HEALTH PROMOTION INTERNATIONAL
© Oxford University Press 1996

Vol. 11, No. 2
Printed in Great Britain

# Towards a critical social science perspective on health promotion research

**JOAN EAKIN, ANN ROBERTSON, BLAKE POLAND, DAVID COBURN and RICHARD EDWARDS**

*Department of Behavioural Science, Faculty of Medicine, University of Toronto, Toronto, Ontario, Canada M5S 1A8*

## SUMMARY

*As part of our on-going efforts to formulate an alternative paradigm for health promotion research, we discuss an approach that we have called a 'critical social science perspective' (CSSP). This perspective consists of a set of 'reflexive' questions concerning the implicit assumptions and ideology underlying the research process, and the role of power, contradiction and dialectical relationships in theory and research practice. The paper briefly outlines key features of a CSSP and models its application to health promotion research by examining why and how smoking among young girls has emerged as a research issue. We illustrate how the 'problem' of young girls smoking has been construed in terms of epidemiological evidence, scientific imperative, flawed strategy, feasibility, symbolic appeal, vested interests and resistance. A CSSP reveals the socio-political construction of research problems. The paper reflects on the implications of adopting such a stance to research.*

*Key words*: critical social science perspective; health promotion; research

This is a plea to get the politics out of hiding.
(Tesh, 1990)

## INTRODUCTION

The 1993 Annual Health Promotion Research Conference in Canada ended with a call for the development of a solid scientific base for health promotion practice and policy, and for rigorous research and evaluation. However, as researchers, we have felt increasingly doubtful whether the research envisaged in this appeal—including research in both positivist and constructivist traditions—is adequate for the 'new' health promotion (Eakin and Maclean, 1992; Poland, 1992; Robertson and Minkler, 1994), particularly its focus on reducing inequities in access to health through addressing the determinants of health (Labonte and Robertson, 1994). We also sense that many practitioners perceive a disjuncture between research knowledge and their real-life experiences with health promotion practice.

Much current research presumes that science is a relatively neutral and non-ideological instrument for discovering 'reality'. Although this notion of science has been questioned for two decades or more in other fields, such as philosophy (Kuhn, 1970, Longino, 1990), it still appears to be the predominant perspective in health promotion. We propose that an alternative approach to research is needed if researchers are to produce knowledge that can assist in bringing about the kinds of changes to which the health promotion movement aspires.

In recent years, some authors have sought to develop an appropriate theoretical framework for health promotion (see, for example, Caplan, 1993), while others have critically examined the new health promotion (see, for example, Grace, 1991; Stevenson, and Burke, 1992; Labonte, 1994; Robertson and Minkler, 1994), and health



Downloaded from https://academic.oup.com/heapro/article/11/2/157/634828 by guest on 21 August 2022

promotion research methods (see, for example, Maclean and Eakin, 1992; Poland, 1992). Our ongoing project is to combine a critical approach with theory development to generate an alternative 'paradigm of inquiry' for health promotion research.

As a first step in developing this alternative paradigm, we discuss in this paper our attempt to conceptualize an approach to health promotion research that we have called a 'critical social science perspective' (CSSP). We provide a brief overview of several key features of this perspective and illustrate its potential application to health promotion research through consideration of a particular research problem: smoking among young girls.

## A CRITICAL SOCIAL SCIENCE PERSPECTIVE

A CSSP starts with a 'reflexive' posture towards knowledge and the research process. 'Reflexivity' refers to the capacity to locate one's research activity in the same social world as the phenomena being studied, to explain the nature of research within the same framework as is used to theorize about the objects of study (Reason, 1988; Steier, 1991). Researchers who take a reflexive stance do not see themselves as occupying a privileged position outside the world they study. The research they engage in is not a neutral procedure for discovering an 'objective' external reality that exists independent of human perception and interpretation. The aspects of the environment which are noticed and singled out for inquiry, and the procedures which are used to describe and explain phenomena are 'ideological' in the sense that they are socially constructed in a particular time and place and in conformity with prevailing 'rules' for knowing and reaching conclusions about what is 'real' (Kuhn, 1970; Guba, 1990; Longino, 1990). Theories or perspectives in science bring with them often hidden, or at least unacknowledged, assumptions of how society functions. As Sayer (1992, p. 39) asserts, 'In order to understand and explain social phenomena, we cannot avoid evaluating and criticizing societies' own self-understanding.' Reflexivity leads us to recognize alternative ways of viewing 'reality', and prompts us to make explicit some of the world views which we and others bring to our research endeavour.

