Using Critical Ethnography to Explore Issues in Health Promotion

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In this article, the author outlines the need for a critical research method in the field of health promotion to explore the determinants of health. These determinants, including healthy child development, employment and working conditions, and education, for example, underlie many of the health issues that individuals experience. They are, in turn, influenced by nebulous factors such as patterns of inequality, and cultural norms, which are difficult to research using conventional methodologies. The author provides an overview of critical ethnography as a method for health promotion research. She describes specific data collection and analysis techniques, with the addition of critical discourse analysis to add scope to ethnographic findings. She concludes with an overview of the congruence between critical ethnography and health promotion research, including a discussion of the differences between critical ethnography and participatory action research.

Keywords: *health promotion; critical ethnography; inequality; critical discourse analysis*

In this article, I discuss how health promotion researchers can explore the determinants of health, including income, healthy child development, social support, employment and working conditions, and education, to name a few. These issues are influenced by such nebulous factors as class and gender relations, local and global economies, and cultural norms. As such, crucial issues for health promotion are often extremely difficult to research in a manner that provides direct implications for health promotion practice. To undertake an exploration of how health promotion can address issues of power and dominance, however, we first need to examine what is meant by health and health promotion.

HEALTH

Health has been defined as the positive interaction of physical, mental, and social well-being (Labonte, 1993). Viewed in these terms, health is more than merely the

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absence of disease, and it is more than the object of living: It is a resource for living (World Health Organization, 1986). If heath is conceived of in this positive sense, then the questions can be posed, What factors influence health? and What factors make us healthy? Historically, health promotion research has focused on individual lifestyle factors, such as a healthy diet, exercise, and smoking. Emphasis on these factors, however, implied that individuals were in complete control of their health and, in essence, "chose" whether to be healthy. To counter this victim-blaming ideology, health promotion has moved to focus on social, political, and economic factors. Conditions such as income and social status, social support networks, education, employment and working conditions, and healthy child development (Federal, Provincial, and Territorial Advisory Committee on Population Health, 1994), for example, are fundamental resources that enable an individual to achieve optimal health. To further the argument that health is a sociopolitical phenomenon, access to the prerequisites of health is also differentiated. Those with greater social status, education, income, and employment, for example, often have better health than those from more marginalized segments of society. In this instance, health as a resource for living influences access to the prerequisites of health, which are, in turn, resources for health. Such a recursive process can be seen to reproduce inequalities in health and access over time according to broad themes, such as class, gender, and race.

A review of the *Health Promotion Journal of Australia* during 2002 indicates that the focus of social, economic, or political research articles is usually specific to health policies, such as restricting cigarette smoking (Muscatello, Rusel, & Ward, 2002; Stanton, Saek, Purdie, Balanda, & Lowe, 2002), school health policies and programs (Maher, Hill, & Cass, 2002; Rissel et al., 2002; St. Ledger et al., 2002; Sheehan, Ridge, & Marshall, 2002), workplace health policies (Aoun & Johnson, 2002), immunization (S. Marshall, Swerissen, & Biuso, 2002), and health services research (Allotey, Manderson, & Reidpath, 2002). There remains, however, a lack of research focusing on how inequalities are structured through social and economic policies and how this influences health. More than a decade ago, Wilkinson (1992) identified inequality within society as a key determinant of longevity. For instance, "rather than the richest, it is the countries where income differentials between rich and poor are smallest which have the highest average life expectance" (p. 1083). Wilkinson also suggested that the study of health inequalities be placed at the top of the health agenda and that health be treated as a "genuinely social phenomenon" (p. 1084). As such, health promotion on a theoretical level has begun to incorporate the impact of social conditions on health, but this has failed to transfer into meaningful research and practice.

Health Promotion

As stated previously, whereas health promotion in previous decades focused on the individual as the locus of control, the "new" health promotion described by such theorists as Sieppert (1998), Labonte and Robertson (1998), and Eakin and colleagues (Eakin, Robertson, Poland, Coburn, & Edwards, 1996) entails the ecological relationship between the individual and the environment. As O'Neill and Pederson (1994) have suggested, health promotion has been redefined to recognize the relationships between "individual health related behaviour and the social, political,

physical and economic environment in which that behaviour occurs" (p. 42). Sieppert (1998) suggested that health promotion entails "action that seeks to marry both individual needs and responses in health to societal structures and policy that negate health" (p. 11). Although this new approach has been welcomed in theory, there remains a need for a research method that can be used to illustrate and draw out unequal access to the determinants of health. In addition, the empowerment principles implicit within health promotion practice call for a research method that can be used to facilitate action among those affected but at the same time provide rigorous and convincing evidence to those in decision-making positions. With these questions in mind, I now turn to look at critical methodologies that, I argue, can be used by health promotion researchers to further explore inequalities in health.

