Chapter 5

Postmodernism and health promotion

Implications for the debate on effectiveness

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Introduction

This chapter considers the value of a postmodern perspective to understanding health promotion and the current debate on measuring its effectiveness. Although health promotion has developed from a mix of positivist disciplines—for example, medicine, epidemiology and behavioural psychology—and constructivist disciplines such as community development and community psychology (Labonte and Robertson 1996), it may be that the dominant tenets of health promotion are more consistent with the constructivist underpinnings of postmodernism than the positivist premises of evidence-based health care. If so, a postmodernist mode of enquiry can serve as a useful corrective to the outcomes research model in measuring the effectiveness of health promotion.

This chapter starts from an observation that the debate in professional health promotion journals on measuring effectiveness has largely been argued at the level of research methodology, and has crystallised around what at times have been fairly polarised views on the use of randomised controlled trials (RCTs) in health promotion research. With some notable exceptions (for example, Poland 1992, Kelly and Charlton 1995), what those debates have not done is to examine the philosophical assumptions that underpin methodological choices. This is crucial because important methodological problems cannot be resolved unless those concerned with health promotion research engage with its underlying epistemology. What postmodernism can offer health promotion is a lens through which it is possible to view these epistemological questions and relate them to its research and practice. It also serves as a useful corrective of the biomedical model in health promotion. Whilst it may be true that

evaluation, as a research discipline, needs 'another round of positivism bashing like a hole in the head' (Pawson and Tilley 1997: xiv–xv), this is arguably not the case in health promotion, given that the debate has been less well developed than in other fields.

Health promotion as a postmodern end eavour?

The term 'postmodernism' is frequently used to describe events and expressions of contemporary social culture. Fifteen years on from Lyotard's (1984) famous treatise on the subject, everything seems to be postmodern. Architecture (e.g. Phillip Johnson and Terry Farrell), art (e.g. Rauschenberg and Salle), music (e.g. Schnittke and Berio) and even Vic Reeves and Bob Mortimer's BBC2 panel-game spoof, *Shooting Stars,* are given the epithet of being postmodern. So popular has this term become that postmodernism appears to be the automatic theoretical justification for all that is confused, unconventional and bizarre. Within this climate, it is not surprising that health promotion, itself a complex concern, has begun to consider issues of postmodernism (Peterson and Bunton 1997, Fox 1991).

Rather than simply applying and accepting postmodern concepts to health promotion, this section seeks to illuminate exactly what is meant by postmodernism, how this relates to developments in health promotion, and the extent to which earlier frameworks in health promotion were modern endeavours. In order to achieve this, it is necessary not only to explore the conceptual frameworks underpinning postmodernism and its modernist counterpart, but also to engage with the historical context of these approaches.

Modernism, positivism and methods in health research

The impact of modernism on Western society has been marked in many areas of cultural experience. Modernist enterprises are clearly distinguished in areas of art (Picasso, Braque), architecture (Le Corbusier, Mies van der Rohe), music (Stravinsky, Schoenberg) and literature (Joyce, Eliot), but it is a little confusing to consider precisely why health related research should be associated with these cultural trends.

Modernism was born out of Cartesian, Enlightenment

philosophies: a belief in the functioning of a rational, objective and scientific mind as an interpretative tool in understanding the external world. Early modern, scientific thought can be found in the writings of Francis Bacon (1561–1626), a philosopher credited as being the founder of 'inductivism'. Inductivists believed that universal statements, such as hypotheses, can be derived from singular statements, such as experimentation. Reacting against these inductivist assertions, Descartes and Leibniz developed a 'deductivist' framework in which singular statements are derived from universal considerations.

Fundamentally, the belief in the scientific approach centred on the assertion that facts exist independently of the observer and that they can be identified through experience and observation. Descartes commented on this experiential basis to scientific enquiry in his famous treatise *Discourse on Method* (1637):

> while I decided thus to think that everything was false, it followed necessarily that I who thought must be something; and observing that this truth: I think, therefore I am, was so certain and so evident that all the most extravagant suppositions of the sceptics were not capable of shaking it, I judged that I could accept it without scruple as the first principle of the philosophy I was seeking.
>
> (Descartes, 1968:53–4)

Positivism, developed during the nineteenth century in the writings of August Comte (1798–1857), furthered these ideas, perceiving human social phenomena to be structured in the same way as the natural inorganic and organic world. Hence social considerations could also be explored scientifically.