Taking a reflexive posture towards research leads us to consider several key features of a CSSP: a questioning of the basic assumptions and ideologies underlying the way research problems and methodology are conceived; recognition of the role of power in all aspects of research; acknowledgement of possible inherent irreconcilable contradictions in research; and appreciation for the dialectical relationship between the formal and informal structures of society (institutions, social norms) and individual or collective human action. This section of the paper briefly introduces these features.

### Assumptions and ideology

All parts of the research process are based on assumptions, or taken-for-granted 'truths'. Assumptions themselves reflect an underlying ideology, that is, a set of beliefs about social reality as well as the customs, practices and behaviours which consciously or unconsciously embody this vision of reality. An important aspect of these assumptions is that they are often implicit, rendered invisible because they are perceived as self-evident truths rather than as socially derived conventions.

From a CSSP, the point is to render assumptions and ideology explicit. Making them explicit means that they can be contested, and that they can be contested on other grounds than are provided for by the prevailing paradigm. In other words, space is opened up for seeing that things could be otherwise, and for potential change. To think of assumptions as contestable prompts examination of another key feature of a CSSP, a concern for issues of power.

### Power

Lukes (1974) identifies three dimensions of power. The first is an overt dimension. Alternative issues may be brought to the table, but they are actively suppressed, perhaps even coercively. The second dimension is a more subtle expression of power. Alternative issues are brought to the table, but instead of being actively suppressed, they may be defused through negotiation, compromise or cooptation. The third dimension of power is covert. Alternative issues are not brought to the table because they are not even perceived as issues. In other words, within the prevailing ideology—the generally accepted version of how things are and what is 'real' or 'true'—the possibility that things could be otherwise simply does not arise. For Lukes, this is the most

Downloaded from https://academic.oup.com/heapro/article/11/2/157/634828 by guest on 21 August 2022

insidious dimension of power because of its relative invisibility.

Power is an especially salient issue for current formulations of health promotion research because the new health promotion movement places an emphasis on empowerment as a primary health promotion strategy. The discourse of empowerment in health promotion includes changing the power relations inherent in health promotion research and practice. For example, in conventional positivist research, the 'subjective' knowledge of the 'researched' is frequently considered less valid than, and therefore subordinated to, the 'objective' knowledge of the researcher. This reinforces, or reproduces, the unequal relationship between researcher and researched. In order to examine more closely this intersection of power and knowledge (Rabinow, 1984), we need to ask questions such as: Whose knowledge is considered legitimate and why? Knowledge for whom? Knowledge for what?

Recognition of the role of power in the research process opens up the possibility that alternative voices, particularly those of the disenfranchised, may be heard (Poland, 1993). These multiple voices may not be consistent with each other, however, which points to a further feature of a CSSP, its approach to contradiction.

## Contradiction

Contradictions are often viewed as inconsistencies that need to be resolved. Underlying this view is the assumption that contradictions can and should be eliminated; that order and consistency are the 'normal' state of things, or at the very least desirable and achievable. The research project becomes one of enhancing scientific rigour to get the 'facts' right, so that we can all agree on the action that naturally follows this consensus. The scientific process thus hides the 'political' nature of research and its outcomes by masking differences in interests, ideologies, assumptions and power.

Rather than seeking such a consensus, a CSSP proposes that we acknowledge contradiction and dissensus. Contradiction can generate insight and be an impetus to change. Further, by identifying and elaborating contradictions and by framing issues in terms of 'on the one hand, this, on the other hand, that', a CSSP reveals the inherent political nature of the research process.