CRITICAL AND PARTICIPATORY APPROACHES

Critical methodologies such as critical ethnography, participatory action research, and feminist research often have the change of existing social structures as their primary purpose and often contain explicit emancipatory goals (C. Marshall & Rossman, 1995). I therefore make a case for critical ethnography as a useful technique for health promotion research and describe this method in detail below. This is not to suggest that the other approaches are not relevant to health promotion research; rather, I will focus on critical ethnography as one of a variety of approaches. In addition, I will draw comparisons between critical ethnography and participatory action research throughout the following discussion, as there is often a lack of clarity between the two approaches. I do not mean to imply, however, that the goals of critical ethnography and participatory action research are mutually exclusive. It is quite feasible that these approaches can be combined into a single project. In addition, researchers within a participatory-critical project might oscillate between such roles as being a fellow activist to being an "outside investigator" collecting and analyzing data, for example. My purpose in the following discussion is not to suggest strategies for combining critical ethnography with participatory action research, as valuable as this might be, but, rather, to highlight the fundamental differences in the way participants are regarded, the context in which research is undertaken, and the ability for comparisons to be made between groups. Third, I will suggest the addition of critical discourse analysis to critical ethnographic projects to add scope.

Critical Ethnography

Spradley (1979) has described ethnography as a qualitative research technique used both to elicit the participants' point of view and to understand their world. Critical methodologists have expanded on conventional ethnography by adding an explicit political purpose (C. Marshall & Rossman, 1995). Schwandt (1997) provided a definition, stating that critical ethnography "refers to ethnographic studies that engage in cultural critique by examining larger political, social and economic issues that focus on oppression, conflict, struggle, power, and praxis" (p. 22). Critical ethnography has its roots in the Chicago school, where conventional ethnographers were "critical for their time" and researched socially marginal populations, shifting the

research focus from individual or group pathology to an analysis of cultural dominance and minorities. This mirrors the development of health promotion practice from individual illness-based research and practice to the current focus on sociopolitical context.

Although conventional ethnography speaks for the participants by describing "what is," critical ethnography speaks on their behalf by stating "why this is and what can be done about it." As such, critical ethnography studies culture to change it. As Carspecken (1996) stated, "Criticalists find contemporary society to be unfair, unequal, and both subtly and overtly oppressive for many people. We do not like it and we want to change it" (p. 7). Critical ethnography challenges the status quo and the dominant powers in society. It articulates the often-unheard plight of the oppressed and confronts the ruling structure on such grounds as racism, sexism, and classism to enable all to enjoy the fruits of full and unhindered citizenship. These aims match those of health promotion research, and by also suggesting "what can be done about it," critical ethnographic research can provide an avenue for meaningful health promotion practice.

DOING CRITICAL ETHNOGRAPHY

Two contemporary American researchers have furthered the application of critical ethnography: Thomas (1993), who outlined the theoretical underpinnings of critical ethnography, and, more recently, Carspecken (1996), who provided a methodological theory of critical ethnography accompanied by empirical techniques, data, and findings. It is Carpsecken's work that informs the following description, based on his 1996 book entitled *Critical Ethnography in Educational Research*, which has been described as providing "brilliant insights into critically grounded ethnography" (Kincheloe & McLaren, 2000, p. 301) in the latest edition of the *Handbook of Qualitative Research*. Carspecken's original process contains five stages, including observation and description; analysis of observational data; dialogical data generation; analysis to discover relationships between individuals, groups, and systems; and examining findings in relation to existing theories of society. I will present these five stages in two sections. These sections include the collection of monological and dialogical data, followed by a discussion of Carspecken's analysis techniques. This is not to suggest that data analysis should occur at the end of all data collection but, rather, this presentation style is designed to improve the readability of the discussion, as the analysis techniques overlap the monological, dialogical, and theoretical analysis stages. These three analysis stages have, therefore, been combined into one.

Data Collection

The first stage of Carspecken's (1996) critical ethnography is to build a primary record of monological data, or data collected and analyzed from an outsider's (the researcher's) point of view. He suggested that this involves a compilation of unobtrusive observational data in the form of field notes and journal entries. These notes should contain behaviors, activities, and segments of dialogue between actors. This differs significantly from methods proposed by participatory action researchers, who aim to work democratically with research participants as equals to produce