The foundation of modernism is closely related to these scientific and positivist concerns, perceiving the (social and physical) world to be structured in a complex and confusing array of processes which required a unitary and detached examination to craft order in a disorderly world. Or as Habermas puts it, modernity aims 'to develop objective science, universal morality and law, and autonomous art according to their inner logic' (Habermas 1983:9).

Consequently, modernism reveres methodology as a means to create security against epistemological insecurity. That is to say, experimental design and observation can be used to understand a complex social reality.

Health can similarly be seen to be a complex social

phenomenon requiring a coherent, experimental methodological design to contend with the varied possibilities of health attainment. This requirement has become an imperative in contemporary research with the Cochrane Collaboration's (1994) recommended use of experimental studies employing control or comparison groups. These 'randomised controlled trials' were thought to minimise bias and thus generate more meaningful and reliable evidence for the effectiveness of health care interventions. Randomised controlled trials were heralded as a 'gold standard', given their ability to ensure that experimental and control groups are socially equivalent, that unknown factors influencing outcomes are equally distributed between groups, and that the possibility of researcher bias is minimised (Oakley *et al.* 1996, Lawrence *et al.* 1989).

Given this concern of using scientifically validated, positivist RCT methodological techniques to minimise the limitations derived from epistemological complexities, the dominant model of health care evaluation can be considered to be a modernistic endeavour.

Postmodernism and the critique of positivist methodologies of health research

The growth of modernist ideals from the sixteenth century to the beginning of this century was associated with significant social optimism. The development of science and the principles of the Enlightenment were believed to provide great benefits to society. The onset of the Industrial Revolution and advancement of medicine were just two ways in which science and modernity were seen to be a cure-all for social ills. This confidence was reflected well in the Great Exhibition in 1851, where the latest technological developments were presented as a mark of confidence and pride for the future.

However, this optimism quickly eroded throughout the twentieth century. The rise to power of Adolf Hitler, the Second World War and the aftermath of the Hiroshima and Nagasaki bombings all demonstrated the destructive potential of technological development. Earlier, the destruction of densely populated areas of Paris by Haussman in the mid-nineteenth century through the construction of the *grands boulevards* was seen to be a sanitisation of social complexity through technology (Harvey 1985). Similarly, the re-development of the Bronx in New York by Robert Moses was

perceived to reflect the demolition of social life through corporate development (Berman 1983). In London during the 1960s, the collapse of Ronan's Point severely questioned the government's housing policy and the safety of modern urban development in rectifying housing problems (Hutchinson 1988). Against these historical events, there developed 'a rage against humanism and the Enlightenment legacy' (Bernstein 1985:25).

Several cultural critics have suggested that these failures derive from the separation of modernity from modernism (Habermas 1983, Berman 1983, Harvey 1989). This is to say, the ideology of modernity is believed to be sound and supportive of social needs, whereas the practice (as reflected in Haussman, Moses and the 1960s UK housing policy) is seen to be destructive of those goals. Others, however, consider modernity to be irrevocably flawed in its bypassing of chaotic social reality through the (false) belief in methodological security (Lyotard 1984). In other words, if social reality is marked by complexity, flux and change, as postmodernists argue, then any methodological desire for order and singularity is delusional. Thus, the postmodern movement became established to reject the methodological enlightenment of a complex epistemology, and to celebrate and rejoice in the diversity, fragmentation and chaos of the social world.

In this regard, Jencks (1984) dates the birth of postmodern architecture to 3:32 p.m. on 15 July 1972, when the modernist Pruitt-Igoe housing development in St Louis was destroyed on the basis of being an uninhabitable dwelling for the people it housed. The singular, 'meta' narrative expression of architectural design was seen to be incompatible with social living. In place of the modern paradigm, postmodernism embraced the 'multi' narratives of social existence. In architecture, this meant utilising pastiche, reproduction, fragmentation, humour, juxtaposition and chaos to reflect disordered social processes. Thus Quinlan Terry's Richmond Riverside Panorama constructed in the 1980s revives past urban forms with the imitation of eighteenth-century classicism (Hutchinson 1988). Alternatively, Charles Moore's *Piazza d'Italia* in New Orleans uses pastiche, humour and façadism to create his archetypally postmodern piece of architecture.

The growth in technological advancement, particularly in the areas of finance and telecommunication, furthered this sense of disorientation, with the experiential reduction of spatial difference, what Harvey (1989) has referred to as the effects of 'time-space

compression'. Associated with these trends were rising inflation in world markets, the raising of oil prices by OPEC and the Arab decision to embargo oil exports to the West in 1973. This had the effect of driving technological and organisational change, and for increasing the impetus for business to seek employees on the global stage (Harvey 1989).