One major contradiction commonly perceived in health promotion research is that between 'micro' analysis (at the level of individual behaviour) and 'macro' analysis (at the level of organizations and society). This contradiction leads us to consider another feature of CSSP: recognition that relationships between social structure and individual action might best be understood not as an either/or proposition (a contradiction) but as a both/and proposition (a 'dialectic').

## Dialectic

While it is true that the larger economic, political, cultural and organizational forces in any society shape the everyday lives of individuals and groups, it is also true that the everyday practices of individuals and groups produce, reproduce and transform those same larger structural forces (Bhaskar, 1979; Giddens, 1984). For example, disability rights groups, such as the Independent Living Movement, have enabled persons with disabilities to reframe what previously had been labelled as personal pathology—that is, individual disability—as public pathology—that is, social and physical barriers to public life (Mills, 1959).

Much insight is lost by setting up the ideological dichotomy of the macro-level versus the micro-level (Giddens, 1984). A more constructive approach is to frame these two spheres as being in a 'dialectical' relationship with each other; each informs, produces and reproduces the other. This does not mean that health promotion research is unproductive if it is focused only on one level. It does suggest, however, that health problems at the level of individual experience and behaviour have to be understood in relation to their 'macro' social, political and economic contexts. Likewise, macro-analysis, for example at the level of social policy, has to be understood in terms of its relationship to the everyday lives of people.

We have briefly outlined several key features of a CSSP. This perspective poses a set of 'reflexive' questions about a particular research issue: questions concerning the implicit assumptions and ideology underlying the research process, and the role of power, contradiction, and dialectical relationships in theory and research practice. These features together constitute a critical social science perspective. Although for heuristic reasons we have distinguished the features from each other, there are necessary interrelationships amongst them. For example, a consideration of underlying assumptions and ideology necessarily raises questions of power.

To illustrate how a CSSP as a whole can be applied to health promotion research, we con-

Downloaded from https://academic.oup.com/heapro/article/11/2/157/634828 by guest on 21 August 2022

sider a current research concern: smoking among young girls.

## SMOKING AMONG YOUNG GIRLS

It is generally believed that smoking among young girls is an important health concern and that research is needed to explore its nature, causes and consequences. Lively debate surrounds substantive issues (e.g. the conceptualization of smoking behaviour) and methodological issues (e.g. the reliability of self-reports). Although CSSP questions can be asked at all points of the research process including research design and methodology, data collection, analysis and interpretation, in this paper we consider only the definition and framing of the research problem. In our view, this is the most critical point in the research process because a CSSP makes us step back from what appears to be self-evident and ask how the problem was formulated in the first place.

In this section of the paper we 'model' a CSSP by examining what is embedded in the formulation of young girls smoking as a research issue. We ask: How did smoking among young girls emerge as a research problem? To whom is it a problem? Why is it of current concern? We identify and examine several ways of accounting for research interest in this particular group of people and this particular health-related behaviour, moving from the more conventional accounts (epidemiological evidence, need, feasibility) to more socio-political ones (symbolic appeal, vested interests, resistance).

### Epidemiological evidence: the problem as inherent in data

Probably the most widely accepted account of why smoking among young girls is/should be a research problem comes from epidemiology. The evidence that smoking is associated with the incidence of cancer and other diseases is widely considered convincing. There is also evidence that the decline in smoking prevalence has been slower among young girls than among other populations, and even that rates among girls have recently begun to increase (Health Canada, 1994). When these two sets of epidemiological findings are combined, the 'problem' appears self-evident. Young girls become identified as a new 'at risk' group in need of research and intervention.

