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Editorial

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Trends, fads and taboos in health promotion

Health promoters often pride themselves on being rational professionals. Their decisions regarding which topics to address, which interventions to develop, and how to implement them are supposedly based on scientific evidence and logical reasoning. Admittedly, the notion of 'evidence' is defined more broadly in health promotion than in traditional public health and biomedicine. In our field it may involve the use of other information sources than epidemiological studies and randomized controlled trials, such as expert opinions, observations, participant views or examples of good practice, often accessed through qualitative and participatory research methods (Aro *et al.*, 2005). But the main idea that policy and practice decisions must be based on sound evidence and rational thinking remains intact, also in health promotion.

But are decisions in health promotion always rational? There is little doubt that the increasing professionalization of health promotion over the last decades has led to a better understanding of the main health challenges, the concepts and models to understand these challenges, the interventions to act on them, and the way to implement these interventions. The increasing reliance on health promotion competency frameworks and accreditation systems (Allegrante *et al.*, 2009; Barry *et al.*, 2009; Battel-Kirk *et al.*, 2011) also ensures a greater capacity of trained health promotion professionals to comprehend, understand and apply these concepts and methods. So, to the extent that health promotion as a professional field is evolving from a 'métier' (trade) to a discipline, and that the 'art' is gradually replaced by science, the chance that policy and practice decisions are more evidence based is likely to increase. Yet health promotion is not only an (emerging) discipline: it is also a social movement (Green and Tones, 2010). And as such, it is subject to a range of societal forces, including ideology, values, traditions, trends and fads.

The value base of health promotion, with its emphasis on holistic and emancipatory approaches fostering equity, social justice, participation and empowerment, is deeply enshrined in the Ottawa Charter. These values have been explicitly addressed by a number of scholars (e.g. Gregg and O'Hara, 2007; Carter *et al.*, 2011). Although some authors argue that ethics might assume a more prominent place in health promotion research (Sindall, 2002; Mittelmark, 2008), there is little doubt that the practice of health promotion is indeed guided by ethics, values and moral judgment. Tannahill (Tannahill, 2008) even refers to an *ethical imperative* for health promotion decision-making, on the analogy of Kant's categorical imperative: decisions must be based on the explicit application of ethical principles, using available evidence and theory appropriately. Not surprisingly, then, ethics and values figure prominently within the existing competency frameworks for health promotion professionals (Allegrante *et al.*, 2009; Barry *et al.*, 2009).

TRENDS

When compared with evidence and values, traditions, trends and fads are far less often acknowledged as forces that shape health promotion research and practice. This does not mean, however, that they don't impinge on the field or are not important. Consider the popularity of particular concepts, for instance. Health literacy is a good example. Before 2000, the term was virtually unknown to health promoters, and only used in reference to using intelligible messages in health care settings. But since its introduction to the field of public health through an article by Nutbeam (Nutbeam, 2000) published in this journal, the number of studies focusing on health literacy in health promotion has grown exponentially, with literally thousands of PubMed-listed publications appearing over the past years. Our own journal published 16 articles mentioning health literacy in the title in 2017, and another 7 in the first four issues of

2018. This research interest is matched by a huge popularity of the concept among health promotion practitioners, as well as by a keen interest on the part of national and international policy makers, as testified by the inclusion of health literacy as one of the three pillars of the Shanghai Declaration (WHO, 2017).

Other 'trendy' concepts in health promotion are *participation*, *salutogenesis* and *healthy settings* (schools, workplaces, universities, and hospitals), all of which have seen a steady and increasing flow of published studies over the past years. But for other concepts trends seems to go in the other direction. Empowerment, for instance, although a key principle of health promotion, seems to be stagnating as far as published research is concerned. That also holds for this journal, which in the last 5 years only published 10 papers dealing explicitly with empowerment.

Trends are not limited to concepts, but also apply to topics and methods. Smoking, alcohol use, eating habits and physical activity have been popular themes in health promotion research, policy and practice for decades, while other behaviors with a known health impact, such as sleeping habits, dental hygiene or sun protection, receive far less attention. In this regard health promotion follows a surprisingly 'traditional' public health logic, paying mainly attention to behaviors with an impact on mortality and morbidity, rather than on quality of life. But this logic is not applied consistently, as illustrated by the comparatively limited focus on mental health promotion: despite the burden of mental health problems in the population and the potential of promoting mental health and wellbeing for empowerment, emancipation and social justice, the volume of published research on mental health promotion is only a fraction of that dedicated to physical health, with no more than 60–70 papers published annually. And in terms of methods, it is obvious that qualitative research is making a steady progress in health promotion. The number of qualitative studies published in this journal is again a good indicator: until 5 years ago, there were only a handful, since 2014 the numbers have increased to a record score of 47 papers in 2017. Of course this increase is also the result of the journal's editorial policy, which has become more favorable towards qualitative research. But that in itself also reflects the trend towards greater acceptance of qualitative (and multi-method) approaches in health promotion research.

This brings us to the question of which mechanisms are behind the 'trendiness' of certain concepts, topics, or methods. Although we may think our choices and decisions are based on rationality, social psychology tells us this is not really true, and that what we think, say or do is strongly based on cues we take from the social environment. Social learning is generally described for individual behavior (Bandura, 1962), but can also apply to groups, in which case it can develop into *herding*, or the systematic choice to copy others in a group. In a recent book, Baddeley (Baddeley, 2018) draws on behavioral economics and evolutionary theory to argue that herding is driven by both conscious and unconscious motivations, and that it not only benefits the self-interested individual but also the collective interests of the group, as it builds trust and reciprocity. Because one tends to spend more time with people who hold similar views, following their opinions further strengthens the beliefs we already hold. This phenomenon is known as the *principle of social proof* (Cialdini, 1987). But while these effects may be rewarding for the individual and for the group, they come at a price. Options or ideas that are less favored by the group are easily discarded, which reduces the potential for innovation.

The fact that we let others influence our thinking so much also has a cognitive component: in a complex world the decisions and preferences of others can serve as a mental shortcut to help us navigate our lives. If many of our colleagues think that a concept is important, then there is a good chance that it *is* important, the reasoning goes. And if many researchers are using qualitative methods, there surely must be advantages to them. Health promoters are well familiar with these normative influences and use them as a theoretical basis to develop peer-led health education programs, but ironically they seem not to be aware of their impact on their own beliefs, preferences and behaviors as professionals.

FADS AND TABOOS

If trends in health promotion are puzzling, fads and taboos are more problematic. A fad or 'craze' can be defined as a specific pattern of collective behavior that tends to rise rapidly in popularity for a finite, but usually relatively short, period of time (Roberts, 2017). Fads can develop an enthusiastic, sometimes cult-like following, but are not sustained or sustainable. They are mostly associated with commercial products or with the entertainment industry, but have also been described within education or health-related institutions and practices. For example, Kaissi and Begun (Kaissi and Begun, 2008) report that fads are a prominent feature of the health care landscape, where organizations often copy strategies of other 'exemplar' organizations or imitate competitive rivals to keep up with them. As such, the imitation of other organizations fulfills a symbolic function signaling innovativeness. But while it is useful to learn

from the experience of others, strategies that are effective for one organization may be less so for another. In this regard, Kaissi and Begun (Kaissi and Begun, 2008) point out that classical diffusion of innovation theory (Rogers, 1995) assumes that the adoption of innovative ideas by other organizations and its eventual communitywide diffusion are based on careful analyses ascertaining that the innovations are beneficial.

In health promotion, the proliferation of web-based interventions starting from the mantra that 'the future is digital' comes close to a fad, as the popularity of online tools is probably more motivated by novelty-seeking and conforming to social norms than by evidence that these tools actually work better. Another example is the use of Kingdon's (Kingdon, 2002) Multiple Streams Theory in studies of healthy public policy. This theory is often mentioned, but as pointed out by Breton and De Leeuw (Breton and De Leeuw, 2010), it is seldom really applied. This is to the detriment of good research, and leads to unsubstantiated and 'soft' evidence. So, health promoters may adopt concepts, methods or approaches from colleagues or from other organizations to enrich their practice, but should do so critically in order to avoid 'jumping the bandwagon' and ending up with ineffective, unsuitable or unsustainable practices.

Although fads are characterized by a collective hype, taboos are quite the opposite, in the sense that they refer to the collective rejection of a practice, idea or concept. A taboo can be defined as a social or religious custom prohibiting or restricting a particular practice or forbidding association with a particular person, place or 'thing'. As such, the notion of taboo seems a bit out of place in health promotion, which puts equity, participation and empowerment—and hence acceptance of differences—high on the agenda. But despite that, certain topics, themes or approaches are out of bounds even for health promotion. These include particular sexual practices that fall under the more general societal taboos, such as incest or pedophilia, but also prejudices (racism, sexism, religious extremism) or collaboration with nondemocratic governments or with the tobacco, food or pharmaceutical industries. On a different level, the notion that, ultimately, behavior affects individual and population health also seems to have become sort of a taboo, at least for some members of the health promotion community. In its drive to transcend a narrow behavioral approach aimed at motivating individuals to change their behavior by influencing their beliefs, values and attitude systems through education and social marketing, some health promotion scholars choose to abandon the notion of behavior altogether. As a result, health promotion runs the risk of missing out on new developments and insights from behavioral science that find their way to public health, such as nudging (Thaler and Sunstein, 2008), habits (Wood and Neal, 2007), procrastination (Kroese and de Ridder, 2016) and goal achievement planning (Gollwitzer and Sheeran, 2006). In other words, taboos can help to maintain and reinforce the boundaries of a group and enable it to retain its distinctive identity, but when defined too broadly and implemented to rigorously they can also obstruct growth, development and empowerment. It is therefore important to critically look at the taboos that the health promotion community has installed itself and to discuss whether they are legitimate and necessary.

CONCLUSION

Health promotion research and practice do not operate in a void. They are part of society and therefore subject to societal forces. As for any other discipline or professional field, it is almost inevitable that trends show up in the preferences for certain themes, paradigms, strategies or methods in health promotion. As long as these trends are acknowledged and critically reflected upon they are of little harm. Although they may reduce the potential for innovation, they also concentrate efforts and facilitate collaboration. Fads and taboos, on the other hand, are more dangerous and threaten to hold back the development of health promotion as a professional field: fads because they are more about capturing attention than about real innovation, and taboos because they draw the lines of normality and acceptability too strictly.

Health promotion has always valued critical reflection and embraces it as a core competence. This capacity for critical reflection should guide the field towards recognizing and dealing with trends, and taking a step back from fads and taboos. If fads are like the waves on the water that rock the boat and taboos the dangerous rapids which we can hear in the distance but are told to steer away from, trends are like the currents that move the boat forward. To steer the boat in the right direction we must rely on the river maps that have been drawn after intensive research and are continuously refined and updated. But it is the moral and value-based principles of health promotion that are consistent like ebb and flow, and that should guide our journey towards the further development of the field.

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