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**AN ANALYSIS OF  
HEALTH PROMOTION DISCOURSES  
IN THE CONTEXT OF  
NEW ZEALAND'S SCHOOL HEALTH CURRICULUM**

**A thesis presented in partial fulfilment of the  
requirements for the degree of**

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## **Abstract**

This thesis is concerned with the problem of a health *promotion* discourse within a health *education* curriculum. The problem is addressed through an analysis of health education and health promotion discourses which have been in use over the past half-century. It uses Michel Foucault's archaeological methodology to analyse the discourses of both the public health sector and the education (school) sector. It is argued that fifty years ago, both sectors used a health *education* discourse, but that since then, following policy directions from the World Health Organisation, the public health sector has developed and progressively favoured a health *promotion* discourse. It is only recently that New Zealand's education sector has begun to use a health promotion discourse in health curriculum documents. The thesis discusses some of the issues that surround this shift in discourse in schools.

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## Overview

When a national curriculum document is published in any area of learning (subject area), many things happen including the presentation of a 'way of talking' in that particular curriculum area. The focus of this thesis is on 'the way of talking' presented by the publication of Health and Physical Education in the New Zealand Curriculum (Ministry of Education, 1999)<sup>1</sup>. The language used by the curriculum writers has provided discursive resources which are then drawn upon in subsequent discussions: curriculum leaders, teacher educators and school advisers use the curriculum's discourse in professional development contexts; journalists and commentators use it publicly in the media; teachers use it when they talk to each other about the subject area; and schools present the new discourse in their communications with parents and students. Such widespread use of the curriculum's discourse ensures the language of the curriculum becomes the dominant way of talking in and about that curriculum area.

The curriculum is a combination of three earlier school syllabi: Health Education, Physical Education and Home Economics. The focus of this thesis is on the health education aspect of the new curriculum.

As with any new curriculum, the language used in the curriculum differentiates it from other curriculum documents, and earlier health education curriculum documents. My interest in the discourse of the curriculum is in the language of its 'underlying concepts'<sup>2</sup> - or its theoretical and philosophical underpinnings. Of particular interest to me is the underlying concept of health promotion. This interest stems from my work over the past seventeen years working as a health educator and health promoter in both the public health, and education sectors. With a longstanding interest in the philosophy of language I am interested in the language of the curriculum, especially the use of the term 'health promotion' within the document. My observation over the years has been that a health promotion discourse has been developed and used by the public health sector, and has only

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<sup>1</sup> From here on referred to as the curriculum.

<sup>2</sup> See Chapter Three for a detailed discussion of the underlying concepts: Hauora, Health Promotion, Socio-ecological approach, and Attitudes and Values.

recently been introduced into the discourses available to teachers. The health education curriculum is a key discursive resource for teachers, enabling them to hear a 'way of talking', and providing an opportunity for them to begin to practise and use health promotion discourses. This thesis critiques the health promotion discourse of the curriculum, and, through the methodology of the French philosopher Michel Foucault, explores some of the historical contingencies that allowed the discourse to become such a key 'underlying concept' of the curriculum.

My research questions stem from this interest in health promotion discourse, and from the curious situation where the (older) term health education is used in the title of the curriculum, but is neither defined nor used within the curriculum itself. Instead, the related (newer, public health) term health promotion is widely used throughout the document. Foucault talks of 'rare' events, where there are dramatic changes in discursive formation. Perhaps this is an example of one such shift or change in discursive formation where an (earlier) health education discourse becomes substituted by a (newer) health promotion discourse?

The first research questions are general questions that come from my observations (above) of the use of the term health promotion in the curriculum. These questions can be expressed as "Have the two sectors (Public Health and Education) used different discourses? Has health education discourse been the discourse of the education sector, and health promotion discourse the discourse of public health?"; and if so "How did the public health discourse of health promotion come to be a key discourse in a health education curriculum?" Following from these general questions I am interested in the following, more specific questions: "Are there discursive rules that govern the use of these discourses? and if so, what are they?"; and following this question, "Is the discourse of health promotion in the (education sector) curriculum used according to the discursive rules that have governed its (public health) use?"; and "Which (health education or health promotion) discourse, at any given period, came to predominate, with whom, and how?" A final question asks "Is the curriculum discourse able to be used as a tool by any particular political ideology to gain or maintain power and dominance?" It is these questions that I will attempt to address in this thesis.