The problem of young girls smoking is therefore understood as inherent in the data; it is taken to be a 'real' fact that has been uncovered through epidemiological science. From a CSSP, however, viewing the problem as self-evident in the data is problematic. Population data mean little in themselves; they become 'evidence' only by interpretation. As Douglas (1992) and others (Short, 1984; Stallings, 1990) have noted in relation to notions of risk, the identification of a 'problem' reflects underlying cultural and social (i.e. ideological) beliefs. In our example, the identification of smoking among young girls as a research problem flows from shared belief in the inherent compellingness and validity of certain kinds of data, in this case mortality and morbidity data. A consideration of underlying assumptions and issues of power prompts us to ask if the same 'problem' would have been identified if the data consisted of, say, self-reported health needs of young girls?

From an epidemiological science perspective, other groups besides young girls are known to have relatively high rates of smoking. Why, then, are young girls in particular being targeted? The epidemiological account, which sees the problem as inherent in the data, leaves unanswered the questions; Why smoking? Why young girls? Why now?

### Scientific imperative: the problem as procedure

Another way to account for why smoking among young girls has emerged as a research problem is by reference to the demands of the scientific process. A widely practised method for identifying research problems is to frame them in terms of scientific issues in need of resolution. Typically, researchers go to the literature and locate their research in areas of scientific dispute or uncertainty, filling in the 'gaps'. The identification of problems for research is carried out in relation to existing research and is propelled by the scientific expectation that new research should be linked to an existing body of accumulating knowledge (Kuhn, 1970).

A research problem concerning young girls smoking can easily be located in the large body of literature on smoking and health, and on smoking interventions. For example, the rates of smoking among this group differ from those calculated for other populations, and it is currently widely accepted that there is a 'gap' in research knowledge about women's health.

Thus, the logic and procedures of scientific investigation itself plays a part in the identification of young girls smoking as a 'problem' for

Downloaded from https://academic.oup.com/heapro/article/11/2/157/634828 by guest on 21 August 2022

research and intervention. A CSSP, however, asserts that only certain kinds of questions get posed within a particular scientific paradigm, and that research based on the notion of cumulative theory generation and hypothesis testing is essentially conservative. In addition, where problems are generated by the scientific process, where the criterion of 'truth' is adherence to correct scientific procedures of investigation (Guba, 1990), underlying ideological content is obscured.

**Flawed strategy: the problem as the 'hard to reach'**

A third set of arguments underlying a research focus on young girls smoking stems from the perception that health promotion practice strategies are 'flawed': messages are not adequately persuasive for young girls, or the 'right' enabling factors are not known or manipulated effectively. That is, young girls are singled out for research attention because they represent a lack of intervention success, at least in comparison with the other apparent achievements of the anti-smoking movement.

From this perspective, research is needed to understand why strategies that have been seen as successful elsewhere do not 'work' with young girls. One response to this perception of the problem is the widespread call for more detailed qualitative and ethnographic research in tobacco control, on the assumption that finding out what makes young girls 'tick' will enable health promoters to develop more effective educational messages. Young girls become the 'hard to reach', a label that, along with the label 'at risk', appears to constitute a compelling invitation to research. The label itself reveals the removed stance of the researcher and the paternalistic notion that 'they' have a problem that 'we' have identified and can study.

We see here that the research 'problem' of young girls smoking emerges out of the perceived inadequacies of existing intervention strategies and prevailing theories about what knowledge and research is needed to devise more effective ones. From a CSSP, the definition of problems in relation to adequacy of intervention is problematic if it assumes an intervention is needed in the first place, and thus draws attention away from the 'politics of need' (McKnight, 1977; Robertson, 1990).

**Feasibility: the problem as 'what is do-able'**

Another force behind the identification of research problems is the tendency for research, at least in an applied science like health promotion, to gravitate towards problems for which there appear to be solutions at hand. In a society with increasingly limited resources, the need to demonstrate effectiveness creates a bias toward addressing issues for which it is believed that something can be done. In general, despite recent rhetoric to the contrary, health-related problems that are believed to reside in the individual are seen to be easier to address than those residing in such intangible and unwieldy places as the environment, social interaction, economic systems, social class.