Intriguingly, the growth of health promotion during the 1970s and the critique of the earlier biomedical framework of opposing health against disease situates well with these broader cultural trends (Antonovsky 1996, Macdonald and Bunton 1992). In particular, the Lalonde report of 1974 and the 1978 Alma Ata declaration on primary health care were significant in critiquing the view of health as a discrete quantifiable variable, advocating instead consideration of the social and cultural context of health (Lalonde 1974, WHO 1978, Tones and Tilford 1994).

In 1984, the World Health Organization established a programme of health promotion and published a discussion document on the concept and principles of health promotion (WHO 1984) which became crystallised in the Ottawa Charter of 1986 (WHO 1986). The Charter declared that:

> Health promotion is the process of enabling people to increase control over, and improve, their health…to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment. Health is seen, therefore, as a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capabilities.
>
> (WHO 1986)

It is this appeal to concepts of health as a 'resource for everyday life' which reflects postmodern sentiments. No longer should health just be seen to be a complex social reality, but methodological enquiries should seek to reflect rather than order these concerns. More recently, the Jakarta Declaration on Health Promotion into the twenty-first century has emphasised the need to promote social responsibility for health, for a consolidation and expansion of partnerships for health, and for increased community capacity to influence the determinants of health.

These trends in health promotion reflect a shift away from singular, quantifiable and positivist definitions of health as the

opposite of disease to an engagement with the social complexity and contingency of health care considerations. Given this desire to relate health concerns to the diversity and convoluted nature of everyday life, rather than appealing defensively to the sanctity of a single scientific method, health research can be seen to be a profoundly postmodern endeavour.

Defining health and the limits of postmodernism

Within a postmodern mode of enquiry, health is seen to be a multiply determined, culturally contingent concern. Research on health promotion, therefore, has to perceive health not as an unwavering scientific fact or universal truth, but rather as a concept constructed within and dependent upon a chaotic and diverse social reality. However, as several notable commentators on social theory have shown (Jameson 1984, Huyssens 1984, Harvey 1989, 1996, Bauman 1997), there exist certain fatal flaws within postmodernism.

First, in rejecting the use of coherent methodologies to decipher complex epistemologies, postmodernists have gone too far in the opposite direction, prioritising chaotic social process above the need to articulate coherent and workable frameworks of analysis. Consequently, postmodernism denies the very methodological tools needed to be able to consider the applicability or the relevance of postmodern modes of thought (Featherstone 1989). Hence, postmodernism can only justify itself in a tautologous fashion: the world is postmodern because it is postmodern. In this regard, postmodernism is self-contradictory. In order to speak or write postmodern, one has to adopt a voice from somewhere and speak within a narrative order that contradicts postmodernism's rejection of singular ('meta') narratives. Harvey (1989) similarly states that there is nothing more totalising than a framework that rejects all other modes of analysis on the basis of perceiving them to be totalising.

Second, postmodernism can be an intensely disempowering and apolitical enterprise. Adopting a relativistic, 'anything goes' standpoint means that there can be no basis from which to assess the validity or relevance of one voice above another. Fascistic discourse must therefore be given equal weight to feminist perspectives. To mediate or judge one in relation to the other would be to impose a hierarchy that contradicts the postmodern framework. Similarly, there is something politically suspicious about a line of enquiry in which marginalised voices within research find

themselves silenced by a sentiment which perceives any voice to be contrary to the ideals of postmodern 'multi-vocality' (Miller 1986, McDowell 1992). As Haraway argues: 'Some differences are playful; some are poles of world historical systems of domination. Epistemology is about knowing the difference' (Haraway 1991:560).

This relativistic standpoint of 'anything goes', whereby all information generated would be equally valid, has been criticised by some health promotion researchers as a means of producing a confused and impossibly dense set of research data. Stevenson and Burke (1992), for example, suggest that such an approach would dilute what they see as an already desultory research practice. Meaning becomes 'relegated' to

> the different needs, values and interpretations of endlessly differentiated communities, so that health promotion indicators of healthy communities provide only an 'indication but not an explanation of the state of a particular community'.
> (Stevenson and Burke 1992:S51, citing Hayes and Willms 1990)

A further aspect of this depoliticised consequence of postmodernism was described by Harvey (1996) in his account of a fire at the Imperial Foods chicken-processing plant in Hamlet, North Carolina (1996). Twenty-five workers died in the fire due to insufficient safety procedures and the locking of the emergency exit. However, given that most of the workers were either underpaid, female or black, the reaction to the fire resulted in fragmentary political groups forming around issues of class, race and gender. None of these groups worked together, and thus a coherent, politically powerful force was lost to the tensions and confusions of the 'multiple voices'. This, Harvey felt, was a perfect reflection of the need to adopt a coherent standpoint at a time of social need, and thus of the need to reject postmodern ideals in favour of modernist principles.

Third, related to this, at a methodological level, postmodernism rejects the possibility of constructing strategically coherent areas of research. For example, in his critique of epidemiological studies of HIV and AIDS, Brown (1995) suggests that quantitative, positivist approaches are useful in providing accessible and visually meaningful forms of representation. Likewise, Young (1990, 1995) argues that a concern for postmodern diversity should not render the aims of social justice and equality redundant. In relation to

health care concerns, the call for diversity and plurality within concepts of health promotion and education should not undermine the strategic importance of coherent forms of medical research and health care evaluation.

Therefore, whilst postmodernism is useful in serving as a critique for the automatic assumption that there are correct ways of 'doing research', nevertheless the limitations of postmodern lines of enquiry need to be considered. What is important, therefore, is to appreciate that no approach to health promotion is inherently right or wrong, and that it is the context in which health related research, whether it is in the form of RCTs or more qualitative methodologies, are conducted that has to be made evident. It is this strategic, contextual approach to health promotion that needs to be developed.

The implications of the postmodern critique for health promotion

What is the key postmodern health promotion concept?

Now that the philosophical underpinnings of postmodernism and modernism have been outlined, it is necessary to consider in more detail how these issues are played out in specific relation to health promotion. Postmodernists would suggest that the conceptual key for health promotion is positive health, emphasising an individual's personal and social, as well as physical, capacities (Kelly *et al*. 1993). In a postmodern approach, health is viewed not as the opposite of disease, which is a dichotomy characteristic of modernist social theory, but as something which changes and adapts to one's environment. Health is a resource for everyday life, which represents a significant departure from a conception of health as an absence of disease. The challenge is for health promotion to articulate clearly that reductivist methodologies are inappropriate for measuring positive health and for it to develop end-points consistent with this new approach. However, postmodernists also caution that the concept of positive health should not be articulated within the kind of systemic view that characterises a modernist approach to social life. A systemic view of positive health understands it to be a function of macro-level systems rather than micro-level ones (Kelly and Charlton 1995). Postmodernists argue that the social world is too chaotic to be

understood that way, and maintain that conceptualising positive health as a function of systems blinds health promotion researchers and practitioners to aspects of health that may lie outside of those systems. Thus, the postmodern critique calls for a willingness to anticipate the unexpected, and to frame health promotion research methodologies according to the intervention and not the intervention according to the research methodology.

Causality versus intertextuality—rationality and irrationality

Logical positivism subscribes to the notion of a single reality which is independent of any observer, a reality which is driven by universal, discoverable laws and truths that exist independent of time and space. These truths can be understood at least in principle, through a mechanical explanation of cause and effect (Guba 1990). Recently, critical realists have attempted to move the debate forward (Pawson and Tilley 1997) in their attention to understanding the contexts in which interventions take place. Pawson and Tilley (1997), citing Sayer (1994), argue that 'the relationship between causal mechanisms and their effects is not fixed, but contingent' (69).

Their concern with the '*contextual conditioning* of causal mechanisms' (69, original emphasis) holds little sway with postmodernists who eschew a realist ontology: in the arena of health policy interventions, the idea that a context can be anything other than constantly fluid is rejected.

Many postmodernists take up positions which oppose the notion of a single truth and which are anti-causal. They argue that the search for 'evidence' is illusory because, even if a single reality does exist, our understanding of it can only ever be a social construct. Postmodernism's principal strategy is deconstruction (Derrida 1978), an approach which dismisses singular considerations of social processes (or texts) in favour of engaging with the diverse readings and experiences of those processes (or texts). Furthermore, a deconstructive approach enables the researcher to embrace the contradictions inherent within social processes, illustrating how social (con)texts are interdependent with other (con)texts, that is to say, they are intertextual.

