THE OEUVRE OF RISK IN HEALTH PROMOTION:

A REFLEXIVE METATHEORETICAL CRITIQUE

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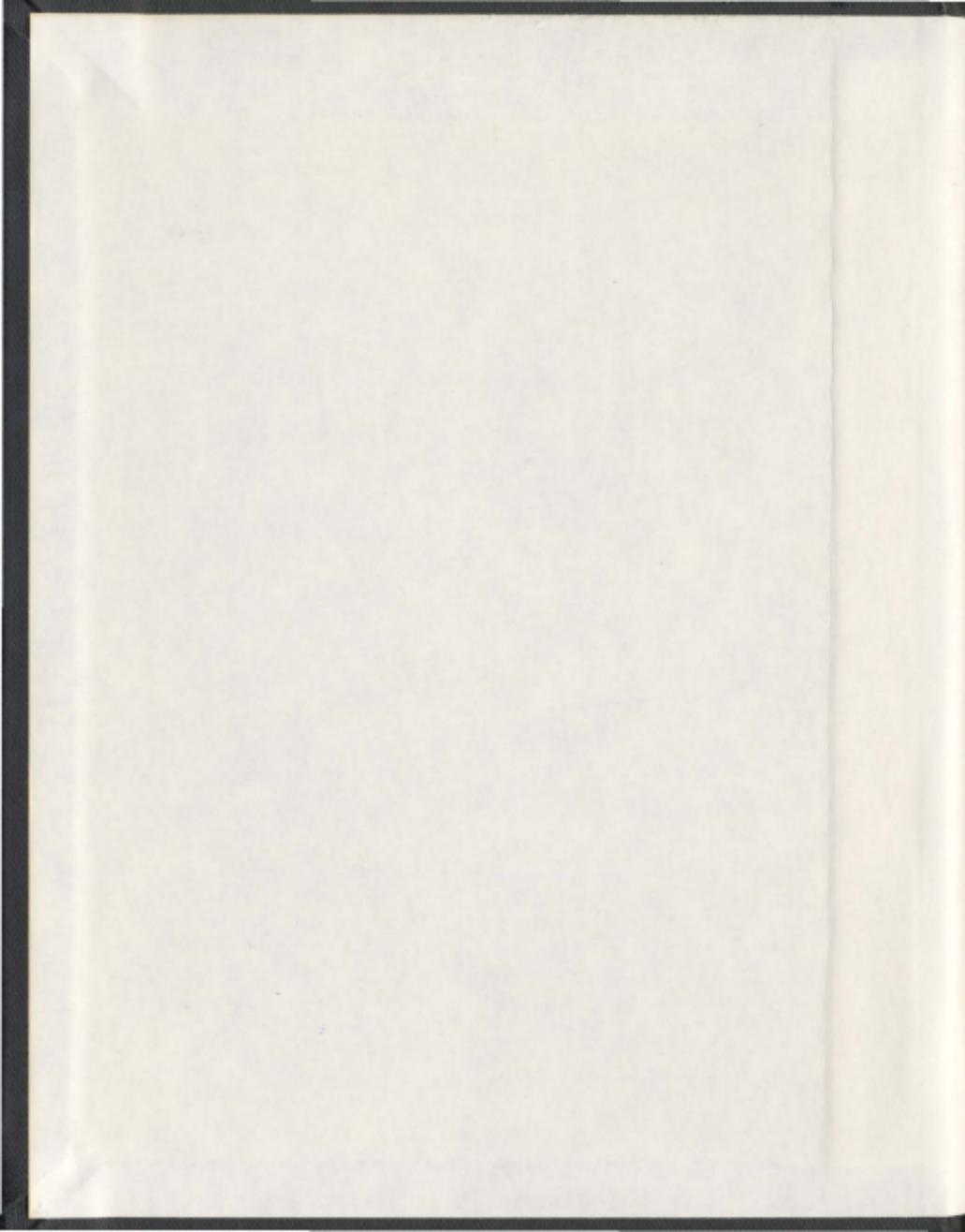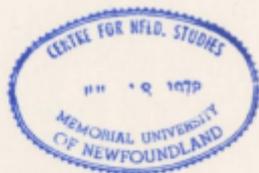
THE OEUVRE OF RISK IN HEALTH PROMOTION:

A REFLEXIVE METATHEORETICAL CRITIQUE

by

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ABSTRACT

In this dissertation I make a case for heightened reflexivity within health promotion via a metatheoretical critique of the field levied through the lens of my own research – a quantitative study into the media usage patterns of 1271 junior high school students carried out in 2005, and a youth-led media literacy production project on media and adolescent health, carried out in 2006. Initially formulated as a study of the impact of mass media on adolescent health, I ultimately came to question the ontological and epistemological assumptions grounding this inquiry. My concern centred on the prominence of "risk" as the dominant discourse within the prevention field today and its construction of media as risk, adolescence as a period of risk, and the family unit as an agent of risk. Accordingly, I reoriented this dissertation as a metatheoretical critique of this oeuvre of risk along with the ontological and epistemological assumptions underpinning the field of health promotion more generally. In short, what began as an investigation into the impact of media on adolescent health has become an interrogation of the more substantive issue of how evermore aspects of the private and social worlds of individuals have come under the gaze of health promotion. Through this dissertation I intend to illuminate the limits of risk as a social category for understanding complex health issues, as well as epidemiological modes of inquiry as ways of knowing within the field.

LIST OF TABLES

LIST OF FIGURES

LIST OF APPENDICES

It is best to begin, I think, by reminding you… that the most admirable thinkers within the scholarly community… do not split their work from their lives. They seem to take both too seriously to allow such dissociation, and they want to use each for the enrichment of the other. - C.W. Mills, 1959

Each of my works is a part of my own biography. For one or another reason I had the occasion to feel and live those things. - Michel Foucault, 1982 (in Martin, 1988)

GENERAL INTRODUCTION

This dissertation makes a case for heightened reflexivity in health promotion research via a metatheoretical critique of the field levied through the lens of my own research. Initially formulated as an investigation into the impact of mass media on adolescent health, I eventually came to question the ontological and epistemological assumptions grounding my inquiry. My concern centred on the prominence of "risk" as the dominant discourse in prevention circles today, and its construction of media as risk, adolescence as a period of risk, and the family unit as an agent of risk more particularly. Accordingly, I have reinvented my dissertation as a metatheoretical critique of this oeuvre of risk and the ontological and epistemological assumptions underpinning health promotion more generally. In short, what began as a study of the impact of media on adolescent health has become an interrogation of the more substantive issue of how increasingly more aspects of everyday life have come under the gaze of the health promotion movement.

1

This dissertation points to the limits of risk and epidemiological modes of inquiry as ways of knowing within the field, and for understanding complex health and illness experiences.

I begin in chapter one by tracing the development of health promotion as a subfield within public health and its turn towards the private and social lives of individuals as legitimate fields of action. Here I also summarise the critique of health promotion and the limits of risk as a social category that infuses expert dictums on how we should live and discipline our bodies. What I intend to interrogate is *hegemonic* health promotion; i.e. not for the social movement it was intended, in theory, but rather health promotion, in practice, for the mere "metaphor" it has become in relation to the traditional prevention paradigm (Labonté, 1994b), which inculcates citizens in its logic and value system. To do so I draw on the work of Michel Foucault and other Foucauldian scholars as well as the risk theses of Beck (1992), Douglas (1992) and Lupton (1999a; 1999b). In chapter two I summarise the body of research that constructs media as risky to adolescent wellbeing, highlighting its inconclusiveness. In chapters three and four I present my primary research to further my critique of hegemonic health promotion. This includes my quantitative study of the media usage patterns amongst 1271 local adolescents, and my youth-led media production project that was imbued with media literacy goals. In chapter five I introduce a metatheoretical framework to underscore the theoretical impoverishment of the health promotion field in relation to social ontology, epistemology, and methodology. Finally, in chapter six I employ this framework to

elucidate the metatheoretical contributions from two alternative approaches to the conceptualization of "risk" – Cultural Studies and Institutional Ethnography.

In doing so I intend to expand the theoretical field that health researchers can draw upon to enrich reflexivity and metatheoretical rigour in their own research.

My struggle to finish this PhD dissertation has centred on how I might frame its unconventional approach. It tracks my academic growth through seven years of reading and thinking, but mostly second-guessing what I had done in the course of my research. In this sense, it comprises a very personal account for which I am indebted to several authors who have advocated the importance of writing oneself into the research, particularly Kathryn Church with her critical autobiography Forbidden Narratives (1995), Patti Lather (1986; 2007), Irving Zola (1991) and Dorothy Smith (1990a). This dissertation maps my intellectual awakening to the politics of knowledge production and to what is at stake in the realm of everyday life.

My research began with a fairly typical health promotion research design, in a post-positivist epidemiological tradition, in which knowledge is seen to be directly accessible through methodological rigour, and the process of knowledge production is viewed as relatively unproblematic. It coupled a quantitative study on the media usage patterns of a sample of junior high school students from the Canadian province of Newfoundland and Labrador with a qualitative, media literacy action research project on media and health. Underpinning this research was the accepted notion within health literature that media exposure is risky and that adolescents are "at risk". However, as I will elaborate throughout this dissertation, once I had completed my literature review and primary data

collection I had grown uncomfortable with these assumptions, and more importantly in how they conflicted with my own experiences as a mother and researcher. At this point my analysis took a decidedly postmodern turn, in the Jean-Francois Lyotard sense, in my developing "incredulity toward metanarratives...the crisis of metaphysical philosophy and of the university institution which in the past relied on it" (1979, xxiv).

The term postmodernism denotes the set of social, cultural, political and economic formations following the height of modernity, which have radically transformed our ways of seeing and being in the world (Sturken and Cartwright, 2001). While it can be employed to characterize cultural aesthetic in art, literature, architecture, fashion, or popular culture, it also connotes a distinct shift in theorizing amongst social scientists, and the academy more generally, in relation to research theory, methodology, epistemology, and critique. Postmodernism, infers the world we have come to know as inescapably constructed, both physically and abstractly; the so-called social construction of contemporary life effected at the symbolic level of ideas, images and representation, through our academic, media and cultural institutions.

Insights from this postmodern turn have transformed the academy from within and likely played a role in piquing the interest of health researchers as to the relevance of institutions like mass media in shaping health beliefs and behaviours within populations. Illness and illness-producing behaviours are now understood to be "socially-constructed" versus "natural-state" categories (Morris, 2001, p. 39). It is no wonder, then, that health researchers have begun to import theories and methods, which were once the domain of

sociologists or cultural studies theorists, to investigate the everyday worlds of "at risk" groups in order to gain a better understanding of complex health issues. One example of this trend is investigation into the impact of media representation on the health of children and youth, of which my own research is an example.

Media analysis has long been a part the cultural studies and sociology research paradigms, but is a rather novel enterprise within health promotion. When adopting insights and theories from other disciplines I argue it is not permissible to do so in part, merely at the level of method or domain-level theory, however. That is, it is not enough to adopt methods from other fields to explore the role of cultural institutions like mass media in shaping everyday experience without also interrogating the more fundamental questions of the epistemology and ontology driving one's research in the first place. Moreover, it is important that researchers interrogate the complicity of their own research in constructing and reifying truths about the lived world of others. Accordingly, the central argument of this dissertation is that the field of health promotion has not attended sufficiently to these metatheoretical considerations to date.

The object of analysis in this dissertation is health promotion, through the window of my own research into media and adolescent health. By highlighting the development and critique of health promotion, and the specifics of my own research, my overarching objectives are to: 1) problematize the oeuvre of risk orienting most health promotion interventions today, as exemplified in my own research that pathologizes the media culture of adolescents in the context of adolescent wellbeing; 2) to promote an awareness

amongst health researchers as to the political and material impact these risk discourses have as ideologies or *biopedagogies* in everyday life, shaping how we live, how we parent and how we love; 3) to highlight the inadequacy of reductive, epidemiologically-informed methods of inquiry for understanding complex health and social issues; 4) to emphasize the need for heightened meta–theoretical reflexivity and rigour within health promotion in order to interrogate the power expert discourses invariably have over others; 5) to offer a framework in service of heightened metatheoretical reflexivity for health promotion research in the future, and 6) to employ this framework to elicit the metatheoretical contributions from other social science approaches to the treatment of risk within health promotion. In short, within this dissertation I adopt an interdisciplinary point of reference to deconstruct the "risk" logic permeating expert discourse on the media and adolescent health nexus, whilst simultaneously advancing a metatheoretical critique of the health promotion paradigm, more generally, as to the assumptions guiding its interventions.

Stivers notes "that a shift of tectonic proportions took place when the argument was advanced that 'paradigms' existed at all – that knowledge acquisition was not unproblematically transparent but instead was a function of sets of rules or agreements among members of particular knowledge communities" (1993, p. 409). She credits a multitude of sources for this shift, in particular Thomas Kuhn's work, *The Structure of Scientific Revolutions*. Amongst her key propositions about knowledge and truth is the social construction of all knowledge; i.e., "There is no such thing as 'Truth'" with a capital T "in the sense of a knowledge that transcends the definition, values and rules of

any or all specific knowledge communities. The vision of a Truth that transcends historical circumstance and societal context is ultimately a dream of a power over others" (ibid., p. 211). In this way Stivers emphasizes that there can be no "best standpoint" for social science research but that there might possibly "be *better* knowledge processes" that provide stronger support for the liberatory projects (ibid.). Towards this end, researchers must strive to constitute themselves "as the most inclusive possible knowledge community and its knowledge as a perpetual unfolding or developmental process" (ibid.). This dissertation traces my personal "developmental process" or "unfolding" in accordance with Stivers emphasis, and offers a metatheoretical framework for health promotion research to do the same, therein supporting the field to become a more inclusive, reflexive knowledge community.