Smoking is a concrete activity, with relatively little ambiguity surrounding its definition and measurement. Moreover, smoking is thought to be, at least to some extent, a discretionary behaviour over which the individual has some control. The attribution of the recent decline in smoking rates to anti-smoking campaigns and legislation enhances the perceived feasibility of changing smoking behaviour.

From a CSSP, however, framing the problem in terms of 'what is do-able' is essentially a political act because conceptions of what is feasible are produced by prevailing ideas and assumptions. Defining problems as those for which solutions are seen to exist may preclude research on 'intransigent' problems and discourage innovative thinking. For example, we might argue that the enthusiastic embracing of the notion of the social determinants of health by public health researchers and policy-makers alike has undergone transformation from an innovative idea (a socio-environmental concept of health) into just another strategy for changing individual health behaviours (a more 'feasible' solution).

**Symbolic appeal: the problem as representation**

Symbolic appeal is another way of accounting for the emergence of young girls smoking as a research issue. Young girls represent the next generation both in terms of their age and their significance for the reproductive process. Their youth also makes them an appealing target for public health and medical professionals who share belief in the value of early intervention (catching disease in early stages, 'getting at' children before it is 'too late'). The images associated with young girls are the antitheses of many of the images associated with smoking (for example, the Marlboro man). In our society, youth and girlhood are often associated with innocence, vulnerability, freshness, purity. The need for research on

Downloaded from https://academic.oup.com/heapro/article/11/2/157/634828 by guest on 21 August 2022

the 'problem' of young girls smoking may thus be supported by its symbolic appeal, its representation of shared values and gender images.

However, the influence of symbolic appeal in the definition of research problems may mean that those issues that have low (or negative) public appeal, such as those that involve stigmatized or undesirable groups, will tend not to attract as much research attention or support. For example, we might point to the relative lack of research into the impact of AIDS on i.v. drug users and prostitutes.

**Vested interests: the problem as symbiotic conflict**

A research focus on smoking in young girls may also be linked to the fact that many interests are vested in smoking. Tobacco companies have an interest in cigarette sales, governments have an interest in the tax revenue from the sale of tobacco, farmers have an interest in tobacco production, anti-smoking groups and public health professionals have an interest in smoking prevention, academics have an interest in smoking as a fundable research topic. Smoking is like a playing field on which there are many players.

Although, at the surface, interests in smoking are divergent (anti-smoking forces are aligned against the tobacco industry), at a deeper level, they are fundamentally convergent (all have a stake in the existence of smoking). That is, albeit on opposite teams, everyone is playing on the same field.

Institutional vested interests play a role in the emergence of young girls smoking as a particular 'problem'. Paradoxically, for anti-smoking organizations, achievement of the very goals to which the organization is committed serves also to threaten institutional survival. The decline in smoking rates over the last decade could undermine the very institutions devoted to such a decline. If smoking is viewed as a matter that has been 'solved', public interest and research funds might diminish. The drive towards what Gusfield (1989) has called 'institutional self-preservation' may encourage stakeholders to seek out new goals or to transform old ones in order to preserve organizational integrity. The 'new' problem of smoking in young girls may represent such an opportunity for institutional self-renewal.

Thus, we see that the problem of young girls smoking is situated in a broader context of converging institutional interests and symbiotic conflict.

**Power: the problem as resistance**

A research focus on the topic of young girls smoking could also be accounted for in terms of resistance. To many of those involved in smoking prevention, smoking is seen as a behaviour that flaunts rationality, scientific authority, and the assumption of health as a universal and superseding value and life-goal. The unresponsiveness of young people to expert anti-smoking exhortation and to health promotion programming is seen as resistance to 'reasoned action'—the moral authority of health promotion—and as such may present an implicit affront to health professionals, particularly where educational approaches are believed to be inherently non-authoritarian. The collective indignation (conscious or otherwise) of the health promotion community over the particular resistance of young girls to anti-smoking interventions may contribute to its emergence as 'problem' for research.