"useful knowledge and action as well as consciousness raising" (Schwandt, 2001). Critical ethnography does, however, give voice to research participants who reflect on and challenge the views of the researcher during the interview portion of the study. In addition, the natural context in which research participants are observed is not altered, as is the case in participatory action research, wherein researchers enter the setting to engage participants in "research, education, and sociopolitical action" (Reason, 1994, p. 328). Again, it must be stressed that these two approaches can be combined in meaningful ways. For example, Travers (1997a, 1997b) employed a critical ethnographic perspective to explore nutrition inequalities and then served as a facilitator, using principles of participatory action research, to help participants "analyze and reflect on their experiences in ways that allowed them to explore the social roots of their problems so that they could choose appropriate causes of action" (1997a, p. 60), in this case, the successful reduction of supermarket pricing inequities. Travers' approach also has implications for health promotion research and practice, as will be explored shortly. At this stage in the process of critical ethnography, however, I turn instead to propose the inclusion of a critical discourse analysis. A critical discourse analysis is suggested at this stage, as it is also conducted from the researcher's monological perspective. Following this discussion, I will continue with the data collection process, describing Carspecken's (1996) approach to collecting dialogical data, typically in the form of interviews.

CRITICAL DISCOURSE ANALYSIS

Critical discourse analysis (Fairclough, 1992; Gee, 1999; Wodak & Meyer, 2001) covers a range of approaches, spanning the microsociological perspective of Scollon (2001), to theories of society and power such as the work of Jäger (2001) and Fairclough (1992, 2001), to van Dijk's (2001) theories of social cognition. The approach most useful to the goals of critical ethnography, however, would be one that draws on Foucault's (1980) genealogical studies, which "entertain the claims to attention of local, discontinuous, disqualified, illegitimate knowledges" (p. 83). This approach emphasizes the relationships between "discourse and power, the discursive construction of social subjects and knowledge, and the functioning of discourse in social change" (Fairclough, 1992, p. 38). Although a discourse analysis is not explicitly included in Carspecken's approach to critical ethnography, I think it is essential in research projects that aim to explore the links between hegemonic and ideological discourses underlying social structures and the everyday actions and experiences of research participants. It appears that a critical discourse analysis could be implicit within Carspecken's (1996) approach, as he suggested a detailed analysis of social system determinants. Unfortunately, he provided little documentation on what this process includes other than to state that the method involves an examination of "all relevant policy documents; budgets; legal imperatives . . . the influence of cultural commodities like textbooks, television shows, and popular music; etc" (p. 30) to "consider their possible symbolic and cultural meanings" (p. 200). In addition, in the final stage of the project, Carpsecken described the cultural circuit model, whereby commodified cultural artifacts are examined to determine "how the product was produced . . . who the producers were, what their interests were in producing the product, and the cultural traditions that influenced their

product" (p. 185), what meanings consumers of the product interpret from it, and how the product is incorporated into routine practices. Results from these analyses are then compared and analyzed in relation to the dialogical data collected in stage two of Carspecken's (1996) process of critical ethnography: the interview stage.

"A central purpose of [the interview stage] is to democratize the research process. This stage of the process gives participants a voice in the research process and a chance to challenge material produced by the researcher" (Carspecken, 1996, p. 155). Data can be collected in the form of semistructured interviews or by following a process, developed by Kagan (1984) and advocated by Carspecken, called Interpersonal Process Recall, in which participants are shown segments of video from the observation stage and are asked to discuss events of significance.

Differences between critical ethnography and participatory action research should again be noted. Although research participants have a voice and can challenge the researcher's emerging analysis, participants do not have control over the research process, as they might have in some truly participatory projects or projects that combine elements of participatory action research with ethnographic techniques. In purely critical ethnographic projects, the research questions and the form of data collection remain the domain of the researcher, following traditional researcher and participant roles. However, research participants are active participants in that they can and should be engaged in negotiating findings with researchers and shaping emerging analyses, similar to participatory action research. In addition, participants play an important role in determining the application of findings back to their own context and also to broader environments. From this perspective, research participants are somewhat empowered as they become more aware of sociopolitical factors that affect their health and have access to research findings to support their activities. Again, Travers' (1997a, 1997b) research demonstrates the application of research findings by participants to their wider context, and the transformation of research into practice. Here, research participants designed and conducted a survey of supermarket pricing, and lobbied retailers to reduce pricing inequalities whereby low-income areas had higher average prices on essential items. This high-caliber research project also demonstrates how health promotion researchers can turn research into inequalities into practical action.

Data Analysis

Carspecken's (1996) analysis process is extremely intricate. This involves adding meaning by naming all possible connotations, including "meanings that might be read from the timing, tone, gestures, and postures of each act" (p. 98). Carspecken's analysis techniques are based on pragmatic philosophy, which defines truth in terms of consensus. Thus, although all truth claims are fallible, critical epistemology focuses more on validity than on truth; that is, criticalists examine not whether a statement is true or false but, rather, whether it meets certain validity conditions to win consensus. Therefore, all ontological categories are open to examination, including objective, subjective, and normative/evaluative realms. Each of these can be regarded as valid if they "make sense" according to the structures of human communication that enable people to reach agreed meaning.

After the observation and interview data have been analyzed and synthesized, "the idea is to discover specific systems relationships, such as relationships between

a school and the surrounding community, or a youth culture and popular media" (Carspecken, 1996, p. 172). At this stage, again, a critical discourse analysis could be useful to establish connections between broad social discourses and patterns of individual perception and behavior. This is the difference between the meanings people generate in the lifeworld of everyday experience (Gee, 1999, p. 43) and structural systems, such as "economic, political and cultural structures . . . [which are] the result of external and internal influences on action" (Carspecken, 1999, pp. 38-39).

In the final stage of Carspecken's method, the idea is to consider one's findings in relation to general theories of society, both to help explain what has been discovered in stages 1 through 4 and to "alter, challenge, and refine macrosociological theories themselves" (Carspecken, 1996, p. 172). Considering research findings in context is vital for qualitative research according to Morse (2000), who insisted,

> refusing to place the theory within the context of work that has already been published, is a serious problem. It results in a plethora of small competing contributions to the literature. These contributions are not additive, they do not build on what has been published before; thus, qualitative inquiry as a discipline makes only a minor impact and has trouble demonstrating its contribution to science. (p. 715)

CONGRUENCE BETWEEN HEALTH PROMOTION AND CRITICAL ETHNOGRAPHY

Now that I have provided a brief account of both health promotion and critical ethnography, I can discuss the appropriateness of this research method. In the following sections, I provide an outline of the rationale for using critical ethnography in health promotion projects and the application of such research to health promotion practice.

Health promotion is a process that aims to enable people to take control over their own situation (World Health Organization, 1986). Both health promotion and critical ethnography also share the goal of emancipation. Critical methodologists hope to overcome centralized power and, instead, distribute it more equally among the citizens (Rothe, 2000). In each case, power is identified as unequally distributed, and this is viewed as problematic. Both health promotion and critical ethnography aim to give more power, and thus control, to those affected by social policies and ideologies. As Thomas (1993) suggested with reference to critical methodologies, knowledge is one mechanism through which individuals can exert more control over the circumstances that shape their lives. Through the processes of critical ethnography and health promotion, citizens can become more knowledgeable and informed about oppressive structures and can then turn to address these issues. Health promotion must involve participants in the research process and by doing so develop their capacity to act on the current and future health issues they might face. This differs from participatory action research, as participants do not control the research process. The researcher and participants assume traditional research roles; however, participants are not isolated from the results of the study and have input into how the results will be used. At this point, the research process becomes practice, which, again, differs from participatory action research, in which the research process, in fact, is practice. Combining traditional research roles and outcomes with more practical and empowering approaches in the form of a critical ethnography

might provide a common ground between practitioners and academics working in the field of health promotion.

Carspecken's (1996) approach also has implications for the scope of health promotion research, as everyday experiences of health, including physical, mental, and social well-being, are both constrained and fostered by social systems, which are, in turn, produced and reproduced in culture. The Australian examples of health promotion studies presented above focus primarily on systems research. They highlight the relationships between bureaucratized forms of organization and health consumers, thereby ignoring the interplay between social systems and the lifeworld. This is in comparison to the study by Travers (1997a), who explored the physical health issue of food security from a psychosocial perspective. Here, she delved into the experience of and requirements for holistic health, including the need for equality and respect, through an analysis of low-income women's everyday lifeworld in relation to larger structural systems, such as economic rationalism and market competition. A further example is a study by Cook, Raine, and Williamson (2001), who examined the health implications of single mothers in Canada who were required to work for welfare benefits. Findings focused on physical, mental, and social health outcomes, due largely to incompatibilities between the economic rationalist approach of legislators and the caring/nurturing approach of mothers. As such, a wide variety of health promotion topics could benefit from critical ethnographic methods that attempt to link the cultural and behavioral with the systemic. For example, the culturally accepted meaning of health, the impact of systemic factors on personal health promotion activities, the systemic processes governing the practices and policies of health organizations and organizations that have an influence on health, and the culturally and structurally mediated relationships between health professionals and their patients/clients/participants could all be successfully studies using critical ethnographic techniques. These types of studies are much needed and would be warmly welcomed in the health promotion arena.

CONCLUSION

Critical ethnography can be used in health promotion to understand not only the experiences of our research participants but also the social factors that contribute to these experiences and, ultimately, their health. In addition, critical ethnography can be used to involve the research participants in the identification of issues and strategies that they wish to pursue. By following the principles of critical ethnography and applying them to health promotion we can further explore the impact of social conditions on health and can more effectively address negative influences. Without such a critical approach we cannot hope to address the underlying causes of inequity that account for so much of the difference we see in health status.

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