A method for addressing these questions presents itself through the work of Foucault. His archaeological method provides both a 'historical' and an analytical analysis of discourse, and promises to help identify the rules that govern the use of a discourse, in this case the discourses of health education and health promotion. His genealogical (or critical) method adds additional analytical power, as well as providing ways of approaching and addressing the final question.

Given this, Section One begins with a detailed overview of the (broadly postmodern) work and methodology of Foucault (Chapter One). Starting in this way with a discussion of methodology may be unconventional, but it does allow all subsequent chapters to be written in reference to Foucault, his methods and his ideas. Foucault's methods allow critical analysis of particular discourses and can be applied to the discourses in the curriculum document. However, as I hope will become apparent, Foucault's methods do not examine discourses in isolation. Discourses are not separated out from wider contexts and conditions. Instead, his methods weave contexts and conditions into the very discussion and analysis of discourse. For that reason, my starting point must be Foucault, with the rest of the thesis written in the light of this chapter, and with wider contexts and conditions addressed in each subsequent chapter. Chapter One, then, sets out a framework for the subsequent examination and analysis of health education and health promotion discourses. The main objective of the chapter is to tease out Foucault's methodology in such a way that I am able to apply it throughout the thesis, as I attempt to answer my research questions. To do this, I will review in some detail, Foucault's archaeological and (to a lesser extent) genealogical methods, and indicate how his later shift in focus to techniques of the self might be approached and used to help answer my final research question.

In the process of constructing a Foucauldian framework, I refer to many epistemological concepts and ideas. Epistemology is about knowledge. The scope of epistemology is defined by questions about how knowledge is generated, and what counts as knowledge, how we gain our knowledge, and which knowledge counts as truth. How Foucault approached knowledge and truth in his writings is discussed in Chapter One. However, to help put his writings into context, I use Chapter Two to discuss in detail the epistemological underpinnings that are at the base of the Foucauldian position. Because

I have chosen to use Foucault's methods for the analysis of health education and health promotion discourses, this thesis falls firmly within a social constructionist epistemology. The story I tell in this thesis relies on a clear and early elucidation of this social constructionist epistemology. This is not an easy task, as most of us are unquestioningly embedded within a positivist way of thinking that makes it extremely difficult to understand a social constructionist epistemology. I attempt to explain the positivist way of thinking, how it has shaped and influenced the way in which we see the world, and how it has created a powerful intellectual legacy. For this reason I spend some time discussing positivism and outlining associated ideas, especially neo-liberalism, an ideology that has achieved wide political currency in New Zealand over the past two decades. The exploration of social constructionism in Chapter Two supports an understanding of Foucault's writing and method.

In Section Two, using Foucault's analytical methodology of archaeology, and to a lesser extent his methodology of genealogy, I explore the discourse of the curriculum, and analyse the discursive field(s) of health education and health promotion alongside the social and political conditions that provide contexts for these discourses to be used.

The existence of the two different terms 'health education' and 'health promotion' suggests that they have developed to do different discursive work. An archaeology of the discourses of health education and health promotion involves a detailed analysis of their use over time. However, this is no easy task, as their histories track side by side and intertwine for much of the twentieth century, making it difficult to identify the unity of each discourse. McHoul & Grace (1993) suggest that discourses can be "quite distinct from one another as well as from earlier and later forms of 'themselves' which may or may not have the same names" (p.31). They point out that forms and rules "are discontinuous. But they can also overlap and intersect as they change historically" (ibid. p.31). This overlapping and intersecting may have led to the confused and blurred use of the terms health education and health promotion in the curriculum. For instance, many landmark theoretical and practical publications (Green, et.al., 1980; Kemm & Close, 1995; Glanz, et.al., 1997) discuss both health education and health promotion under the title of one. In Ewles and Simnett's (1985) guide to health education titled *Promoting Health: A practical Guide to Health*

Education the focus is on health education, but the idea of promoting health is used prominently in the title. The authors draw attention to a confusion which arises from the use of the term 'health promotion':

This has been used more frequently in the last few years, and indeed some Health Authorities now employ Health Promotion Officers. Often, "health promotion" is used as an umbrella term which includes traditional health education, but sometimes it is used in more specific ways. It may refer to the marketing / advertising aspects of health education, or to the political aspects of lobbying for changes in health policy or legislation, or to changing health policies at local level. Finally, it is sometimes used to refer to the emphasis on positive health, as opposed to the negatively-flavoured prevention of ill-health (p.29).