The original intention of my dissertation project was to carry out an investigation into the nature of media representations of pain to adolescents, and its relevance to their pain management practices. It was part of a broader investigation of adolescents' pain management strategies funded by the Canadian Institute for Health Research (CIHR), a project that examined the attitudes, practices and decision-making strategies amongst adolescents in relation to their peer groups and family units. The focus on adolescents was in line with previous research that had identified the ages between eleven to fifteen as the critical period when adolescents begin to exhibit individual agency in decision-making about various aspects of their personal health (Swan, Creeser, & Murray, 1990), including in the selection and administration of different methods of pain management. Chambers, Reid, McGrath & Finley (1997) noted that adolescents begin to self-

administer medication between the ages of 11 and 12 years, and self-administration of medication without the knowledge of adults increases significantly from grades 7 to 9 for all types of pain. The salience of media representation to adolescent decision-making about pain management and their general health practices was assumed given the extent of time North American youth engage with media of various forms (Roberts, 2000). Children and adolescents are thought to be at higher risk from media representations, in contrast to more media savvy adults.

Quite early in the course of this project however I abandoned the focus on media representations of pain or pain management strategies due to the lack of pain-specific representations found in my cursory review of adolescent media genres, such as teen magazines. At this point I broadened my research from media representations of pain, to media representations of health more generally and formulated a three-part study design. The first component was a quantitative study of adolescents' media consumption patterns, designed to describe adolescent access and exposure to mass media content. This survey instrument was adopted from one used in a cross-national random sample of American adolescent media consumption patterns (Roberts and Foehr, 2004).

Phase two of this project was to involve a content analysis of media representations of health to adolescents. My purpose here was to collect and analyze specific media representations of health (texts) from particular magazines, movies, television shows, and websites, or other forms of media that had been identified as popular amongst those adolescents completing the initial survey. I intended to deconstruct these media texts for

encoded meaning utilizing appropriate theory from fields such as cultural studies and semiotics. I wanted to target media texts that comprised the "common teen culture" dimension (Brown, 2000) and intended to follow-up this content analysis with a qualitative study of adolescents' engagement with these representations with the purpose of exploring how adolescents both engage with, and activate, specific media texts in the course of their everyday life. Semi-structured interviews and/ or focus groups with adolescents were to be conducted; during which collected representations from phase two would be introduced to participants. I presumed these qualitative discussions would reveal some contrast between "real" versus "intended" meaning, and in this way the media impact, or lack thereof, could be assessed.

I conducted phase one, the quantitative portion of this project, in Fall 2005. It was administered to a sample of junior high students (grade level 7-9) in the Eastern School district of Newfoundland and Labrador (NL), Canada. The results of this survey are presented and discussed in chapter three of this dissertation. During the data entry process, it became apparent that while the high magnitude of adolescent engagement with media was consistent across demographic variables (school, grade level, and sex) the specific media content with which youth engaged was highly variable. This challenged my presumption of some "common teen culture" dimension in which to ground my content analysis and qualitative research as per my initial study design. I realised there is not a dominant media culture among adolescents but rather many media consumption patterns intersected by age, sex, class, personality, taste and other complexes of youth

identity. Moreover, the existence of hegemonic representations of health targeting adolescents appeared equally unlikely.

In fact, the importance of media representations coalescing around a specific health issue seemed to be garnering less attention within health promotion circles than the sheer pervasiveness of media engagement amongst youth overall (Strasburger & Wilson, 2002). As a consequence, I shifted the focus of this dissertation once again from a probe of specific media representations towards an analysis of the impact of media on adolescent health more generally. As I will describe in chapter two health promotion researchers problematize the relationship between media use and adolescent health. Young people's mass media activities have been constructed as "risk" for a wide range of "undesirable" health behaviours amongst youth. Some of these concerns have been expressed since the advent of mass media itself, such as the posited relationship between media violence exposure and violent behaviour within communities, while other concerns, such as online hate, are more recent phenomena.

Health experts advocate that one of the best ways to protect youth against the undesirable effects of mass media culture is a tripartite inoculation strategy of industry regulation, strong parental involvement and media literacy education. Accordingly, I reformulated the qualitative portion of my research as a youth-led media production intervention with media literacy goals. My chosen site of intervention was a rural school in the Eastern School District of Newfoundland and Labrador, Canada – one of the four junior high schools that participated in the initial quantitative survey. I chose this site due to its pre-

existing capacity in the area of media technology and production. This media production project was designed to explore young people's own perception of the mass media and adolescent health relationship. Details of this research are elaborated in chapter four of this dissertation.

It was my interactions with young people during this qualitative project that first spurred me to re-examine the risk assumptions underpinning health promotion interventions. While research findings as to the link between media exposure and health issues are inconclusive, students reproduced these expert accounts of risk within their media production. To unpack this risk discourse I found it necessary to incorporate theoretical contributions from other disciplines including the philosophy of science, cultural studies, critical sociology, and the education subfield of new literacies. These contributions helped me recognize that my research contained profound assumptions about young people, and yet was mute on the social ontology and epistemology informing them. In this sense my approach, and the prevention work it reflected, was a-theoretical (at least on a metatheoretical level). Such insights highlighted the tensions within and incoherence of my approach and helped me to articulate the gaps in my research, and health promotion more generally. Ultimately, this dissertation maps my intellectual journey to effect a critique of contemporary health promotion's fixation on risk and colonization of everyday life, using my own research as a case in point. Its chief contribution is the metatheoretical framework delineated in chapter five to support health researchers in interrogating the theoretical impoverishment of their own work.

CHAPTER 1– HEALTH PROMOTION'S TURN TO THE SOCIAL: ITS DEVELOPMENT & CRITIQUE

If, on the contrary, power is strong, this is because, as we are beginning to realise, it produces effects at the level of desire – and also at the level of knowledge. Far from preventing knowledge, power produces it.

(Foucault 1975/ 1980 p. 59)

1.1   INTRODUCTION

In this chapter I trace the emergence of health promotion as a movement within public health, which evolved in tandem with the growing awareness that health is constituted in the settings of everyday life. My objective is to trace those important, discrete moments in health promotion history when experts moved beyond a concern with the health status and health practices of individuals, towards a broader preoccupation with the personal, social, and leisure aspects of everyday life (such as media usage). I reason that this shift took place through the parallel discourses of individual risk and individual responsibility. Borrowing insights from Michel Foucault, risk theorists and subfields within critical sociology such as critical obesity scholarship, I situate the hegemonic discourse and practice of health promotion as a contemporary ideology informing what it means to be healthy, and how one should discipline the body and live a healthy life. This chapter

provides the backdrop for a critique of my own research that will be elaborated in chapters two, three and four of this dissertation.

1.2   DEVELOPMENT OF HEALTH PROMOTION

The basic tenet of health promotion as enshrined in the Ottawa Charter for Health Promotion is that health "is created and lived by people in the settings of their everyday life where they learn, work, play and love" (World Health Organization, 1986). This socially constructed notion of health has its origins in the prevention movement of the late 1700s and early 1800s when the social upheavals of the industrial revolution spawned interventions in sanitary reform. Often referred to as sanitation phase of public health, "the sanitarians focused on improving the health of working people by bringing about changes in their living conditions of everyday living" through improvements in housing, working conditions, clean water supply and the safe disposal of waste through much of the 19th century. (Webster & French, 2002, p. 6). Michel Foucault asserted that from this point forward one could consider "the emergence of the health and physical wellbeing of the population in general as one of the essential objectives of political power" (1976/ 1980, p. 169-170). This transcended the charitable work that had hitherto focused on members of a marginalized subclass, invoking a preoccupation with "how to raise the level of health of the social body of the whole. Different power apparatuses are called upon to take charge of 'bodies'" (ibid., p. 170). Hacking explains this also marked the very beginning or "oeuvre" of statistics (1991, p. 193), which "imposes not just by creating administrative rulings, but by determining classifications within which people

must think of themselves and of the actions that are open to them (Ibid., p. 194).

At the beginning of the 20th century, focus shifted to a new kind of intervention. This period, referred to as the "personal hygiene" period, saw the continuing thrust of population-wide inoculation campaigns along with a new focus on education and hygiene with an eye to the 'problem of the poor' (ibid.; Donzelot, 1979). This reorientation "generated a vast array of clinics and other institutionalized services to deal with the needs of such vulnerable groups as mothers, infants, school children and those suffering from particular diseases such as tuberculosis" and represented the first time that "health education" featured prominently in efforts to improve population health (Webster & French, 2002, p. 7). Webster and French argue "this state-sponsored health education was underpinned by what we would now call a moralizing 'victim blaming philosophy'", the vestiges of which remain in health promotion practice today (ibid.; Crawford, 1977; Green, 2008; Nutbeam, 2008; Poland, 2007; Raphael, 2008; Wills & Douglas, 2008).

The next significant development in the public health movement occurred in the 1970s and 1980s, which is called the "new health promotion" era (Evans & Stoddart, 1990; Webster & French, 2002; Poland, 1992. 2007; Raphael, 2008). This is referred to as a "high water point" (Poland, 2007; Raphael, 2008) for health promotion in Canada and was influenced by the definition of health enshrined in the 1948 statement of the World Health Organisation that stated "Health is a state of complete physical, emotional and social well-being, and not merely the absence of disease or infirmity" (Evans & Stoddart, 1990). This new health promotion burst on the Canadian scene in a major way with the

14

release of the federal government white paper, *A New Perspective on the Health of Canadians*, in 1974 (Lalonde, 1974). This report positioned the physical environment as vital to health, alongside the previous emphasis on healthcare, biology and individual lifestyles, and led to the creation of a federal *Health Promotion Directorate* in 1978 and the *Beyond Health Care* Conference in 1984 (Poland, 2007). There were at least two unintended problems associated with this report's implementation however. The first was the excessive emphasis on individual lifestyle issues and the second was an intervention bias in favour of health issues anticipated to hold the greatest economic pay-off (Raphael, 2008). "The priority issues selected for action were automobile accidents, occupational health, and alcoholism and 'For all three, lifestyle was identified as the underlying cause'" (ibid., p.485). As a consequence many have bemoaned that the radical potential of this report was wasted (Crawford, 1977; Evans & Stoddart, 1990).

The next development on the Canadian health promotion scene was the almost simultaneous release of the *Ottawa Charter on Health Promotion* (World Health Organization, 1986) and the Epp report, *Achieving Health For All* in 1986 (Epp, 1986). The Ottawa Charter was signed on November 21, 1986 at the first international conference on health promotion and was to serve as a platform for achieving the WHO commitment, *Health For All by the year 2000*. The charter defined both the concept of health and the act of health promotion and emphasized the need for intersectoral collaboration:

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being (World Health Organization, 1986).

The charter underscored a number of prerequisites of health and therein multiple fields for action. These included peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity. It also advocated health promotion action through five key strategies: 1) the building of healthy public policy in non-health sectors including legislation, fiscal measures, taxation and organizational change; 2) the creation of supportive environments for health including physical, work, and leisure environments; 3) strengthening community actions through empowerment in setting priorities, making decisions, planning strategies and implementing them; 4) fostering the development of personal skills through information and education to empower individuals in exercising more control over their own environments and choices conducive to health; and 5) reorienting health services beyond its preoccupation with clinical and curative services towards health promotion activities. In this way health promotion initiatives were invested with "a bottom-up action-oriented focus on a community's control over its

environments and on health advocacy" (Coburn, Denny, Mykhalovskiy, McDonough, Robertson & Love, 2003, p. 394.)

The Epp report (1986) elaborated more substantially on the thesis of the charter and embodied a material-structuralist orientation concerning the determinants of health. It was shaped by Health and Welfare Canada's collaboration with the WHO European office in 1984 and the findings of the UK Black report as to the relationship between health status and the degree of social inequality in society (Raphael, 2008). It also benefited from the Beyond Healthcare conference held in Toronto in 1984 (ibid.). This latter event highlighted the growing gap between Canadian and European efforts to remedy social determinants of health, and interjected the notions of healthy public policy and healthy cities into the Canadian scene (ibid.). The Epp report (1986) identified three key health challenges: reducing inequalities, increasing the prevention effort, and enhancing people's ability to cope. It also emphasized three mechanisms intrinsic to health promotion: 1) self-care, or the decisions and actions individuals take in the interest of their own health; 2) mutual aid, or the actions people take to help each other cope; and 3) healthy environments, or the creation of conditions and surroundings conducive to health. Finally, it focused on three implementation strategies: 1) fostering public participation; 2) strengthening community health services; and 3) coordinating healthy public policy. With this reorientation, the health promotion movement gathered a whole new set of tools for promoting health including community needs assessment, healthy public policy development, media promotion, health education, advocacy, community development, community economic development and participatory evaluation.

1.3 HEALTH PROMOTION CRITIQUE

Despite its leadership in advancing a new framework for health promotion (cf. Raphael, 2008; Legowski & McKay, 2000) critics have underscored Canada's relative failure in putting these concepts into practice (Crawford, 1977; Grace, 1991; Labonté, 1994a; 1994b; Poland, 1992; 2007; Green, 2008; Raphael, 2008). This has been attributed to several factors, one of which was the political climate of the 1990s that saw the retrenchment of the welfare state in Canada, and elsewhere, due to escalating healthcare expenditures and the subsequent implementation of cost control measures. Raphael argues that as a result "there was even less policy space for an activist health promotion, especially one that seemed to contradict the basic tenets of neo-liberalism: government withdrawal from citizen support, increased role for the market, privatization of public goods, and treatment of the individual as a consumer rather than a citizen" (2008, p. 487). In emphasizing personal responsibility for health, *neoliberalism* was highly compatible with the omnipresent lifestyle ideology permeating social marketing at that time, which positioned citizens as healthcare consumers.