However, there is a need for further theorisation in this area. Confusion about how, and in what contexts, health promotion can

be understood through causal perspectives was noted in a recent study of the perceptions of health promotion practitioners and commissioners about current approaches to determining effectiveness in health promotion (Webb 1997). Study participants asserted that health promotion could not *easily* relate to a causal view of the social world, but also suggested that the function of intermediate outcome measures is that they can represent a path in a causal chain. For example, a ban on the advertising of tobacco products is an important intermediate measure for a reduction in coronary heart disease as it is known to lead to a reduction of consumption levels, which is widely believed to lead to reductions in premature mortality and morbidity. However, there was no discussion about whether health promotion should *reject* causal perspectives, and if so, what this might mean for understanding health promotion activities.

What constitutes admissible data?—objectivity and subjectivity

The critique of the metanarrative is an important one—the idea that scientific paradigms are constructed to define complete or 'totalising' social processes and phenomena: 'Each of these metanarratives contends it is validated on the basis of external criteria, while all of them, postmodernists suggest, are really dependent on a system of internal self-validating logic' (Rosenau 1994:305).

Thus, the idea that all research should be objective is not an external truth written in stone but a construct of the positivist paradigm. Medical science is one such metanarrative. Labonte and Robertson (1996) argue that social relations of power, in which certain kinds of knowledge are legitimised and others are not, are embedded in these metanarratives. Thus, work which is part of standard, scientific enquiry is funded and disseminated more easily than that taking unconventional approaches (Lincoln 1992). Moreover, the objectivity of the biomedical model has been criticised for treating the social world in such a way as to rob it of its historical and inter subjective roots (Poland 1992). In contrast, a postmodernist framework embraces multiple narratives, reflecting a range of perspectives and interests. It seeks to characterise particular narratives as 'discourses' that reveal the speakers' cultural values and place in the dominant power structure (Fox 1991).

Effectiveness would then be measured, not according to a comparison group-based experimental model, but by those engaged in the process of designing and using their own programmes for health gain, as they have defined it.

Order and disorder—discipline imperialism and interdisciplinarity

Positivist research is characterised by a discipline-led model and is based on foundationalism—the notion that knowledge is founded in disciplines—which attempts to simplify the social world by asserting artificial disciplinary boundaries within which research is conducted (Usher 1996). This can be understood as an attempt to bring order to a disorderly world (Tones and Tilford 1994). Postmodernism challenges foundationalism and posits that knowledge formation is interdisciplinary. This is another way in which health promotion is more consistent with postmodernism than positivism. One has only to think of the importance attached in health promotion to working in health alliances, to Healthy Cities initiatives and to the WHO Health for All initiative to realise that health promotion is a multi-disciplinary endeavour. The interdisciplinary nature of health promotion is well understood in the field, in which specialist health promotion is viewed as one component of a multi- or transdisciplinary endeavour. Thus, the challenge is to develop a consensus on the ownership of measures, that is, on an understanding of whose performance should be evaluated. However, it is also the case that some in health promotion, echoing modernist ideas, also want to see specialist health promotion emerging as a distinct discipline, lending it strength and credibility, particularly in the eyes of their biomedical colleagues.

A search for indicators—universality and generalisability

Positivism understands research as a universal process in which a set of general methods is applied. The test of knowledge in positivism is its generalisability and predictive power, whereas postmodern approaches lend primacy to interpretive power, meaning and illumination (Usher 1996). The postmodern method favours a comprehensive characterisation of multiple perspectives over a reductive approach to intervention and evaluation. Postmodernist

methodologies seek to permit diverse opinion and fragmentary processes, perceiving this disorder to relate more to the reality of responding to diverse health promotion needs instead of focusing on a single goal or desirable outcome. Postmodern philosophy rejects operationalising complex concepts such as empowerment or well-being as *simple indicators,* given that a postmodern view posits that there is no absolute truth about health and that positive health is a quality defined by individuals and groups, not imposed by external forces.

A postmodern approach to health promotion research and practice

What, then, would health promotion practice and research look like, if the postmodern premises were accepted more explicitly by commissioners and providers? With regard to practice, health promotion is already committed to the idea that health is a multiply determined, multi-dimensional concept (Rubenstein *et al*. 1989), and that the role of health promotion is to help meet some of the diverse needs and aspirations of different communities. If health is a resource for living, then it is difficult to see how a unifying definition of this can be derived. A postmodern approach to health promotion research would concern itself with four key issues: research methods; the notion of causality; the search for indicators of success; and the language of health care evaluation.

Research methods

Development is required with regard to hierarchies of evidence. Rather than automatically setting RCTs at the top and qualitative studies at the bottom, health promotion research values would be better driven by the questions being asked. For simple interventions in relatively closed systems for which valid short-term outcomes exist, RCTs may provide the most appropriate evaluative tool. However, qualitative methods will be preferred when the goal is to explicate and illuminate process. It is understandable that some commentators (Macdonald 1996) have called for a research hierarchy of *qualitative methods* which might be seen to lend credibility in the minds of those working to the Cochrane hierarchy. However, such a notion would be rejected by many postmodernists—given a commitment to different truths, there can be no single method which is universally ‘best’ for discovering

those truths (Webb 1999). What is important is to develop standards for the design, implementation and reporting of qualitative studies in health promotion. Indeed, work has been underway with a small multi-disciplinary team of social science researchers at the Health Education Authority who have been attempting to develop a consensus on what constitutes a rigorous approach to qualitative research (Meyrick and Gillies 1998), and a health technology review has now been published that synthesises different schools of thought in this regard (Murphy *et al*. 1998).

Causality

The issue of causality is important to the future direction of health promotion research. Health promotion may be reaching an epistemological turning point, where it is beginning to uproot itself from positivism. However, it is also possible that health promotion is beginning to understand how its epistemological contradictions can be accommodated in a new way. Health promotion does not need to reject the notion of causality outright. Given the diversity of health promotion interventions it seems reasonable to subscribe to the view that in some areas it is possible to understand what takes place in a causal way. But it is also possible to think of the intertextuality of health promotion and the interdependence of a number of social processes through which health is affected. This influences whether research methods should be employed which can best determine causal relationships or those which can best illuminate social processes.

Indicators of success

A postmodern approach to health promotion research suggests that the search for universal indicators of success is premised on an epistemology which fails to situate social life:

> If one concedes that circumstances giving rise to conditions in one community are not the same as those operating in another, then the validity of employing indicators that would allow for comparison with other communities may be questioned on the grounds that neither the baselines, nor the processes, are truly comparable.
>
> (Hayes and Willms 1990:165)

The evaluation of many key health promotion concepts is problematic unless, as Kelly *et al.* (1993) suggest, it is understood that those concepts are best defined subjectively. Thus, the application of positivist, rationalist methods (i.e., standardised measures) would not be accepted as appropriate.

The language of health care evaluation

Finally, it has been argued that the dominant framework in health care evaluation is health economics. Burrows *et al.* (1995) refer to health economics as a modernist discourse that is being applied to the evaluation of a postmodern project (that is, health promotion). In a subsequent article Burrows (1996) went on to clarify that the discourse of health economics has provided a vocabulary to the internal market of the NHS which is characterised by aims, inputs and measurable objectives. He argued that health promotion providers have had difficulties articulating and evaluating their practice within such a template, but that they have had to appropriate this discourse in order to compete for scarce resources. The danger is, he said, that 'in so doing it is likely that the nature of health promotion practice will be transformed as those interventions better able to conform to dominant contractual templates will be given priority' (366).

In Webb's (1997) study, participants expressed frustration in having to articulate their practice in this way, suggesting that, although it might lend them greater credibility and possibly gain extra funding, it is actually of limited practical use. Further, postmodernism critiques the epistemology of a discourse on evidence based health, which has positivist tendencies, and promotes a discourse on knowledge based health, which suggests a plurality of rationalities, characteristic of a postmodern approach to understanding social life.

Conclusion

It has been argued that there are natural affinities between postmodernism and health promotion, and that what postmodernism can offer health promotion is a lens through which to critique the philosophical assumptions that underpin research paradigms. It provokes consideration about the relationship between a biomedical model of health and a socio-environmental one. It encourages

health promotion researchers and practitioners to re-frame arguments about the role of different research methods, and it casts doubt on the enterprise for evidence as expressed as a singular rationality. Although it does not intend to improve upon that which it deconstructs, it does offer significant insights for health promotion. But ultimately, it refuses to move on from deconstruction to reconstructing a research framework, and therefore it is difficult to reconcile postmodern ideals with the need to articulate and express a consistent research method. Although the epistemologies of positivism and constructivism seem antithetical in principle, the mixed heritage of health promotion lends itself to an evaluative strategy that can build on both process and outcome based methods, depending on the question asked. The contested nature of health promotion's epistemology may be a consequence of the newness of its emerging discipline status, where epistemological struggles are inevitable. In this context, parallels with other new disciplines such as nursing may be drawn (Usher 1996). The challenge, therefore, is to develop a pluralistic framework for health promotion research that acknowledges the importance of accommodating difference about the basic premises of health care evaluation, and that can develop an understanding of the relationship between conflicting paradigms which attempts to resolve tension and identify common themes and purposes.

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