Glanz et.al. (1997) note the observation made by Breckon et.al. (1994) that the terms health education and health promotion are often used interchangeably. I agree with Glanz et.al. that the two terms are "closely related, closely linked and overlapping and share a common historical and philosophical foundation"(p.9). However, unlike Glanz et.al, I do not believe that health education and health promotion are too closely related to be able to distinguish between them. Neither do I agree with Ewles & Simnett (1985) that the use of term health promotion is in itself confusing. This thesis rests on the assumption that there are different rules that govern the use of health education and health promotion discourses, even though they share much of the same historical and conceptual ground. These rules, identified through an archaeological analysis, "define discourses in their specificity" (Foucault, 1972: 139).

If a person had never heard of the terms health education nor health promotion it could be assumed that they had not been exposed to the health education or health promotion archive<sup>3</sup>. They would not have been involved in, nor heard, the wider discourses where the terms might be used. To learn how to use the terms appropriately, so that meaningful

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<sup>3</sup> For an explanation of this Foucauldian term, see Chapter One.

conversations can be achieved with others, a person would need to be exposed to the discourses, and practice using them according to the rules that govern their use.

Drawing upon a selected health education and health promotion archive and by following the suggestion of Sarup (1993) I will begin with recent health education and health promotion discourses and go backward in time in an attempt to locate and identify differences. Because archaeology is 'inherently interdiscursive' (Ritzer, 1997) I will be looking "for the tangle of contradictions and analogies that make up one discourse in contrast to others" (p.42), and looking for regularities and irregularities by examining the two discourses simultaneously throughout these chapters.

My approach is to use archaeology to analyse a selection of 'well-thumbed' text books from the health education and health promotion archive. This analysis systematically describes the titles of these texts and articles, definitions of health education and health promotion within them, key theories, and discussions by their authors about what health education and health promotion are. This systematic description is undertaken in order to demonstrate the unity of each discourse. I discuss how the unity of a discourse is defined by the rules and practices that allow (or disallow) certain things to be said. The unity of a discourse is not dependent upon the human subject or the author as it tends to do in a history of ideas. Using the archaeological method I am reminded that my interest will not be in who might have said something, but rather how it was possible that it was said at all. The overall aim of this archaeological analysis is therefore to define the rules and practices that allow certain discourses to become either health education or health promotion discourses.

When Foucault undertook archaeological analysis, he would use numerous quotes from the archive, creating a lamination effect. As I move from the present backwards in time, I use quotes liberally to allow the archive to speak for itself, while commenting on the chosen extracts, and seeking to find the rules that govern the use of the health education and health promotion discourse in each. This lamination technique that allows discourses to speak for themselves, is one I will use throughout the thesis.

While the archaeological method allows a detailed discursive analysis, it falls short of addressing the social and political conditions and contexts within which a discourse is being used. During the course of his writing career, Foucault became frustrated with the limitations of his (earlier) archaeological method. Likewise, as I embarked on an archaeological analysis I found that, on its own, it seemed somehow cut off from the real world, and raised as many questions as it answered. Therefore, I found a combination of Foucault's later genealogical method with the archaeological method useful in linking discourses with the real world. Genealogy provides a powerful methodology for making sense of the discourse within wider social and political conditions and contexts. Weaving a genealogical analysis allows a critique not possible by an archaeology on its own.

Foucault's approach to history forces us to look for 'historical contingencies' (Kendall & Wickham (1999), not origins and causes. This means that when we are confronted with an event, we must resist the urge to try and trace its beginnings. An event is not the necessary outcome of other, previous [causal] events, but is instead only "one possible result of a whole series of complex relations between other events" (p.5). This places the onus on the analyst to be constantly creative and open to possibilities - nothing is able to be taken for granted.