A second issue was the ascendance of a competing paradigm in the Canadian health policy circles – the population health model advanced by the Canadian Institute for Health Research (Evans & Stoddart, 1990; Mustard & Frank, 1991). Poland argues this "marked something of a turning point in the fortunes of health promotion in Canada" insofar as it simultaneously reduced health promotion to lifestyle education, and advanced

the notion that economic growth was the key to improving population health (Poland, 2007; Raphael, 2008). This "population health approach" has been comprehensively critiqued on a number of levels (Butler-Jones, 1999; Coburn & Poland, 1996; Coburn et al., 2003; Guidotti, 1997; Labonté, 1995; Poland, Coburn, Robertson & Eakin, 1998; Raphael & Bryant, 2002;) including its "specific, narrow and asocial combination of epidemiology and economics" favouring epidemiological approaches to knowledge that marginalize other ways of knowing and define health as the absence of disease (Coburn et al., 2003, p. 393); for its 'context stripping' where community and societal contexts – i.e. how they really work – are completely under-theorized invoking a neutral stance that actually serves the status quo (Raphael & Bryant, 2002); for its abandonment of any notion of agency and local action within their models (Coburn et al., 2003); for being top-down and research driven (Raphael, 2000; Coburn et al., 2003); for its inflation of the economy's role and fixation on wealth creation (Guidotti, 1997); for its "deterministic way of thinking that ignores the complexity of relationships and potential adaptations" (Butler-Jones, 1999, p. S63); and for its de-politicization of health issues (ibid.; Poland et al., 1998), which feeds the neoliberal agenda that remains in favour today (Poland, 2007; Raphael, 2008). This new paradigm effectively displaced the values and spirit of health promotion that had at least "to some extent, recognized and confronted issues of power and politics" (Coburn et al., 2003, p. 395).

In the context of health promotion's waning influence in the mid 1990s, Hamilton & Bhatti attempted to marry health promotion and population health with the release of *The Population Health Promotion Framework* (1996*).* This framework aimed to integrate the

two approaches and proposed three definitive questions: On what should we take action (i.e. on which determinant)? How should we take action (i.e. using which action strategy)? And with whom should we act (society/ sector / system; community/ family/ individual). It advocated that action should be taken on all determinants of health and that each organization or setting should act on those determinants best suited to them. It also emphasized that it was important to target specific risk groups or vulnerable populations to achieve both maximum impact and social justice. It also advocated that different approaches could be taken at different levels but that the best outcomes lay in using a combination of strategies and research methodologies at each level of action. This model was seen to be versatile insofar as it could be used to target a particular determinant (e.g. Early Childhood Development), a general health concern (e.g. adolescent media use) or particular health issues facing at-risk groups (e.g. Internet addiction amongst heavy media users). As Raphael has observed, however, the effect of this development was:

> to shift much of the remaining enthusiasm for health promotion principles in universities and community organization into a discourse that celebrates epidemiological approaches to understanding health determinants, a withdrawal from advocacy into carrying out research activities, and a weakening of the value of alternative views concerning the nature of knowledge and the means of promoting health (2008, p. 487).

Labonté (1995) has offered some further thoughts on the marriage of population health approach (Canadian Institute For Advanced Research [CIAR] generated determinants) with health promotion (Ottawa Charter), centred on their inconsistencies. He argued that the population health approach offered individualized accounts of social class that failed to adequately conceptualize the root cause of class difference. He also noted it was epidemiological/ reductionist; that it reduced the concept of health to disease; that it failed to conceptualize power; that it privileged technological rationalism to community voice; that it deemphasized the personal and collective meanings people make of their lives; that it privileged an inoculation type strategies of dropping resources into determinant variables therein failing to position individuals as active; that it privileged wealth creation rather than inequity remediation; and that the ecological impact, such as developed-nations' footprints on less developed nations, was largely ignored.

In contrast health promotion, as it was originally conceived, emphasized collectivity and community needs, and problematized individualism. It categorically rejected economic reductionism, emphasizing instead the salience of inequality within and between societies and communities to health status. Health promotion also rejected professional dominance and uncoupled the concept of health from that of disease. It argued that power was central to social relations and hence needed to be theorized in theoretical models and research practice. Further, it was intended that health promotion be guided by the vision and values of some preferred future versus the value-neutral population health stance. Labonté concluded therefore that the marriage of the two incompatibles would be problematic, particularly if population health completely eclipsed health promotion in its

bureaucratization (ibid., p. 167). Unfortunately, as Poland has delineated, this is exactly what transpired: "As a result, much of the progressive social justice rhetoric of the new (post-Ottawa Charter) health promotion was abandoned…In its place were community-based early childhood development projects and continued funding for primarily lifestyles-oriented health promotion programming aimed at improving the diets and exercise of Canadians and curtailing their smoking (2007, p. 5)[1].

I situate my primary research as an example of this hybrid population health promotion framework approach, and my discomfort with it as a symptom of, and evidence towards this critique. I will elaborate these points in chapters two through four. I do not advocate the return to some pure notion of a pre-population health style health promotion as the way forward, however. I share the view that even in its heyday, health promotion had limited success (Labonté, 1994b). As Raphael has argued, "At virtually every period, the lifestyle approach trumped the broader approach." It seems that even in its glory days health promotion concepts "had rather little input into the adoption of public policies that addressed even then broader determinants of health such as housing, income security, and employment training" (2008, p. 486).

In my view, even the original theoretical conceptualization of health promotion was weak beyond its rhetoric of "shared values" and "community partnerships. Having reviewed the seminal documents (Wold Health Organization, 1986; Epp, 1986) and its body of

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[1] The critique of health promotion I levy in this dissertation takes issue with this married population health – health promotion hybrid approach specifically and not health promotion as the movement it was intended.

theory (Nutbeam & Harris, 1999) I failed to find any substantive elaboration of social or cultural theory; any interrogation of power dynamics in society, or the processes of engagement and knowledge co-creation; any reference to the epistemological debate waging elsewhere in social science; or any exploration or standpoint in regard to the structure/ agency question or its platform for social change. Instead the original language was surprisingly accommodative of the status quo. I share the view of the Canadian public health activist who surmised "the movement for health promotion is not a social movement but a bureaucratic tendency; not a movement against the state, but one within it" (cited in Fitzpatrick, 2001, p. 80).

For example, the Epp Report situates the health promotion framework as the appropriate response since it "would, with the necessary effort and resources, integrate easily into the present health system" (Epp, 1986). Its own language effectively fuels the lifestyle preoccupation of previous decades, offering health promotion as "a mediating strategy between people and their environments, synthesizing personal choice and social responsibility in health to create a healthier future" (ibid.). Like those within the population health approach, such texts privilege the role of the expert (in this instance the enlightened and socially conscious health promotion professional) endowing them alone with the agency to "advocate…enable…mediate…to move into the arena…to counteract the pressures…to respond to the health gap…to acknowledge people…to reorient health services…to recognize health and its maintenance…" (World Health Organization, 1986). Their potential field of action had no limits in its totalizing notion of environment: "From this perspective, the environment is all-encompassing; the concept of boundaries is

23

inappropriate when we speak of the promotion of health" (Epp, 1986). As to the targets of empowerment efforts (people, communities, vulnerable groups, society), the politics of participation are also inadequately conceptualized. On the one hand, the principles of health promotion avow the technical, theoretical, political and conceptual limitations to participation, yet propagate romanticized notions of community solidarity or homogeneity on the other (Cooke & Kothari, 2001; Labonté, 1995; Wallerstein, 1992). In essence "meaningful deliberate social participation is still the exception rather than the rule" (Poland, 2007, p. 8).

Such critique raises serious questions as to the legitimacy of health promotion, even on its own terms, not the least of which is Poland's assessment that "most health promotion programming continues to be designed by professionals who are white and middle class" for "populations that are increasingly non-white…and who are more often working class or unemployed" (ibid.). Furthermore, these "programs continue to frame their mandate in terms of 'educating' people about the merits of healthy behaviour" (ibid.). In this way Poland argues health promotion practice "constitutes a form of what French sociologist Pierre Bourdieu calls 'symbolic violence' …a taken for granted perspective on life that sees the body as a long term project of health protection and advancement, and that frames human existence in terms of self-actualization and personal growth" (ibid.). It is to such "body politics" that I will focus my analysis in the remainder of this chapter. This body of work has nourished my disenchantment with health promotion and my original research design, more specifically, as I will elaborate in subsequent chapters.

24

1.4   HEALTH PROMOTION – THE CONSTRUCTION OF RISK

Bracketing aside the "ideals" of health promotion as envisioned in its formative texts, I discern at least three trends in the above critique of health promotion *in practice*. The first relates to the persistent emphasis on lifestyle factors as a determinant of health in health promotion interventions, despite conceptual efforts to move interventions away from this focus. The second relates to the tendency towards quantitative inquiry over activist methods of engagement, which favour interventions on issues or target groups with the greatest economic pay-off potential. The third trend is the ever-expanding facets of everyday life targeted as legitimate fields of action for health promotion surveillance and intervention.

Through contemporary discourses of health promotion, society is "medicalised in a profound way" insofar as it serves "to monitor and administer the bodies of citizens in an effort to regulate and maintain social order as well as promoting good health and productivity" (Lupton, 1997, p 100). In this sense the field of health promotion is, as Waitzkin contends, an "arena where the dominant ideologies of a society are reinforced and where individuals' acquiescence is sought" (cited in Lupton, 1997, p. 100). As Rose has argued, health promotion discourses have come to shape our sense of normality in that it "has come to link the ethical question of how we should behave to the scientific question of who we truly are and what our nature is as human beings" (ibid.).

Risk scholars argue that prevention discourse reflects a tangible shift in ways of seeing and being in the world, which has occurred in health research, and society more generally over the last century, from a concern with danger to a preoccupation with risk (Castel, 1991; Douglas, 1992). According to Ulrich Beck, the most influential risk scholar (Peterson, 1997; Tulloch & Lupton, 2003), this new *oeuvre* of risk is "a systematic way of dealing with hazards, and insecurities induced and introduced by … the threatening force of modernization and to its globalization of doubt" (Beck 1992, p. 21). Beck puts forth an objective notion of risk "produced by the processes of modernity: pollution and environmental, for example" (Tulloch & Lupton, p. 2) while simultaneously advancing the notion that "it is cultural perception and definition" that ultimately "produces risk" (ibid.). For Beck the risk subject is riddled with anxiety insofar as "risks are no longer easily calculable because of their scale and magnitude" (ibid., p. 3) and in choosing between a diverse array of lifestyles, subcultures, social ties and identities he or she is actively "engaged in shaping his or her own biography … according to calculations of risk and opportunity" (Peterson, 1997, pp. 191-192). In this way, "The 'risk society', having lost innocence about causes of misfortune, focuses with a new political intensity on the distribution of risks" (Douglas, 1992, p. 45).

The dawn of the so-called "risk society" has "led to the emergence of new preventative strategies of social administration" and a privileging of expert accounts that is nowhere more palpable than in the arena of health promotion (Peterson, 1997, p. 192). As discussed earlier in this chapter health promotion has come under fire in relation to its epidemiological modes of inquiry, single-issue funding silos and intervention strategies,

lifestyle emphasis, risk-factor reduction priorities, lack of social analysis of problems or meaningful social participation, and diminished federal leadership. I argue these shortcomings are all symptomatic of the new modes of governance that have emerged in the context of a risk-conscious society. As Beck has asserted "what thus emerges in risk society is the *political potential of catastrophes*. Averting and managing these can include a *reorganization of power and authority*. Risk society is a *catastrophic* society" (Beck, 1992, p. 24, original emphasis). Government mentality is now a "risk" mentality and its primary agenda is risk management - the risks of society and those of government itself. Rothstein explains:

> First, there has undoubtedly been a quantitative expansion in the governance
> of risks confronting society, with the language and methods of risk analysis
> being used to manage an ever widening range of 'societal risks' from
> traditional threats to health and safety to financial products and privacy.
> Second, there has also been an accompanying qualitative shift towards the
> management of threats to organizations responsible for governing societal
> risks… what we might term 'institutional risks' (2006, p. 216).

In this way both the quality and shortcomings of health promotion research, funding and intervention, alongside its increasing colonization of more and more aspects of everyday life, is reflective of the interest in, and process of, managing societal and institutional risk. However, I share the view that this preoccupation with risk management "stems not from living in a world that is out of control" as Beck posits, "but, rather paradoxically, stems

from our attempts to improve our control of the world through a process" that Rothstein and colleagues call "*risk colonization*" (Rothstein, 2006, p. 216, original emphasis). Risk colonization, and the subject positions invoked by expect discourses on health risks, have their vestiges in enlightenment notions that science shall set us free. However it is also nourished by contemporary neoliberal rationalities predominant within the developed world "emphasizing self-responsibility, free choice, autonomy, the knowledge economy, lifestyle and consumption" (Burrows, 2009, p. 130).