Resistance, however, goes beyond lack of receptiveness to professional advice. Some analysts propose that smoking itself is a form of resistance to authority in general, particularly among young people in a society that constantly limits the autonomy of its youth (e.g. compulsory education, age limits on many activities) and controls and monitors their sexual and other health-related behaviour (McCracken, 1992). That is, smoking can be viewed as part of a broader discourse of resistance.

One response to this conceptualization of smoking is to find ways to overcome or harness resistance, hence the emergence of research directed towards developing more clever strategies of intervention, perhaps through the appropriation of the language and symbols of teen culture (e.g. making ads more 'hip'), or through deflecting resistance away from self-damaging behaviour (e.g. towards the manipulatory strategies of the tobacco industry; Pollay, 1993). From a CSSP, however, power is always contested, always resisted. Thus cooptation of teen culture for professionally rather than teen-defined purposes may be ineffective insofar as it perpetuates the power struggle of authority and resistance: professional (adult) attempts to stop youth from smoking renders such behaviour an even more powerful symbol of resistance.

A more critical perspective on smoking as a discourse of resistance emerges from the proposition that resistance can be inherently emancipatory (Rabinow, 1984). For example, some researchers have suggested that symbols of resist-

Downloaded from https://academic.oup.com/heapro/article/11/2/153/624828 by guest on 21 August 2022

ance, such as dietary habits and dress, forge group definition and solidarity (Willis, 1977; Fiske, 1989; McCracken, 1992). Other research proposes that behaviours such as smoking or eating are class related and represent gestures of control over otherwise oppressive and capricious life circumstances (Graham, 1987; Balshem, 1991). We thus have a contradictory situation in which resistance may simultaneously be both health-enhancing and health-damaging.

In all this resistance-oriented research, smoking remains the pivotal research issue. By stepping back further from the issue, a CSSP could recast the research problem in terms of the context within which smoking occurs. From this perspective, individual smoking behaviour may even fall away as the primary research issue. Instead, one might examine the broader relations of power which are embedded both in smoking as a behaviour and in public health efforts to prevent, limit and restrict smoking (Neuhring and Markle, 1974; Markle and Troyer, 1979; Graham, 1993; Poland, forthcoming).

In this section, then, we have attempted to demonstrate the application of a CSSP to one aspect of the research process: the initial choice and framing of the research topic. A reflexive stance towards the research process has led to a conception of research 'problems' as social constructions that embody particular relations of power, assumptions, contradictions, and dialectic relationships. Although we were demonstrating the application of a CSSP as a whole, the features of the perspective are woven throughout the discussion. Power, in the form of privileged knowledge, or in the form of vested institutional and professional interests, is central to the various definitions of the problem, as are implicit assumptions, such as the notion that smoking is inherently bad. (This should not be construed as an endorsement of the tobacco industry, or a denial of the very real physical health effects of smoking.)

The contradictory forces in the smoking and health field are seen to have a symbiotic relationship to each other (e.g. they may keep the 'problem' flame burning brightly, and function to distract attention from other potentially serious adolescent health issues, such as suicide, or violence in the schools). The dialectical relationship between larger social forces and individual action is also evident in the case of young girls smoking (e.g. individual researchers 'buy into' ideas and beliefs that are available to them through the social norms and conventions of scientific research, and by reproducing them in their research, they reproduce and sustain these same norms and conventions). Research problems emerge through a competitive process of 'claims-making', a political process whereby assertions are made about what constitutes a 'problem', and whereby credibility, legitimacy and support are achieved for certain definitions of the problem and of others (Gusfield, 1989).

## DISCUSSION

A fundamental question arising from the preceding discussion is: Why do we consider a CSSP to be better than other approaches to health promotion research? Although our on-going work seeks to address this question in depth, a few preliminary thoughts are offered here.

First, we propose that a CSSP is of value because it reveals the ideological and therefore political nature of human knowledge. As we have seen in the preceding discussion of the forces producing the 'problem' of smoking in young girls, the political basis for the problem is largely invisible, concealed by its location within a science believed to be apolitical, and by an array of larger institutional, symbolic and practice forces. Revealing the political nature of health problems is not an end in itself. It is significant because it allows the perception that things could be otherwise, which creates the possibility for change. As Thomas (1993, p. 18) notes, it is intrinsically emancipatory to be aware of such things as the role of power in research and the ideological nature of knowledge:

> Critical thinking implies freedom by recognizing that social existence, including our knowledge of it, is not simply composed of givens imposed on us by powerful and mysterious forces. This recognition leads to the possibility of transcending existing social conditions. The act of critique implies that by thinking about and acting upon the world, we are able to change both our subjective interpretations and objective conditions.

Secondly, we believe that a CSSP has a better chance than conventional health promotion research of producing the kind of change to which the new health promotion is, at least in principle, committed. Researchers who buy into research agendas without being aware of the ideas embedded in them are reproducing the frame of reference of prevailing broader social structures.

Downloaded from https://academic.oup.com/heapro/article/11/2/157/634828 by guest on 21 August 2022

A reflexive posture towards research may enable health promotion researchers to avoid perpetuation of the very status quo (e.g. inequities in access to health and power) that the health promotion movement is ostensibly committed to changing.

Despite the value we attach to a critical perspective on health promotion research, we recognize that, as academic researchers, we have relatively more freedom than others to step back and question the subject matter being addressed. The requirements and expectations of employers and funding agencies often make it difficult for researchers outside of the university to ask fundamental questions about the social construction of the problem. There are, however, opportunities short of redefining the research problem altogether that might embody the spirit of a CSSP. Examples might be inserting other choices in a structured questionnaire item, or engaging research 'subjects' in setting research objectives or in interpreting research findings.

Although we may feel that there are compelling reasons to take a CSSP on health promotion research, the question remains: If research problems are socially produced, how is one to distinguish one from the other? Are all formulations of the problem equally valid?

It is incumbent upon us—if we are to practice the reflexivity we preach—to identify the theoretical assumptions underlying our CSSP. Our continuing efforts to make own assumptions explicit will allow us to articulate further why we judge a CSSP to be a better approach to health promotion research.

*Address for correspondence*:
Joan Eakin
Department of Behavioural Science
Faculty of Medicine
University of Toronto
Toronto, Ontario
Canada M5S 1A8

## REFERENCES

Balshem, M. (1991) Cancer, control, and causality: talking about cancer in a working-class community. *American Ethnologist*, **18**, 152–171.

Bhaskar, R. (1979) *The Possibility of Naturalism*. Humanities Press, Atlantic Heights, NJ.

Caplan, R. (1993) The importance of social theory for health promotion: from description to reflexivity. *Health Promotion International*, **8**, 147–157.

Douglas, M. (1992) *Risk and Blame: Essays in Cultural Theory*. Routledge, New York.

Eakin, J. M. and Maclean, H. M. (1992) A critical perspective on research and knowledge development in health promotion. *Canadian Journal of Public Health*, **83** (Suppl.), S72–S76.

Fiske, J. (1989) *Understanding Popular Culture*. Unwin Hyman, Cambridge, MA.

Giddens, A. (1984) *The Constitution of Society: Outline of the Theory of Structuration*. University of California Press, Berkeley, CA.

Grace, V. (1991) The marketing of empowerment and the construction of the health consumer: a critique of health promotion. *International Journal of Health Services*, **21**, 329–343.

Graham, H. (1987) Women's smoking and family health. *Social Science and Medicine*, **25**, 47–56.

Graham, H. (1993) *When Life's a Drag: Women, Smoking and Disadvantage*. HMSO, London.

Guba, E. (ed.) (1990) *The Paradigm Dialog*. Sage Publications, Newbury Park, CA.

Gusfield, J. (1989) Constructing the ownership of social problems: fun and profit in the welfare state. *Social Problems*, **16**, 431–441.

Health Canada (1994) *Survey on Smoking in Canada, Cycle 1*. Government of Canada, Ottawa.

Kuhn, T. (1970) *The Structure of Scientific Revolutions*, 2nd edn. University of Chicago Press, Chicago, IL.