While resisting this urge to find historical causes, Foucault does propose that knowledge is much more a matter of the social, historical and political conditions under which statements come to count as true or false (McHoul & Grace, 1993; Loveridge, 1999). Truth, it seems, is contextual, changeable, and plural. Foucault does not want us to ignore the relationship between discourses and technical, economic, social and political events. In order to come to an understanding of the rules that make certain things possible to be said, we need to gain an understanding of the conditions that make them possible. Section One, especially Chapter Two, explores philosophical and intellectual conditions whilst Section Two analyses some of the relationships between health education and health promotion discourses, and key events and power relations that were occurring in the context of health promotion discourse during the timeframe chosen for analysis. This exploration of some of the conditions that have made health promotion discourses possible to be said is done in several ways. I use Foucault's methods to guide my exploration of the conditions

surrounding the emergence of contemporary health promotion discourse. 'Surfaces of emergence' (see Chapter One) are identified and described. As well, I describe those institutions which have acquired an authoritative role in delimiting the range and existence of health education and health promotion discourses. In doing so, I try to resist the urge to place events within grand explanatory systems and linear processes, and instead try to acknowledge the fragility of historical forms. I steer away from emphasising great moments and important people ('authors of power') and concentrate instead on the 'field of power'. And because power is comprised of "instruments for the formation and recording of knowledge (registers and archives), methods of observation, techniques of registration, procedures for investigation, apparatuses of control and so forth" (McHoul & Grace, 1993:22). I look carefully for those instruments, records, methods, techniques, procedures and apparatuses.

Foucault's insists that the analyst selects a problem rather than an historical period for investigation. It is very seductive to choose a period of history where health promotion discourse seemed to emerge. By including a study and description of what was happening socially, politically and educationally in New Zealand and internationally at that time, it is equally seductive to make the (non-Foucauldian) assumption that these conditions influenced or caused the new discourse. This standard structuralist move is, however, anathema to Foucault. And the challenge to select a problem, not a historical period has posed an organisational dilemma for me - how do I present the data and analysis in such a way that it is true to Foucault's guidelines, but is also manageable and understandable. For this reason, I have chosen to break the archive under analysis into three chapters, each picking up the discursive story at an ever earlier time. (The alternative was to have one very large chapter covering the entire health education and health promotion archive!) Breaking the archive in this way, Chapter Three focusses upon the discourse of the current health education curriculum (1999); Chapter Four on a selected recent archive back to the mid 1980s; and Chapter Five explores an archive from the early 1980s back to the middle and early twentieth century. The problem ever before me, is the existence of a health promotion discourse within a health education curriculum.

Throughout the three chapters I attempt to keep the problem and research questions to the forefront. What I will be doing in fact, will be exploring the idea of 'discursive domination'. Lupton (1997) has expressed this Foucauldian idea by asking what are the conditions where one discourse 'secures another within its bounds'? (McHoul and Grace, 1993). Throughout these chapters I attempt to address the idea that discourse is dangerous. I will be looking to see whether or not health promotion discourses became appropriated by those 'in positions of power, either to bolster their own power, or to silence those discourses that they consider[ed] to be a threat to their authority' (Ritzer, 1997). I attempt to explore those techniques and the technologies that are derived from health education and health promotion knowledge, and how they are used by institutions to exert (normalising) power over people. I ask whether health promotion discourse and knowledge is being used as a 'disciplinary technology' to create docile subjects, using people, transforming and improving them, and I examine the methods, practices and techniques by which official discourses go about this process of normalisation (McHoul & Grace, 1993).

The archaeological method drives the direction of my analysis. In Chapters Three, Four and Five, I proceed backwards in time until the discourses under analysis sound curiously quaint and out-dated. Then, in Chapter Six, I proceed forward again, tracing the changes and shifts in discursive formation that have been detected in health education curriculum documents in New Zealand. This analysis should, according to Foucault, make the older discourses and practices seem negative in relation to the present. Discourses which have been substituted by others will seem old-fashioned and out-of-place in relation to the current, favoured discursive formation. The process should "show how that-which-is has not always been" (Foucault, 1990:37), suggesting that the process explodes the 'rationality' of current, taken for granted discourses and phenomena (Sarup, 1993). Weaving a genealogy through the chapters of this discursive analysis provides a tapestry of contingencies that help to clarify shifts in discursive formation.

Throughout my story, I will attempt to retain a reflexive and critical stance to the shifting discourses in health education and health promotion while acknowledging my own involvement in the field. I am, and have been a 'player' in this discursive story during this time. This has, I believe, allowed me a unique position in the analysis of the discourse. My

partiality, bias and presence is openly acknowledged. It inevitably forms a context for the analysis.