Beck explains that within the risk society there is a sense of multiple risk subjectivities insofar as certain individuals are more impacted than others by the distribution of risks within society; "that is social risk *positions* spring up" (Beck, 1992, p. 23, original emphasis). In this sense, we can situate contemporary health promotion, and its target on particular groups, as an efficient response to variable risk positions in getting more bang for the buck: "new strategies dissolve the notion of a *subject* or a concrete individual, and put in its place a combinatory of *factors*, the factors of risk" (Castel, 1991, p. 281, original emphasis). In such an environment there becomes less and less space for activist, collaborative, community-based oriented health promotion:

> The essential component of intervention no longer takes the form of the direct
> face-to-face relationship between the carer and the cared, the helper and the
> helped, the professional and the client. It comes instead to reside in the
> establishing of *flows of population* based on the collation of a range of

abstract factors deemed liable to produce risk in general (Castel, 1991, p. 281, original emphasis).

Castel furthers that once the classification of "dangerousness" as a marker for intervention was replaced by this notion of 'risk', it became possible to develop "a fully-fledged policy for prevention" (ibid., p. 283). It was only once a *connaissance* of "risk factors" began to take hold during the hygiene phase of public health - a process that was greatly abetted by contributions from psychological theory (Castel, 1991; Donzelot, 1979; Foucault, 1975/ 1980; Rose, 1985) - a new form of surveillance was enabled. Castel argues this represents a "real mutation…one that is capable of giving an extraordinary scope to the new technologies of surveillance…'Prevention' in effect promotes suspicion to the dignified scientific rank of a calculus of probabilities" (1991, p. 288).

Douglas has also emphasized the importance of statistics in risk allocations: "The invoking of probability is a symptom of cultural change …The language of danger now turned into the language of risk, often makes a spurious claim to be scientific. But the matter is not just linguistic style. The possibility of a scientifically objective decision about exposure to danger is part of the new complex of ideas" (Douglas, 1992, p. 14). And as Beck explains, within a risk society the potential opportunities and spaces for intervention are endless. With the expansion of the health risk research "*The latency phase of risk threats is coming to an end. The invisible hazards are becoming visible*" (Beck, 1992, p. 55, emphasis original). He argues this is enabled by "more public

consciousness" but that this consciousness "is not the result of a general awakening" but
rather "is based in turn on a number of key developments:

First, the *scientization* of risks is increasing; secondly – and mutually related
– the *commerce* with risks is growing. ...Through the production of risks,
needs are definitely removed from their residual mooring in natural factors,
and hence from their finiteness, their satisfiability. Hunger can be assuaged,
needs can be satisfied; risks are a 'bottomless barrel of demands'
unsatisfiable, infinite" (Beck, p. 56, emphasis original).

1.5   BIOPOWER, BIOPEDAGOGIES & THE BIOPEDAGOGICAL FAMILY

So far in this chapter I have summarised the development and critique of health
promotion and highlighted the oeuvre of risk that permeates its discourse. In this next
section I will draw a connection between governance by risk, which I have just
elaborated, and governance of the self, which seems to me to be the corollary of
contemporary health promotion. I will advance Castel's notion that the orientation of
health promotion interventions in neoliberal societies, which amounts to "a question of
covering the maximum amount of ground, reaching the maximum number of people,
through the deployment of a unified apparatus linked to the machinery of the state"
(Castel, 1991, p. 294), in fact leads to a 'dual' society of disciplined bodies on the one
hand and marginalized bodies (the unemployed, socially excluded, socially disadvantaged

youth, the working poor, etc.) on the other. The new space of health promotion is something of "a homogenized space of composed circuits laid out in advance, which individuals are invited or encouraged to tackle, depending on their abilities" (ibid., p. 295); one that summonses the entrepreneurial rationalities of the individual to engage in a "reflexive fashioning of the self" (Peterson, 1997, p. 191). As Peterson has highlighted, "Given that the 'care of the self' is bound up with the project of moderating the burden of individuals on society, it is not surprising that it is in the health promotion strategies of the so-called new public health that these developments that these developments are most apparent" (Peterson, 1997, p. 194).

This ideology of self-management and self-care is strongly evident in the discourse, practices and texts of health promotion. Consider this excerpt from the Ottawa Charter of Health promotion:

> Every day, individual Canadians face difficult situations. We see unhappy
> pregnant teenagers, abused children, women who are depressed, seniors who
> are lonely, men in midlife incapacitated by heart disease, and people suffering
> from incurable diseases such as multiple sclerosis or arthritis. There is,
> however, another side to this story. We also see transition homes, family
> counselling, drug treatment centres, self-help groups, efforts in the workplace
> to hire the disabled and, above all, people moving voluntarily to help
> themselves and to reach out to others. This is what we want to see and this is

what we want to encourage (World Health Organization, 1986).

Within this text we see a new politics of citizenship entailing "new kinds of detailed work on the self and new interpersonal demands and responsibilities" (Peterson, 1997, p. 204). This links up to Foucault's notion of biopower, a new form of power emerging in the nineteenth century, characterized by what he saw as a form of bio-politics, where there is an entire micro-power "preoccupation with bodies" matched up with "comprehensive measures, statistical assessments and interventions which are aimed at the body politic, the social body" (Hacking, 1991, p. 183). Foucault cautioned this is not some repressive power wielded by the state:

> I'm not one of those who try to elicit the effect of power at the level of
> ideology. Indeed I wonder whether, before one poses the question of
> ideology, it wouldn't be more materialist to study first the question of the
> body and the effects of power on it (Foucault, 1975/ 1980, p. 58)

Rather, Foucault saw "power as a relationship which was localized, dispersed, diffused, and typically disguised through the social system, operating at a micro, local and covert level through sets of specific practices…rather like a colour dye diffused through the entire social structure" (Turner, 1997, pp. xi-xii). On one level this power is embodied within the day-to-day practices of professionals and bureaucrats; on another level it is embodied in the activities of people, activated in the course of their everyday life through their practices and self-work, their self-subjection (ibid.). Foucault's conceptualization of

32

biopower is found in the first volume of his *History of Sexuality* and his *1975-76 Lectures* where he traced an oppositional shift from a sovereign power - a *power* to "let live" - towards a *bio*power – the power to "make live" (Harwood, 2009). Biopower is "a power that appears life conserving, yet functions to fortify *populations* in the name of modern state power, commanding practices in the name of life" (ibid., p. 16). Foucault argues that a significant shift in the exercise of biopower occurred in the latter half of the 20th century:

> From the eighteenth to the twentieth century I think it was believed that the
> investment of the body by power had to be heavy, ponderous, meticulous, and
> constant, hence those formidable disciplinary régimes in schools, hospitals,
> barracks, factories, cities, lodgings, families. And then, starting in the 1960s,
> it began to be realized that such a cumbersome form of power was no longer
> as indispensable as had been thought and that industrial societies could
> content themselves with a much looser form of power over the body
> (Foucault, 1975/1980, p. 62).

Through the "aleatorical[2] nature of 'population'" (Harwood, 2009, p. 22) biopower functions tangentially through the risk discourses of health promotion "where the distinction between healthy and unhealthy populations totally dissolves since everything is a source of 'risk' and everyone can be seen to be 'at risk'" (Peterson, 1997, p. 195). Into this vacuum of uncertainty, circulates expert instructions on "how to live, how to eat,

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[2] Dependent on chance, luck, or indeterminate elements

how much to eat, how to move, how much to move. In short an extensive pedagogy is aimed at us: a pedagogy of *bios* or what can be termed 'biopedagogy'" (Harwood, 2009, p. 15). Critical to biopower and these *biopedagogies* is a sense of the norm, and the mechanisms of forecasts, statistics and measurement, which inscribe the ideal of the normal self within "the *normalizing society*", and which "circulates between the processes of disciplining and regularization" and "articulates the individual and the population" (Harwood, 2009, p. 19). Biopedagogies are therein "those disciplinary or regulatory strategies that enable the governing of bodies in the name of health and life" (Wright, 2009, p. 8) which "feeds into, and reinforces, the 'cult of the body'" and ultimately invites people to work on themselves (Peterson, 1997, p. 200). In this manner, biopedagogies are a form of surveillance that is internalized, making for "'docile bodies'…via individuals disciplining themselves" (Harwood, 2009, p. 19). Of course the outcomes are unpredictable as people are also "mediated by their personal experiences, their own embodiment, their interactions with other ways of knowing, other truths and operations of power" (Wright, 2009, p. 9).

A subtheme within this notion of biopower and contemporary biopedagogies is the construct of the biopedagogical family. Here the "protection of life" and "regulation of the body-foci" themes of biopower coalesce with the discourse of "protection". As Burrows discusses, this theme has been infusing the family bond since the emergence of "childhood" as a social category and has been contouring "the way adults conceive of their role in the lives of children" ever since (2009, p. 128). Fullagar notes this biopedagogical family is infused with an "enduring ideal of family togetherness" that

34

sanitizes diverse family experiences of class, gender, ethnicity, and sexuality (2009, p.

113). Through this ideal, health promotion narratives function "as a 'technology of

power' to both shape the conduct of family life" (ibid., p. 108) and situate family health

"as a rational, self resourced project" (ibid. p. 122). As I will illustrate through my own

research, family lifestyle practices have become a significant site through which health is

governed through the building of health consciousness and the concomitant

intensification of parenting responsibilities. In relation to media activities of children, for

example, expert discourses assert the imperative for parents to police their child's media

activities.

Foucault explains that the intensification of prevention efforts in the 18th century "had as

its first effect the organization of the family, or rather the family-children complex, as the

first and most important instance for the medicalization of individuals. The family is

assigned a linking role between general objectives regarding the good health of the social

body and the individuals' desire or need for care" (Foucault, 1976/ 1980, p. 174). Out of

this development came "a whole series of prescriptions relating not only to disease but to

general forms of existence and behaviour (food and drink, sexuality and fecundity,

clothing and the layout of living space)" (ibid., p. 176). This represented a

"transformation of the family from the inside, as it were, resulting from the propagation

within it of medical, educative, and relational norms whose all-over aim was to preserve

children" (Donzelot, 1972, p. xx). In this new pedagogical relationship the body –

particularly those of children – can be understood "as a site of discursive struggle, as

competing meanings of health and lifestyle decisions are made in relation to the material

circumstances and relational contexts of families" (Fullagar, 2009, p. 109).

The material impact of biopedagogies within families has significantly intensified in context of today's "obesity epidemic" (Gard & Wright, 2005; Wright & Harwood, 2009). As the works of critical obesity scholars have underscored the insidious tendency within health discourse to reduce health status to body size has infused science with an edge of morality and ideology. Burrows asserts that these narratives serve to "not only govern the actions of families but also constitute families' understanding of themselves as viable, good and healthful units within a citizenry" (2009, p. 127). Fullagar furthers that these "technocratic rationalities" fail to account for the tensions, emotions or effects competing narratives of consumption, pleasure and disciplined healthy lifestyles induce – something that individuals and families have to constantly negotiate (2009, p. 113). Through her research she has come to recognize leisure activity as a site where families are "responsibilized" and urged to assume the moral weight of addressing health issues as freely choosing lifestyle agents. Texts of health promotion campaigns assume "that the language of risk reduction is the motivating force that will sustain healthy lifestyle practices" when in fact "the stories of participants indicate a far more complex range of meanings" (ibid., p. 122). Largely ignored is the emotional tension permeating relations in the modern family, due to the perpetual need to juggle expectations of togetherness with competing social demands related to work, leisure consumption, household labour and different individual interests and needs (ibid.).

1.6   CHAPTER SUMMARY

In this chapter I have traced the emergence of health promotion within Canada, the principles it was founded on, and some of the issues that have mitigated its success as the social movement it was intended. In principal, health promotion is infused with the values of social justice, intersectoral collaboration, empowerment and enablement, community partnership and health reform. In practice, it has emerged as an epidemiological driven, lifestyle oriented, single-issue focused, neoliberal[3] health education campaign.

I have briefly charted the rise and fall of health promotion from its conceptual prime in the 1980s. Rather than circumscribe its limited success as the failure of researchers or academics to design or execute health promotion interventions properly, however, I argue it reflects the preoccupation of government, funding agencies, and health researchers alike in identifying and taming risk – risk colonization – within the so-called "risk society". Infused with the neoliberal mode of governance now predominant in the developed world, what emerges is a health research agenda focused on identifying risk, stratifying risk across populations and encouraging individuals to take up these discourses to appropriately manage the risk profiles they carry. Such discourses can be thought of as biopedagogies of health promotion and while they thrive in health clinics and classrooms

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[3] The concept of neoliberalism was elaborated more substantially on page 19 of this dissertation, but it essentially connotes the market logic predominant within the economic and social policies of most contemporary western democracies.

as "commonsense" pedagogical sites "these sites represent only a fraction of the spaces where this pedagogy occurs" (Harwood, 2009, p. 21).

In juxtaposing "risk" alongside Foucault's notion of "biopower" and its implications for the work we do on the self, I offer one explanation for the incessant gravitation of health promotion towards the individualized, expert-driven, risk-oriented statistical interventions characterizing it today, of which my own research is an example. My intent is not to promote pessimism or to provide fodder against the "nanny-state" or social welfare system (Gard, 2009), but rather to advocate more reflexivity in health promotion, along with a health research agenda that befits the serious health issues many Canadians do face, which are rooted in poverty, exclusion and marginality of many shades (Poland, 2007, Raphael, 2008). To do so it will be vital to unpack these biopedagogies instructing us on how to live and manage health and to consider, and interrogate (as Harwood suggests) "Who are the 'authorities' that give the instructions" in these accounts of health that "increasingly identify children as a 'risk' population" (Harwood, 2009, p. 24). How can we engage these authorities in a commitment to reducing the harm that uncontested talk of healthy living, proper parenting, healthy adolescence, or other biopedagogies invariably have in the world?

Health promoters who are serious about tackling inequalities in health need to confront the emptiness of what health promotion has come to mean today, move beyond the invocation of guiding values and set to task in redressing the serious theoretical impoverishment of their own models of the determinants of health. Given that the public

health field is dominated by a positivist/ post-positivist frame of reference this will require interdisciplinary excursions. In this sense, I share Gard's view that "scholars are most effective when they are able to infiltrate and exploit a range of rhetorical and ideological traditions" (2009, p. 42). Furthermore, we need to explore the meanings and conflicts generated as these risk logics and expert pedagogies are taken up or resisted in the course of everyday life. Clearly this will require new methods of engagement and the remainder of this dissertation will work towards these ends. In the next chapter I will summarize expert accounts of media risk in relation to adolescent health more specifically. In chapters three and four I will present my quantitative and qualitative research to contextualise and further my critique of health promotion. In chapter five I will introduce a metatheoretical framework in order to highlight the theoretical impoverishment of health promotion and argue for heightened reflexivity in the field as to the assumptions orienting its work. Finally, in chapter six I delineate the metatheoretical precepts orienting two alternative social science approaches to the study of "risk" with the goal of enriching the body of metatheory available to health promotion and help qualify the power its discourse wields in the everyday world.

2.1 INTRODUCTION

In the previous chapter I summarized some of the key developments in the field of prevention within public health over the last century, culminating with the naissance of health promotion in the 1980s. I noted that both the health promotion and population health approaches have served to extend the intervention targets of prevention workers beyond the traditional health sector into the social environment, and increasingly more personal aspects of people's everyday lives. I summarised the key points of the health promotion critique, including its tendency towards quantitative, lifestyle oriented, single issue interventions, and suggested the responsibility for these shortcomings might lie in the "oeuvre" of risk now permeating prevention discourse and society more generally. Finally I outlined how risk discourses service the Foucauldian notions of "biopower" and "biopedagogies" that instruct citizenry as to how one should live, and "responsiblize" parents via ideological notions of the biopedagogical family. In this chapter I will further explore the construction of risk within health promotion, as it pertains to adolescent health and media use specifically. When I began this dissertation project I unquestioningly accepted that media posed a risk to adolescence and premised my quantitative and qualitative research on this notion. In this chapter I trace the origin of this protectionist construction of media as risk and adolescence as a period of risk, along with the body of health research underpinning these assertions.

2.2 MEDIA AS "RISK"

Within North America the transition into early adolescence, and all this entails, typically begins at about age eleven when youth enter middle or junior high school. Adolescents are undergoing a stage of significant physical emotional, intellectual, moral and social change. This period, which lasts roughly until the age of 14 years, is often characterized by the beginning and growth of interest in cross [or same] gender relationships, increased contact with and reliance on peer groups, reduced interaction with family, some experience with part time employment and growing independence (Roberts and Foehr, 2004). Typically during this phase of early adolescence youth also begin to exhibit individual agency in their decision-making about various aspects of their personal health (Swan, Creeser, & Murray, 1990).

Education experts emphasize that during adolescence young people's ability to process and relate information increases as they vigorously search for understanding and their group and self-identities – their sense of self in relation to the world (NL Department of Education, 2001). Media is thought to play a central role in the lives of adolescents during this time of heightened intellectual awareness and identity formation. While young people's media consumption begins to increase dramatically between 7 and 8 years of age, research shows that it is 11 to 14 year old adolescents who report the highest levels of media exposure (Roberts, 2000; Roberts and Foehr, 2004). This research discovered this age group devotes more time to media than to any other waking activity - as much as one third of each day. It is argued, therefore, that mass media is key, at a representational

level, in informing adolescents' new quest for understanding in their life worlds, including health beliefs and health behaviours (e.g. Strasburger & Wilson, 2002). Mass media activities are also considered to have an impact on the health status of young people, and the population more generally insofar as time spent engaging with media contributes to more sedentary lifestyles (Faith, Berman, Heo, Pietrobelli, Gallagher, Epstein, Eiden & Allison, 2001).

Roberts and Foehr note that the history of concern about children and the media, and media content in particular, "can be traced back at least to Plato's defence of censorship in The Republic" (2004, p. 5). Academic research from many different theoretical perspectives into the possible link between media exposure and subsequent behaviour has been amassing since the 1920s, when movie going first became a part of North American culture. Since this time "For every new communication medium that has appeared and spread widely, people have expressed concerns regarding the effects of the medium, especially on children and young adolescents" (Paik, 2001). Concern intensified with the introduction of electronic media such as television in the 1950s and more recently the Internet, insofar as they are seen to have given young people "both physical and psychological access to a much wider array of content than ever before available" (Roberts & Foehr, 2004, p. 5). Alarming to parents, along with health and educational experts alike, is the extent to which the new media landscape inhibits the information gatekeeper function of caregivers and teachers. In the context of adolescent health,

experts problematize young people's media exposure to outwardly harmful messages, as well as to media messages that are simply not appropriate to their developmental age.

Structural critiques of the mass media industry have provided fodder for protectionist viewpoints aiming to shield young people from the influence of the media (Buckingham, 2003). Under the protectionist viewpoint, children and youth are seen to be "particularly at risk from the negative influence of the media" and the dominant ideologies within society they are seen to reinforce (ibid., p. 11). Often at issue is the media system's for-profit auspice and heavy market concentration, weak public broadcasting presence, poor quality programming, and its reliance on advertising revenue, and therein what McChesney refers to as its "relentless, ubiquitous commercialism" (as cited in Herman & Chomsky, 2002, p. xiv).

Such expert discourses as to the risk posed by media content to minors have driven government regulation of media representation to children in three areas: (1) Legislation limitations on the nature of advertising to children; 2) Requirements of commercial broadcasters to serve the educational and informational needs of children through the provision of a set minimum of educational programming; and 3) implementation of a rating system of warning labels and content advisories to help families assess suitability of content for children (Singer & Singer, 2001; Brown & Cantor, 2000). However the capacity of governments to regulate the media environment of any region has been drastically curtailed in recent years in at least two regards: First, in the present era of globalisation, American-style programming has colonized the media culture of most

industrialized countries and, increasingly, developing nations as well. Second, the Internet has become the predominant platform for delivery of media content worldwide and by its very nature is exceedingly difficult to regulate. Such hallmarks of what is referred to as Web 2.0 - web-based communities, social-networking sites, peer-to-peer audio and video sites, wikis, blogs, modification of digital media works, and collaborative social tagging – underscore such regulation challenges (Coiro, Knobel, Lankshear & Leu, 2008).

Yet while the "protectionist" health promotion camp has established media as a privileged site for the social construction of adolescent health it has been challenged in recent years through contributions from the field of cultural studies (ibid.; Sturken & Cartwright, 2001) and more recently, through the field of new literacies (Coiro, Knobel, Lankshear & Leu, 2008). Such contributions have highlighted the *opportunity* afforded by the new media landscape, rather than the risks, and encourage a rethinking as to how media impact on young people is conceptualized (Buckingham, 2003; Coiro, Knobel, Lankshear & Leu, 2008). Such researchers argue that the protectionist approach is flawed both "in its condescension toward the viewer, and its inability to examine the complex negotiations that take place between viewer and cultural products" (Sturken & Cartwright, 2001, p. 167). Buckingham suggests that "While protectionist views have been far from superseded, there has been a gradual shift towards a less defensive approach" (2003, p. 12).

Unfortunately however, despite these more recent insights, a reductionist, unidirectional media-effects model on adolescent behaviour still predominates within contemporary

prevention discourse. What follows in this chapter is a summary of health issues that have been identified as impacted by adolescent media activities, along with the body of research that underpins such claims. Together, these issues comprise the body of literature that situates media as a category of risk for adolescent wellbeing and pathologizes the media culture of adolescents more generally.

2.3 MEDIA RISK & ADOLESCENT HEALTH

Researchers have linked many adolescent health issues with media exposure and in this section I summarise the literature regarding this relationship. This review was initially carried out to answer the first research question of my original dissertation project: what, if anything, has nearly a century of research revealed about the impact of media on adolescent health. Now I cite it to qualify the construction of media as risk and adolescence as a developmental stage of risk in health promotion literature. In this review the reader should note I cite two collections of research substantially. The first is a volume of work edited by Singer and Singer called *Handbook of Children and the Media* (2001). The second is a volume edited by Strasburger and Wilson, titled *Children Adolescents & the Media* (2002).[4] Focusing on these works I intend to highlight the discourse characterising this dominant approach, the value assumptions that underpin this type of research, the inconclusiveness of the findings regarding the health impact of media on adolescent health, and the conjectural leaps peculiar to the construction of

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[4] A leader in the field of media and adolescent health singled out these specific works for me as important texts in the area at the time I was developing my primary research design.

adolescent media worlds as "risk". Towards this end I have retained the authors' language and tone as much as possible.

2.3.1 Media Violence & Aggressive Behaviour

The most extensively researched area in relation to media effects on young people is the posited relationship between exposure to media violence and subsequent aggressive behaviour. Fuelling this research, in part, is the high prevalence of violence within contemporary society. For example, in 2005 Statistics Canada (2005) reported that 653,000 females and 546, 000 males in Canadians had experienced some form of violence in the previous five-year period. Furthermore there had been 37, 300 police-reported assaults against children. There have literally been hundreds of peer-reviewed research publications since the early1960s investigating the posited relationship between media violence exposure and social aggression (Grimes, Anderson & Bergman, 2008; Freedman, 2002; Strasburger & Wilson, 2002). Representing the "causationist" perspective, Strasburger and Wilson (2002) offer a comprehensive review of these studies. To advance this argument they emphasize that media representations of violence are often glamorized, that violent behaviours are pervasive amongst even more positive role models, and that perpetrators of violence rarely face consequences. Furthermore, they state that media violence is often "sanitized" insofar as it under represents injury, pain and consequences Accordingly, media violence is seen to "increase the chances that media violence will have a harmful effect on the audience" (ibid., p. 78).

Historically, research studies into the relationship between violence and the media have taken one of four approaches. The first can be classified as an empirical approach under which a treatment group of children is exposed to media violence in a controlled or laboratory setting and their subsequent play behaviour is compared with that of the non-exposed control group. The seminal research in this paradigm was carried out by Albert Bandura & colleagues in the 1960s and was underpinned by "social cognitive theory, particularly parts of the theory that concern observational learning processes" (Roberts & Foehr, 2004, p. 7). Children exposed to television violence in laboratory settings have been found to model acts of violence. A second category of research on media violence is correlation studies. Within this approach a large sample of youth is administered questionnaires containing measures of both media preferences and markers of aggression acts. This type of research has found positive statistical associations between preference for violent programming and a profile of violent behaviour, and this association is alleged to remain even when confounding variables like household and socioeconomic indicators are statistically controlled.

A third category of research on the effects of media violence is longitudinal studies. In this type of research a cohort is followed from childhood at recurring intervals over time, such as in the "impressive longitudinal study" that followed U.S. participants at three intervals for a 22-year period in terms of their "television viewing habits and aggressive behaviour" (Strasburger & Wilson, p. 86). Causationists argue this type of research provides "some of the most compelling evidence to date" regarding the cumulative effect of television violence exposure in childhood on self-reported aggressive behaviour into

adulthood (ibid., p. 88). The final type of research into media violence and aggression is meta-analysis, which considers a large collection of results from many individual studies. Strasburger & Wilson reference four meta-analyses, all of which found medium effect sizes, to conclude that approximately "10% of the variance… in antisocial behaviour may be accounted for by exposure" (2002, p. 89).

Huessman is also convinced media is an important threat to adolescent health. He insists that "the effect size is the same or larger than the effect size of many other recognized threats to public health…The only effect slightly larger…is that of cigarette smoking on lung cancer" (2007, p. 11). Huesmann (2007), and Huesmann & Taylor (2006), put forth theoretical explanations for the long and short-term effects of media violence exposure including violent media's role in "priming" aggressive responses, as well as the relevance of observational learning, violence desensitization and enactive learning of violent behaviour, particularly in the context of violent video games.

Despite this supposed evidence, however, the posited relationship between exposure to media violence and violent behaviour is not without its critics. For example, empirical research within laboratory setting has been criticized for its concern with immediate effects rather than the long-term impact of media violence exposure; the artificial viewing context in which the exposure takes place; the influence of the adult experimenters whom children might interpret as condoning of violent behaviour in showing them violent media texts in the first place; and for its unrealistic or oversensitive measures of aggression. Similarly, critics of correlation approaches argue that it is impossible to identify the

temporality driving the posited relationship – media violence or behaviour disposition. They also highlight the limitations to identifying and controlling for possible conflating variables (Strasburger & Wilson, 2002, pp. 85-86).

In fact, after reviewing the research, Freedman (2002) concluded that less than half supported any link between media violence and violent behaviour. He underscored the weakness of evidence on the effects of violence on crime rates, in contrast to the known effects of poverty and other social factors, which alone should be enough to reorient policy and research agendas towards more socio-economic interventions. Freedman noted the inherent weakness in the posited media violence/ social aggression relationship is that while depictions of media violence is on the rise, the violent crime incidence is actually *decreasing*. While media may be a convenient dumping ground for the problems of society, Freedman cautions researchers against reifying a theory that is not entirely refutable, and which may detract attention from more social justice intervention orientations (2002). Grimes, Anderson & Bergman concur: "Much traditional media effects research is a party…to a political process that holds out simple solutions to social problems that do not involve a restructuring of privilege" (2008, p. 30).

Even media-violence effect hardliners admit that "characteristics of viewers" or "social environments" can influence the degree of effects (Anderson, Berkowitz, Donnerstein, et. al., 2003; Huesmann & Taylor, 2006). "As with many other public health threats, not every child who is exposed to this threat will acquire the affliction of violent behaviour, and many will acquire the affliction who are not exposed to the threat (Huesmann, 2007,

p. 12). Thus, despite arguments from the "causationist" standpoint, it is more plausible that the theorized media violence-social aggression contingency is "not a generalized phenomenon but rather a differentiated one, one in which media violence may affect psychologically ill people but does not seem to affect psychologically well people" (Grimes, Anderson & Bergen, 2008, p. ix).

2.3.2 Obesity

Obesity is a second adolescent health issue experts allege to be negatively impacted by media behaviour. The rising obesity rates among young people in developed countries has piqued research agendas and funding towards its aetiology, including the relevance of young people's mass media consumption patterns. The drivers of obesity rates are particularly topical in this province. As Beausoleil (2009) notes, health officials have been concerned about the obesity issue since a 2004 Statistics Canada report reported that the province of Newfoundland and Labrador had the highest rate of childhood obesity in the country. According to the Eastern School District of Newfoundland and Labrador, in which my research was conducted, as many as "one in four school children in the province are overweight or obese" (Eastern School District, 2007). Since this time "policy makers have targeted youth and recommended that health curricula be revised and schools implement programs aimed at reducing obesity and encouraging healthy eating and physical activity among students" (Beausoleil, 2009, p. 95).

According to the American Academy of Pediatrics, "Along with aggression, obesity represents one of the two areas" of research where media influence "may rise to the level of cause and effect, rather than simply being contributory" (Strasburger & Wilson, 2002, p. 252). In addition to the health problems associated with obesity, "Studies also show that obese young women have lower incomes, are less likely to marry, and have completed less schooling" (ibid.). Obesity is also cited as a threat to self-esteem. To emphasize this point, the authors cite one study that found that by the age of seven children "are more likely to choose a playmate with a major physical handicap than one who is obese" (ibid.).

Media is seen to augment childhood obesity rates in two regards. First, media content can shape the nutrition practices and preferences of youth via aggressive marketing promotion of fast food, junk food, processed foods and large portion sizes to young children (Media Awareness Network & Canadian Paediatric Society, 2003, p. 6). Marketers began to target youth in the 1960s, when the spending power of children, along with the influence children could have over parental spending, was first appreciated (Horgen, Choate, & Brownell, 2001; Strasburger & Wilson, 2002). It is estimated that North American children see an average of 40,000 advertisements per year, of which almost half are for food and predominantly pre-sweetened cereals and high-calorie snacks (Strasburger & Wilson, 2002, p. 239) while "commercials for healthy food make up only 4 percent of the total advertisements shown" (Media Awareness Network & Canadian Paediatric Society, 2003, p. 6). Food advertisements targeting children have also been criticized for the

strategies they employ including "violence (62%) conflict (41%) and trickery (20%).
Cartoon characters abound and are incredibly effective" (Strasburger & Wilson, 2002, p.
241).

The second way media is seen to contribute to obesity is that media activities in
themselves are "sedentary activities that are often carried out at the expense of more
active pastimes" (Media Awareness Network & Canadian Paediatric Society, 2003, p. 5).
In relation to this sedentary impact, Strasburger and Wilson cite a number of national
studies showing a strong dose response; that is, an increase in BMI/ obesity rates among
youth with increased time spent with media (2002, pp. 252-253). One such study found a
five-fold obesity prevalence increase amongst teens and preteens who watched more than
five hours a day in comparison to a cohort who watched only 0-2 hours. These results
were validated in another study that used "children who were not obese at baseline but
who became obese at follow-up" (ibid., p. 252). Media activities are alleged to contribute
to obesity via their displacement of "more active pursuits" and because young people's
"metabolic rate is actually lower while watching television than while resting quietly"
(ibid., pp. 255-256). Researchers admit, however, that while the argument linking media
viewing with obesity is persuasive, it is not conclusive due to the issue of cofounding
variables (ibid., p. 252)

For example, one cross national investigation of the sedentary and physical activity behaviours amongst youth between the ages of 11-15 in both the UK and US found that while young people did spend a lot of time engaged in sedentary media activities, they also often had concomitant, health-promoting levels of physical activity as well. In essence, the most media-active boys (*techno-actives*) and girls (*sociable actives*) were also highly engaged in physical activities, at twice the recommended physical activity guidelines (Marshall, Biddle, Sallis, McKenzie & Conway, 2002). Therefore, the authors concluded that physical activity and media behaviour do not "share an inverse and causal relationship" (ibid., p. 413). Instead, they argue media activity is multifaceted and irreducible to any one type such as television viewing, and that sedentary media activities were complex, highly variable and vital to healthy psychosocial development, despite the negative rap it garners in health promotion circles. A second study supported these findings, concluding that television consumption does not correlate to body fat or physical activity levels and that the amount of sedentary activity has been relatively stable amongst young people over the last five decades despite rising obesity rates (Biddle, Gorley Marshall, Murdey & Cameron, 2003). Rather than replacing more active pursuits, it appears sedentary media activities have more likely just replaced historical forms of sedentary behaviours like reading, board games, or music. Therefore media time alone cannot alone explain increasing levels of obesity, despite the moral panic[5] regarding couch potato culture in western society.

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[5] Although beyond the scope of this chapter, Gard & Wright (2005) and Campos (2004) provide comprehensive evidence to the weaknesses in the body of science underpinning the "obesity epidemic" discourse pervasive in contemporary western society.

2.3.3 Body Image & Disordered Eating

A third adolescent health issue posited to be negatively impacted by young people's media activities is that of negative body image and disordered eating. Media representation of body ideals has been implicated in a variety of adolescent health problems including body dissatisfaction and the wide range of disordered eating practices, including anorexia nervosa and bulimia. According to the 2005, *Youth Risk Behaviour Survey*, 61.7% of female youth and 29.9% of male respondents were actively trying to reduce their weight (Ata, Ludden & Lally, 2007, p. 1024). Furthermore, a significant portion of male respondents expressed a desire to gain weight in the form of muscle mass (ibid.). This high prevalence of body dissatisfaction has been supported by many other studies (Brown & Witherspoon, 2002; Media Awareness Network & Canadian Paediatric Society, 2003; Strasburger & Wilson, 2002) and the rate of body dissatisfaction amongst young people substantially exceeds the percentage of young people who are actually overweight (Media Awareness Network & Canadian Paediatric Society, 2003, p. 7; Morris & Katzman, 2003). Prevalence estimates of anorexia nervosa and bulimia amongst adolescent girls in North America are 0.5 to 1 percent and 1 to 5 percent respectively (Morris & Katzman, 2003, p. 287). While eating disorders "are relatively rare in comparison to other affective disorders… there seems to be agreement that the sub threshold components, for example, negative body image, fear of fat, feeling powerless and insecure, are prevalent enough…to be considered normative and an epidemic" (Evans, Evans & Rich, 2003, p. 217).

Cultural ideals of female beauty and thinness and male muscularity depicted in film, television, magazines, and other media, are often implicated in "why so many adolescents dissatisfied with their body image are willing to try a variety of potentially dangerous weight-loss practices, muscle building regimes and even cosmetic procedures in their quest for the perfect body" (Media Awareness Network & Canadian Paediatric Society, 2003, p. 7). Over the past thirty years these ideals have shifted much further from the average measurements of people in society (Strasburger & Wilson, 2002; Brown & Witherspoon, 2002; Morris & Katzman, 2003). For example, 94% of female characters on television programs targeting teen audiences embody this thin ideal (Strasburger & Wilson, 2002, p. 258). Arguments regarding the impact of media on body dissatisfaction centre on its "cultivation effect" with respect to the tandem messages of the fashion, entertainment, food and diet industries to consume food yet simultaneously attain unrealistic body beauty ideals - two extremes that are impossible to reconcile (Strasburger & Wilson, 2002, p. 266).

Strasburger and Wilson (2002) and Morris & Katzman (2003) reference several cross sectional, experimental and cross-cultural studies investigating the hypothesized link between media exposure and disordered eating practices. In one meta-analysis of 25 studies, body image amongst the female participants was found to be significantly lower following media exposure to the slender body ideal versus exposure to larger ideals or inanimate objects (ibid., p. 287). In another study, female participants randomized to

waiting rooms containing fashion magazines reported higher body dissatisfaction, fear of fat and food guilt immediately following exposure as compared to the those exposed to news magazines (Strasburger & Wilson, 2002, p. 263). A third study carried out within a "media naïve population" on the South Pacific island of Fiji monitored Fijian schoolgirls for any changes in eating patterns and self-concept following the introduction of Western television into their society (Morris & Katzman, 2003, p. 287). At the end of three years researchers established that the prevalence of disordered eating practices had doubled, and three quarters of the girls reported body dissatisfaction. Despite this evidence, however researchers acknowledge the aetiology of disordered eating practices are "more complicated than a simple, linear relationship" (Strasburger & Wilson, 2002, p. 260).

A challenge to establishing a causal link between media exposure and disordered eating is that studies often begin with subjects who already exhibit disordered eating practices or negative body image, attributable to a range of individual, familial, community, or cultural factors and not just media exposure (ibid., p. 264). Another issue is the inconclusiveness of most research. For example, some studies find no relationship between media exposure and disordered symptoms. Others conclude a relationship exists, but only in relation to particular forms of media such as magazines or soap operas (ibid.). Furthermore, as our understanding of audience interaction with media texts matures, it is becomes more apparent that "girls are not mindlessly consuming and replicating" media messages (Humphrey, 2001, p. 28). As the authors of one study discovered "girls had a surprisingly well-developed understanding of the media and its possible role in

influencing self-image" and that such understanding might actually "moderate against overwhelming media forces" (Morris & Katzman, 2003, p. 287; Humphrey, 2001).

Inconsistency in findings is partly attributable to methodological issues such as the limits of media exposure measures and the dearth of longitudinal studies (Wykes & Gunter, 2005). Also important are the presence of cofounding variables. In some studies, for example, the 'effects' of media exposure seemed to depend on an 'a priori' internalization of the thin body ideal (Brown & Witherspoon, 2002, p. 159; Wykes & Gunter, 2005, p. 159) or "the extent to which they made social comparisons between their bodies and those of others" (Wykes & Gunter, 2005, p. 159). Furthermore self esteem, quality of social and parental supports, gender, weight-related teasing and appearance-related pressure from family and friends are also very relevant (Ata, Ludden & Lally, 2007, p. 1024). As a 1999 Canadian report concluded, while disordered eating practices and negative body image "revolve around eating and body weight" they are far less about food than "about feelings and self expression"(Humphrey, 2001, p. 21). A final caveat to drawing such causal connections is that while media culture plays a central role in the lives of most young people only a minority ever develop body-related pathology. Clearly other factors work to heighten vulnerability (Ata et al., 2007). As Evans, Evans, Evans & Evans have argued "to centre so squarely on media images… as the primary 'cause' of psychological and mental health problems relating to body image and food, is naïve in the extreme" (2002, p. 199).

2.3.4 Alcohol, Tobacco, Drug-use and Other Risky Behaviours

A fourth adolescent health issue felt to be impacted by media exposure is that of adolescent risk-taking behaviour. For example, researchers have studied media representation of adolescent substance abuse and other risky behaviours and argue the true consequences of such behaviours "addiction, disease and death – are seldom depicted" (Media Awareness Network & Canadian Paediatric Society, 2003, p. 13). Furthermore, some media usage patterns amongst youth have been associated with negative risk taking behaviour. For example, one study examining young people's participation in eight categories of risky behaviours (sexual intercourse, drinking, smoking, marijuana, cheating, stealing, cutting class and joyriding) found that adolescents engaging in more risky behaviours shared an affinity for particular media types, independent of race, sex, or parents' education (Klein, Brown, Childers, Oliveri, Porter, & Dykers 1993, p. 24). Beyond the representation of alcohol, tobacco and drug use, health experts are also concerned with media representation of "injury-prevention practices" (Media Awareness Network & Canadian Paediatric Society, 2003, p. 14). For example, in a 2000 study of 25 General (G) and Parental Guidance (PG) rated blockbuster films "only 27 percent of motor vehicle occupants wore seatbelts, 18 percent of pedestrians looked both ways before crossing the street, 16 percent used a crosswalk, 6 percent of cyclists wore helmets, 16 percent of boaters wore life jackets." (ibid.).

With regard to alcohol use, Brown & Witherspoon (2002) found it appeared in more than 70% of prime time television shows and in 90% of movies, and that while more than a third of major characters drink alcohol, fewer than 2% were characterized as problem drinkers. "Alcohol producers spend millions of dollars per year in Canada on advertising and the advertisements that children and teens see often fall into the 'lifestyle' genre, promoting the message that 'real' men drink beer, have fun and are successful" (Media Awareness Network & Canadian Paediatric Society, 2003, p. 13). According to some researchers, such media representation affects teenagers' attitudes about drinking and has a moderate effect on initiation of under-age drinking, problem drinking and drunk driving (Brown & Witherspoon, 2002, p. 160). Alcohol appears to be the drug of choice among adolescents and alcohol-related motor vehicle accidents are the number one cause of deaths in this age group (Strasburger, 2001, p. 417). Alcohol use has also been implicated in relation to three of the other leading causes of death in young people - homicide, suicides and drowning - and is argued to be a gateway drug, insofar as adolescents who use alcohol are eight times more likely to use other illicit drugs than those who do not (ibid.). Associations are also alleged between alcohol use and premature sex, drug experimentation and lower school performance (ibid., p. 418).

Direct advertising of tobacco in Canada has been prohibited on television and radio since the early 1970s and more recently magazine advertising and tobacco company sponsorships are also forbidden. Canadian children may still be exposed to advertising through American magazines and Internet-based promotion, however. While smoking

amongst teens appears to be on the decline (CBC, 2007), media representations of smokers in film and television are thought to be one influence driving teen smoking initiation. "Eighty-two percent of PG-13, youth oriented movies contain tobacco use" and studies suggest young people are influenced by the on and off screen "smoking behaviour of their favourite stars" (Media Awareness Network & Canadian Paediatric Society, 2003, p. 13). Studies have also found that media portray smokers "in a positive light and as successful and powerful characters. Fewer films feature negative statements about tobacco use and several films show identifiable, brand name cigarette packs" (ibid.).

Illicit drugs are not advertised in the media, however "they still make a major appearance in programming seen by children and adolescents. Here, music videos and movies are the primary culprits, the ideal venues for adolescents to be influenced" (Strasburger & Wilson, 2002, p. 222). "[T]he average MTV viewer sees illicit drugs every 40 minutes, compared to once every 100 minutes in the movies and every 112 minutes on prime-time TV" (ibid., p. 223). Rap music, in particular, is seen to contain frequent representations of drug use and, as is the case with alcohol and tobacco representations, within media representations of drug use "Addiction is rare" and "no harmful consequences are shown" (ibid., p. 223). Strasburger and Wilson admit, however, that the impact of media representations of illicit drug use on youth behaviour is "conjectural at best" (ibid.). They explain that research on the drug use issue is inherently "difficult to accomplish" but speculate that "any media portrayals that seem to legitimize or normalize drug use are likely to have an impact, at least on susceptible teens" (ibid.).

Like many of the health issues associated with media use, critics of this line of argument point to the issue of confounding variables. "Health risks do not accrue automatically as part of the maturation process, but instead as a function of the multiple social, psychological, and physical transitions that occur during adolescence" (Schulenberg, Maggs, Hurrelmann, 1997, p. xvii). Moreover, contributions from the field of developmental psychology underscore that adolescent risk-taking is developmentally expectable and can have positive aspects in playing "a constructive role in adolescent development" (Maggs, 1997, p. 367). Wolfe, Jaffe & Crooks note that only 6% of American adolescents refrain from risky behaviour entirely; 80 % of adolescents have tried alcohol, 60% have tried cigarettes, and 50% have tried marijuana (2006, p. 15). Therefore to condemn risk taking, and media activities for encouraging it, is to condemn a significant aspect of the adolescent experience. "Risk taking performs important functions for adolescents in terms of peer acceptance, autonomy, challenging authority and coping with anxiety." Risk-taking can be a "functional, purposive, instrumental and goal directed" part of healthy development (ibid.).

2.3.5 Adolescent Sexuality

A fifth adolescent health issue seen by experts to be complicated by adolescent media use is that of healthy sexuality. "Both public and parental anxieties accrete around the issue of early sexual maturity, which is seen as a particular threat to cherished ideals of childhood" (Jackson & Scott, 1999, p. 99). Technological innovations like music videos

and the Internet intensify this anxiety because it nullifies the ability of parents to screen the information their child accesses (ibid.). Media representation is implicated since young people "consistently rank media among their leading sources of information on sex and sexuality" (Media Awareness Network & Canadian Paediatric Society, 2003, p. 11). "Access to sexual knowledge is an important boundary marker between children and adults" (Jackson & Scott, 1999, p. 100). Strasburger & Wilson note that youth increasingly turn to media to fill the void in regard to "effective sex education at home or in schools" (2002, p. 146). Research into the influence of media on adolescent sexuality tends to focus on the impact of "objectionable" media content on young peoples' sexual beliefs and practices (Malamuth & Impett, 2001, p. 269). In regard to media content, health researchers are concerned with both "embedded sexual content" nested within broader narratives that also include nonsexual content, as well as "sexually explicit media" in which the depictions of nudity and sexual acts are the primary focus (ibid., p. 270).

Sexual content in movies, television and music is seen as more prevalent and more explicit than ever before (Media Awareness Network & Canadian Paediatric Society, 2003, p. 12), Experts estimate that "children and teens view nearly 14,000 sexual references, innuendoes and behaviours" each year, 'few of which (less than 170) involve the use of birth control, self-control, abstinence, or responsibility" (Strasburger & Wilson, 2002, p. 147). According to the Media Awareness Network, "Between 1976 and 1996, there has been a 270 percent increase in sexual interactions during the family hour of 8:00

a.m. to 9:00 p.m." and roughly "one third of family-hour shows contain sexual references" (Media Awareness Network & Canadian Paediatric Society, 2003, p. 12). Another study estimated that the percentage of family programming that contained sexual content was actually much higher, at 70 percent (Strasburger & Wilson, 2002, p. 171). Brown suggests what young people "probably learn" from these representations is that "skinny is beautiful and that girls have to be beautiful to attract men; that sex is fun and risk free; and that most people think about and have sex frequently, often without much concern for love or the stability of the relationship" (2000, p. 38). Media texts are also criticized for focussing on male sexual perspectives, casting female sexuality in an objectified light, depicting sexual encounters in the context of competition and portraying sexual harassment in innocuous or humorous terms (Malamuth & Impett, 2001, pp. 272-273).

Advertising is also considered to be a "source of significant sexual imagery, including the inappropriate early sexualization of children, particularly girls" (Media Awareness Network & Canadian Paediatric Society, 2003, p. 12). Strasburger and Wilson note that "If advertisements had been counted in the longitudinal studies of sexual content on television, the results would have been significantly higher" (ibid., p. 174). From the commercial networks' standpoint sex "is good for selling everything from shampoo, office machinery, hotel rooms and beer" (ibid., p. 155).

Malamuth & Impett have reviewed numerous content analyses of sexually explicit media, and argue the central theme is "female nudity" and "men having casual sex with numerous, easily accessible young women" (2001, p. 273). The Internet is seen to have significantly altered the boundaries in regard to quantity and breadth of pornography available to youth. "Hard-core sexual images, which were once very difficult to acquire, are now just a mouse click away" (Media Awareness Network, 2009c). On the other hand "sexually explicit websites represented only 3 per cent of all public sites" (ibid.) Some research has suggested the antisocial effects of violent pornography on adults (Strasburger & Wilson, 2002, p.184) but research into the effects of pornography on children are scarce. A 2005 study by the Media Awareness Network found that 25% of students in grade seven to eleven have intentionally visited pornography sites on the Internet in their lifetime while 52% had encountered them by accident (Media Awareness Network, 2005). Similar studies in both Australia and the U.S. have found comparable data (Media Awareness Network & Canadian Paediatric Society, 2003, p. 12). "Several recent studies have shown that when young children are accidentally exposed to online pornography they find it disturbing" (Media Awareness Network, 2009c).

Strasburger and Wilson note there is a lack of evidence as to whether sexually explicit media exposure is associated with sexual activity amongst teens. They assert that one barrier hampering investigations of this kind is the reluctance of parents and funding bodies to sanction such research, in line with "the old shibboleth that if you ask kids about sex, they will get ideas they would not otherwise have had" (2002, p. 179). No

conclusive experimental research has been carried out. In regard to correlation research, Strasburger and Wilson summarise six studies that have been carried out, all with major defects. While each "did demonstrate measurable effects" (2002, p. 177) they conclude that any evidence of media impact on adolescent sexual behaviour is "slim at best" (ibid., p. 146).

In addition to the lack of conclusive evidence regarding the impact of media on adolescent sexuality, some scholars have taken issue with this line of inquiry altogether. As Jackson and Scott argue, "It is dangerous to assume that there is something inherently wrong in children knowing about sex" (1999, p. 100). In doing so it becomes more "difficult to communicate to children the precise nature of the danger they are being warned about…Children are denied access to the 'full story' which informs adult understandings, because sex itself is often thought of as a risk to children…and indeed to childhood itself" (ibid., p.101). They argue the considerable variability amongst adolescents should also be appreciated. "Young people bring their own unique knowledge and expectations to the viewing arena" (Strasburger & Wilson, 2002, p. 162). In essence, media are "virtual toolkits of identity possibilities" (Brown, 2000, p. 37). Young people are not just passive receivers of sexual media messages as one analysis of teen girl websites concluded; they are actively "critiquing the images they see of themselves in the media and producing alternative conceptions of what sex and sexuality might be" (ibid., p. 38).

From a developmental transitions perspective, some scholars have objected to media effects research where "sexuality is usually seen as a negative outcome for youth" (Brooks-Gunn & Paikoff, 1997, p. 194). They favour orienting research agendas toward an understanding and development of "sexual well-being" in adolescents, which includes positive feelings about puberty changes, positive feelings about sexual arousal, healthy sexual, and safe sex practices (bid.). For example, while onset of sexual intercourse has been extensively studied, "Gendered aspects of sexuality…how teenagers make choices to engage in sexual experiences, or …use contraceptives" has been largely ignored (ibid., p. 195.). In short "the voices of teenagers" are simply not heard (ibid.). There are also interesting gender dimensions to adolescent risk and sexuality insofar as "it is girls who are considered to be particularly at risk. Nobody seems particularly anxious about what boys are reading; in the case of boys, adult concerns centre on violence rather than sexuality – and on boys as potentially threatening to others rather than being at risk" (Jackson & Scott, 1999, p. 100).

2.3.6 Technology Addiction

As media platforms proliferate, so too do concerns regarding the possible addictive properties of media technology – primarily electronic gaming, the Internet, and cell phones. Tarpley notes that heavy Internet users "exhibit symptoms of addiction similar to those of gambling or alcoholism, with similar consequences in their ability to damage personal relationships" (2001, p. 552). While this area of research is not well developed

in North America, Funk argues that studies of time commitment to gaming "continue to identify small groups of very high-frequency players, and serious questions have been raised about the addictive potential" (2002, p. 134).

Funk summarized five studies conducted between 1995-1998 into the addictive properties of gaming (ibid.). In one, about 7% of the adolescents studied played the game for longer than intended, neglected homework to play and therefore "might be 'addicted'" (ibid.). Another suggested that the younger the child begins video gaming the more likely they were to become "dependent" on doing so. A third study of 460 children between eleven and sixteen years of age found that regular players "were more likely to score positively on an addiction screening measure than infrequent players" (ibid.). A fourth found an association between high-frequency electronic gaming patterns and gambling, in both frequency of gambling and the quality of gambling in terms of riskier gambling behaviour (ibid., p. 135). A fifth study looked at the design aspects of the games themselves and concluded they increased "the probability that a vulnerable individual could become addicted" (ibid.).

According to Block, "Some of the most interesting research on Internet addiction has been published in South Korea…And China is also greatly concerned about the disorder" (2008, p. 306). In January 2007, the China Communist Youth League (CCYL) research subsidiary China Youth & Children Research Center (CYCRC) released a report regarding the Internet patterns of youth. "According to the report, 17.1 percent of Chinese

citizens between the ages 13 and 17 are addicted to the Internet" (JLM Pacific Epoch, 2007). A Singapore study of 2735 Singapore school students between the ages of 12-18 also found that 17.1% were "excessive users" but cautioned this should not be understood as "equivalent to Internet addiction as no diagnostic instruments were used" (Mythily, Qiu & Winslow (2008, p. 9). Block admits that in North America however, "accurate estimates of the prevalence of the disorder are lacking" (2008, p. 306).

Internet addiction disorders are not presently included in either the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Statistical Classification of Diseases And Related Health Problems (ICD). However in a recent issue of the American Journal of Psychiatry editorial author Jerald Block has argued for its inclusion in the fifth revision of the DSM that is scheduled for release in 2013: "Internet addiction appears to be a common disorder that merits inclusion in DSM-V. Conceptually, the diagnosis is a compulsive-impulsive spectrum disorder that involves online and/or offline computer usage" (2008, p. 306). He furthered this disorder should be characterized as having "at least three subtypes: excessive gaming, sexual preoccupations, and email/ text messaging" and that "unfortunately Internet addiction is resistant to treatment, entails significant risks, and has high relapse rates" (ibid.).

In regard to children, experts express concern that greater Internet use is "associated with declines in communication with family members, declines in the size of a person's social circle, and increases in depression and loneliness" (Tarpley, 2001, p. 552). In its resources

for parents, the Media Awareness Network advises, "one out of every four teens who play video games feels addicted to them, and is troubled by a lack of control over their behaviour" (2009j). Not all experts are convinced, however. While not denying that some individual may struggle with addiction, they raise the issue of co-morbidity insofar as 86% of individuals presenting with Internet addiction appear to have a concomitant DSM diagnosis (Block, 2008, p. 306). In short, most individuals suffering in this way also fall under existing diagnostic labels.

In regard to young people's online activities it important to note "Computer use is not always a solitary activity" (Tarpley, 2001, p. 552). Many parents go online with their children, and many youth use it to engage with their peers. Interestingly, research findings "on early adolescent social networks and computer use challenged the notion that adolescents who are heavy computer users experience social isolation" (ibid., p. 553.). In fact the computer activities and interpersonal lives of adolescents seemed to have "reflexively amplified each other" (ibid.). Recent research by Boyd (2008) underscored this point as well as the beneficial aspects of social networking websites in fostering healthy adolescent development. Gee (2003) has also challenged the indictment of videogames by media critics and instead he celebrates their potentialities. Gee underscores the expert propensity to "readily decry and seek to override people's cultures" particularly when these "are popular peer-based ones, centred around things like videogames" (2003, p. 10). From his perspective when young people learn to play videogames they are in fact learning a new literacy. Gee has identified no less than thirty-

six learning principles built into the best games and opines that if these learning principles were built into traditional classroom strategies, student-learning outcomes would dramatically improve. In summary, studies that conclude youth media activities pose a risk of addiction centre heavily on time spent with technology. However the equation of time spent with technology with the pathology of addiction is specious.

2.3.7 Online Risk

Another aspect of media activity often constructed as risky for adolescent health is that of online risk. Online risk can be further broken into at least three distinct issues: online hate, cyber-bullying and online predation. The Media Awareness Network indicates "Most definitions of hate focus on the ways in which hate-mongers see entire groups of people as the 'Other'" (2009a). Historically, hate group communication has been pamphlet-based, but since the advent of the Internet online hate groups have proliferated (ibid.; Donnerstein, 2002). Raymond A. Franklin, author of *The Hate Directory* notes that the general ethos of hate mongers is to "advocate violence against, separation from, defamation of, deception about, or hostility towards *others* based on race, religion, ethnicity, gender, or sexual orientation" (Media Awareness Network, 2009a). Hate groups depend on new recruits for their continued existence and their primary target appears to be teenagers, with the Internet emerging as their tool of choice for reaching out to "disaffected young people" (Media Awareness Network, 2009b). Via the Internet, hate mongers can target young people directly through hate music, hate games, activity-based

web pages for kids and special web sites (ibid.). A 2005 study commissioned by the Media Awareness Network titled *Young Canadians in a Wired World,* found that 5% of surveyed youth visited hate sites on purpose while another 7% of participants visited them by accident (Media Awareness Network, 2005, p. 60). Others report that as many as "twenty-five percent of teens have visited a site promoting hate groups" (Donnerstein, 2002, p. 307). Those felt to be particularly at risk are "Lonely, marginalized youth, seeking a sense of identity and belonging" (Media Awareness Network, 2009b).

As the name suggests cyber bullying "is bullying through an electronic medium such as a computer or cell phone" (Media Awareness Network, 2009f). Experts note that while it may appear to be just another means enabling "'traditional' bullies to reach their target" specific attributes of the virtual world "have fostered a new type of bullying" due to the unique properties of new media forms to afford online anonymity to those initiating the bullying behaviour (ibid.). Such anonymity frees young people to commit bullying acts that they might never have dared to do in person. A 2007 study found that 32% of Internet-using teens studied have been the targets of cyber bulling and a 2008 study from the Faculty of Social Work at the University of Toronto found that 28% of those surveyed had witnessed it (ibid.). Cyber bullying can take place via emails, instant messaging, websites, and blogs. Cell phone texts appear to be a growing platform for bullying behaviour and challenging for parents and schools to monitor since they are personally held, privately used, and always accessible (ibid.).

Online predation or "cyberstalking" has been included as a crime under the criminal code

of Canada since 2002 (Media Awareness Network, 2009g). Some cases of predation are contained to online environments like chat-rooms, email, instant messaging or social networking sites, while other predators have extended this stalking into real life. Experts warn that sometimes stalkers work very slowly, investing money, gifts, kindness, energy and time to get to know their young target's tastes and problems, before making a move, while in other cases they move very fast, introducing sexually explicit conversations almost immediately. Online predators are usually "male, seductive, introverted sadistic and sexually indiscriminate" (ibid.). The risk profile of cyber stalker targets include being an online novice, actively seeking attention, rebelliousness, isolation, curiousness, being confused regarding sexual identity, easily tricked by adults, or allured by subcultures outside of parents' world (ibid.). Obviously children's' media activities are not causing online predation. Like cyber bullying, and hate groups, it is more the case of existing problem migrating to a new sphere.

2.3.8 Stereotyping

The prevalence of stereotyping in media content has long been established. While the issue of gender stereotypes in the media has been the most extensively researched area, evidence of media stereotyping in relation to ethnic and visible minorities, aboriginals, lesbian, gay, bisexual and transgendered people, whiteness and white privilege, older people, and persons with disabilities abounds as well (Media Awareness Network, 2009d).   While a review of the specifics of media stereotypes in relation to these

particular categories is beyond the scope of this dissertation, all groups with the exception of the young, white, male heterosexual are underrepresented in media content in comparison to the proportion of the population they comprise. Furthermore, they are often represented in ways that are demeaning and harmful to their self-concepts, and humanity more generally (Gerbner, 1998; Media Awareness Network, 2009e).

Stereotypes have a purposive function insofar as they help people to process complexity. While they are inaccurate in their reduction of the "wide range of differences in people to simplistic categorizations" they do enable children and adults alike to predict, simplify and organize their world (Media Awareness Network, 2009d). Stereotypes appear in the media for at least two reasons: first, because of the inherent biases of writers, directors, producers, reporters and editors; and second, because of their functional value. On this latter point, stereotyping can be situated as a highly useful media device that allows writers and producers to effectively and efficiently connote a situation or identity of a person or group, in a manner that is easily recognized by an audience (ibid.; Media Awareness Network, 2009e). They are invoked precisely because of this efficiency at the symbolic level of meaning. It is their resonance in the *real* world that makes them effective and sustains their circulation.

However, media stereotyping has also been implicated in society's most pressing issues including racism, sexism, homophobia, fat-ism, ageism, body image problems, disordered eating and violence against women. They "transform assumptions about particular groups of people into 'realities'...justify the position of those in power" and serve to "perpetuate

social prejudice and inequality" (Media Awareness Network, 2009d). As Bordo emphasized, digital images serve as a form of "perceptual pedagogy" that is not just deception, but teaches us "how to see" (as cited in Wright, 2009, p. 8). For example, research has highlighted that children are very adept at imbuing white characters with positive attributes such as wealth, education, success, intelligence, and achievement. Conversely, they easily associate minority characters with more negative attributes such as poverty, crime, and laziness (Media Awareness Network, 2009e).

Gerbner argues that media feeds the child's developing sense of self in relation to others and that "if you are over-represented, you see many opportunities,'many choices. The reverse is true if you're under-represented" (as cited in Media Awareness Network, 2009e). Of course a developing sense of self is rooted in many aspects of the child's early years, including parents, the extended family, teachers, and peers, and therein cannot be reduced to the issue of media stereotypes. This may explain why in experimental and non-experimental studies that have found an effect between media viewing and stereotypical beliefs, the absolute size of any effect is quite small (Signorielli, 2001, p. 349). Some researchers have even highlighted the positive contributions media can have in challenging and modifying cultural stereotypes (Berry & Asamen, 2001). Media is clearly just a single player in the multidimensional, " socio-psychological attitudinal equation that helps to decide how young people...acquire, process, interpret and act towards the cross cultural portrayals and social roles of people they are culturally similar to and different from" (ibid., p. 363).

2.4 CHAPTER SUMMARY

In the preceding section I have highlighted a number of health issues that have been associated with the media activities of adolescents. Evidence to any causal relationship between media exposure and these health issues is weak, including that amassed around even the most extensively researched aspects of this relationship - media violence and aggressive behaviour or media exposure and obesity rates. While some researchers are adamant that media use poses a risk to adolescent health, other researchers tout the health promoting aspects of adolescent media use, including situated learning (Gee, 2003), development of a coherent sense of self (Larson, 1995), healthy identity construction (Buckingham, 2003; Gee, 2003; Steele & Brown, 1995) positive group relations (Bakagiannis & Tarrant, 2006; Boyd, 2008) and even decreases in childhood obesity rates (Flores, 2006).

This begs the question of how health promotion experts can continue to pathologize the adolescent media activities when the science underpinning this assertion is so inconsistent. Interestingly, an entire volume of work devoted to *Health Risks and Developmental Transitions During Adolescence* (Schulenberg, Maggs & Hurrelmann, 1997) does not contain a single reference to mass media influences on adolescent health. Research conclusions as to the health effects of media seem to be more rooted in the particular perspective, research paradigm or social location of the researcher[8]. And yet

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[8] It was this empirical uncertainty as to health risks posed by adolescent media activity that primarily drove me to question the research project I had designed and the assumptions underpinning it, as I will outline in the next two chapters.

such perspectives or biases are rarely ever reflected on or elaborated. I share Gard's concern that "morality and ideology fill(s) in the very large gaps created by a radically inconclusive scientific literature" (2009, p. 36).

Such inconsistency is not the central point of this chapter, however. Inconclusiveness, frankly, is the story of science, particularly any inquiry into something as complex as the social world of adolescents or what constitutes health. What is more critical to emphasize, at least in relation to the thesis of this dissertation, is how the evidence I have outlined reflects and services a larger expert discourse that collapses the rich and variable tapestry of adolescent media use into a blanket category of risk, therein emptying this activity of any value or meaning. I argue this reflects the "oeuvre" of risk as the predominant way of seeing in the field of prevention today, and which has material consequences in the everyday world, as I have already premised in chapter one. This preoccupation with risk is a form of biopower and biopedagogy, which is shaping our common sense notions of what it is to be a healthy adolescent and what constitutes healthy media activity for adolescents. It is also shaping our parenting practices and what it means to be a responsible parent. Ironically, while contemplating this issue I received a pamphlet through my children's school published by the Canadian Centre for Child Protection entitled *Safety and the Internet: A parent's guide for adolescents*. In it I was encouraged to limit the time my adolescent spent online; use filtering software; monitor my adolescent when s/he was online; know my adolescent's login information and email addresses; know who my adolescent is communicating with online; and monitor webcam use and any postings or exchanging pictures online. Such biopedagogies on how we

should live and parent wield a palpable force in the world and like Walkerdine, I am particularly concerned "on the ways in which responsibilities, fears, guilts, anxieties fall onto the shoulders of the mothers" (2009, p. 201).

A final point regarding the body of evidence I have cited within this chapter is that it exemplifies all of the key elements of the critique levied against health promotion, as elaborated in chapter one. This includes 1) its "context stripping" where study participants and the contexts in which they live and work and play are completely under-theorized; 2) its abandonment of any notion of agency in the deterministic models employed, which downplays the strengths and complexity of adolescents as well as their potential adaptations; 3) its privilege of top-down, reductionist, quantitative, epidemiological modes of inquiry that favour single issue foci and targets (e.g. television viewing and child obesity rates) and subjugate any other way of knowing 4) its persistent emphasis on individual lifestyle choices (in this instance the media habits of adolescents as a determinant of health) as the source of problems despite the field's conceptual efforts to move interventions away from this focus; and 5) its colonization of the media world of adolescents as a legitimate field for health promotion surveillance and intervention, reflective of the steady encroachment of the health agenda into social aspects of everyday life.

In the next chapter I will present the research design and findings of my quantitative study of media activities of adolescents in the Eastern School District in the Canadian province of Newfoundland and Labrador, as carried out within my original dissertation

project. In doing so I hope to further my critique of the shortcomings of health promotion in practice, continue to unpack this notion of media risk and consider how expert discourses on media worlds of adolescents service biopedagogies on how we should live and how we should parent.

CHAPTER 3 – MEDIA USE STUDY

3.1 INTRODUCTION

In the previous chapter I outlined the specific health issues and body of research employed to construct adolescent media worlds as risk. As I have elaborated, this portrait of risk has not gone uncontested. Nevertheless, the notion of the media as risk and its corollary, that adolescents are "at risk", has been integrated into the assumptions guiding mainstream health research. Once health prevention researchers have incorporated the construct of "media as risk" into their worldview the next logical step, within the post-positivist paradigm, is to describe the character and flow of this social "fact" across a population or vulnerable group, as discussed in chapter one. In this chapter I present my own quantitative study into the media consumption patterns of adolescent in order to highlight this tendency and further my critique of contemporary health promotion.

Health promotion has been criticized for its fixation with measurement at the expense of more activist modes of engagement (Raphael, 2008). It has been noted by theorists that as health promoters have extended their field of inquiry into the social sphere they have retained the positivist sensibilities and epidemiological modes of inquiry, honed within more traditional, disease-prevention contexts (Wills and Douglas, 2008; Coburn et al., 2003). These vestiges are reflected in the language used by Strasburger and Wilson when describing media and obesity studies showing a "strong dose response" between these two variables (2002, p. 253). So just as the ingestion of methanol poses risk to an

individual, and progressively more risk accumulates the more one ingests, the gradient of media risk is theorised to follow a similar pattern where media risk accumulates in accordance with the amount of media exposure. In this chapter I demonstrate that there is more at stake in the collection and manipulation of statistics than benign information exchange. Such statistical "knowledge" is central in fostering the moral panic now surrounding adolescent media culture, and which imbues the discourse of health promotion more generally. This statistical risk "knowledge" is generated under a veil of objectivity but in fact is always attended by a set of prescriptions – biopedagogies – that wield a moral force in the world as to how we should live and behave.

3.2 BACKGROUND

I conducted this primary research project in the Fall of 2005. It consisted of a quantitative study of adolescents' media consumption patterns in four schools of the Eastern School District of the Canadian province of Newfoundland & Labrador (Grades 7-9). I adopted my survey instrument (See Appendix A) with permission from an instrument used in a cross-national random sample of American adolescent media consumption patterns. This instrument was developed by the Kaiser Family Foundation,[7] in consultation with Professor Donald F. Roberts of Stanford University (Kaiser Family Foundation, 1999). The objective of this U.S. survey had been to describe adolescents' access and exposure to the full array of media technology and the results were released in 2001. It was

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[7] According to its website, the Kaiser Family Foundation is a non-profit private operating foundation focusing on the major health issues facing the U.S. Unlike grant making foundations Kaiser develops its own research and communications programs, sometimes in partnership with other organizations.

credited for its large representative sampling approach and for the wide spectrum of media behaviours it investigated (Roberts & