgrace, leisure and work, friends and strangers. We seem compelled to plaster the world with labels: organic and non-organic food, natural and unnatural environments, national airspace and international airspace – we even stuck flags on the moon. Most of us think our classifications really exist – we believe criminals would be criminals even if there were no lawmakers, that terrorists are terrorists as a matter of fact, and that work and leisure are absolutely different activities – just as impermeable as they felt when most of us had to clock on and off for the day. But these things are only as real as we want them to be. We are so used to talking about mental illness, twists of fate, and the dignity of nations (no matter how vicious they are to each other) that we assume such things are as real as grass and rain and ice. But they are not. We make the decision to arrange the evidence under these headings. We design the labels, and we tie them to the world.

Conventional health promotion makes hundreds of artificial distinctions. Health promotion textbooks differentiate between responsible and irresponsible behaviour, safe and unsafe practices, more and less risky actions, disease and health, subjective and objective well-being, mental health and physical health – and always the assumption is

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that these different categories exist independently of the choice to classify them. But it is
just not true. In every case pieces of evidence – of behaviour, of state of mind, of
physical process – are shaped according to our interpretations of them.

All human conventions have the potential both to enable and to restrict us. I am
writing this Preface on Boxing Day, 2001. For the last few weeks, people all over the
world have been roped into Christmas, like it or not. They have had to buy presents, to
go to parties, to be jolly to each other, to wear Santa hats and red reindeer antlers, to
visit relatives they have no interest in, and to eat and drink more than they usually do.
Some people love this sort of thing. Some of us hate it. But whatever we feel, it is very
hard to escape it altogether.

Most of the ways we organise the world have the same effect. Some people love them,
some people hate them, most of us tolerate them, and very few of us seem able to change
even the tiniest bit of them. When we detest a particular part of the social world we know
intuitively what is wrong – we have been channelled into ways of behaving against our
will, but we can’t properly explain how, and so we can’t work out how to break free.

And yet there are escape routes open to all of us, so long as we are prepared to see
convention for what it is. Instead of thinking and behaving according to established
rules and patterns, we can analyse their structure. And when we do it is easy to see that
our conventions are rational fields. Like all other manifestations of life, our social habits
are purposive systems made up of goals, strategies and means (a plant stretching for
light is a rational field, a person seeking a new job creates a rational field, a health
promotion plan is a rational field). Seen like this, we can immediately ask searching
questions about our rational fields. Why this goal? Does this goal fit with that one? Why
not this goal instead? Is this the best strategy? What about its unwanted effects? What
are the alternatives? Is this the best we can achieve with these means? Is the present
system the most ethical option? Might different rational fields create greater health?

Once you realise that rational fields are everywhere not only can you begin to choose
between them, but you can deliberately form as many new ones as your creativity
allows. All you need to do is define goals and have the means and open-mindedness to
find the most effective strategies to reach them – it is quite immaterial whether or not
these goals and methods are listed in the Manual of Official Classifications.

Total Health Promotion is an argument for the removal of self-censorship, but it does not
condemn all conventions. Most of them stem from a hard-to-undo mix of
classifications and reality per se, and many are productive and sensible. However, it
does ask that we exercise the power to reflect creatively on all our social compulsions,
and it explains why and how we should act to change those that are not as health
promoting as they could be.

Total Health Promotion takes two widely used, conventional classifications – psychiatry
and mental health – and demonstrates that they are speculations at best. These
examples are used to show that if we can find the courage to cast thoughtless health
promotion distinctions aside, we are free to establish total health promotion – an
intellectually liberated yet practically focused devotion to human autonomy.

David Seedhouse
Auckland
Christmas, 2001
Acknowledgements

I have only myself to blame for this work. As I write, no one has commented on it. In fact no one else has even seen it yet, so I can truly say that all its philosophical mistakes and stylistic flaws are my own.

Nevertheless, I hope that its obvious enthusiasm – though undoubtedly naïve and error-full – will prove to be a catalyst for a more open, creative and philosophically substantial form of health promotion. Total Health Promotion is so confident about itself that it must surely provoke a reaction, even from the most stick-in-the-mud health promoter.

Though they had nothing at all to do with its words and pictures, I would like to thank my wife and daughters, and my colleagues at Auckland University of Technology, Middlesex University and John Wiley & Sons Ltd, for their friendship and support during the writing of this book.
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 as 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 focused 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 miscomprehension 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 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.