Labonte, R. (1994) Health promotion and empowerment: reflections on professional practice. *Health Education Quarterly*, **21**, 253–268.

Labonte, R. and Robertson, A. (1994) Practice challenges for health promotion research. *Third Annual Health Promotion Research Conference*, Calgary, Alberta.

Longino, H. E. (1990) *Science as Social Knowledge*. Princeton University Press, Princeton, NJ.

Lukes, S. (1974) *Power: A Radical View*. Macmillan, London.

Maclean, H. M. and Eakin, J. M. (1992) Health promotion research methods: expanding the repertoire. *Canadian Journal of Public Health*, **83** (Suppl. 1), S4–S5.

Markle, G. E. and Troyer, R. J. (1979) Smoke gets in your eyes: cigarette smoking as deviant behavior. *Social Problems*, **26**, 611–625.

McCracken, G. (1992) *Got A Smoke? A Cultural Account of Tobacco Use in the Lives of Contemporary Teens. Research Report for the Ontario Ministry of Health Tobacco Strategy*. Ontario Ministry of Health, Toronto, ON.

McKnight, J. (1977) Professionalized service and disabling help. In Illich, I., Zola, I. K., McKnight, J., Caplan, J. and Shaiken, H. (eds) *Disabling Professions*. Marion Boyars, London.

Mills, C. W. (1959) *The Sociological Imagination*. Oxford University Press, New York.

Neuhring, E. and Markle, G. E. (1974) Nicotine and norms: the reemergence of a deviant behaviour. *Social Problems*, **21** (April), 513–526.

Poland, B. D. (1992) Learning to 'walk our talk': the implications of sociological theory for research methodologies in health promotion. *Canadian Journal of Public Health*, **83** (Suppl. 2), S31–S46.

Poland, B. (1993) Some promises and pitfalls of lay perception research in the social and health sciences. *The Operational Geographer*, **11**, 23–27.

Poland, B. (forthcoming) The purification of public space for your own good ... or mine? Tobacco control and social justice in the 'new' public health. In Kearns, R. (ed.) *Putting Health into Place: Making Connections in Geographical Research*. Syracuse University Press, Syracuse.

Downloaded from https://academic.oup.com/heapro/article/11/2/157/634828 by guest on 21 August 2022

Pollay, R. (1993) Tricks of the tobacco trade. *First National Conference on Tobacco and Health*, Ottawa, Ontario.

Rabinow, P. (ed.) (1984) *The Foucault Reader*. Pantheon Books, New York.

Reason, P. (1988) Experience, action, and metaphor as dimensions of post-positivist inquiry. *Research in Organizational Change and Development*, **2**, 195–233.

Robertson, A. (1990) The politics of Alzheimer's disease: a case study in apocalyptic demography. *International Journal of Health Services*, **20**, 429–442.

Robertson, A. and Minkler, M. (1994) The new health promotion: a critical examination. *Health Education Quarterly*, **21**, 295–312.

Sayer, A. (1992) *Method in Social Science*, Routledge, London.

Short, J. (1984) The social fabric of risk: towards the social transformation of risk analysis. *American Sociology Review*, **49**, 711–725.

Stallings, R. (1990) Media discovery and the social construction of risk. *Social Problems*, **31**, 80–95.

Steier, F. (1991) *Research and Reflexivity*. Sage, Newbury Park, CA.

Stevenson, H. M. and Burke, M. (1992) Bureaucratic logic in a new social movement clothing: the limits of health promotion research. *Canadian Journal of Public Health*, **83**, (Suppl. 1), S47–S53.

Thomas, J. (1993) *Doing Critical Ethnography*. Sage, Thousand Oaks, CA.

Willis, P. (1977) *Learning to Labor: How Working Class Kids Get Working Class Jobs*. Columbia University Press, New York.

Downloaded from https://academic.oup.com/heapro/article/11/2/157/634828 by guest on 21 August 2022

Downloaded from https://academic.oup.com/heapro/article/11/2/157/634828 by guest on 21 August 2022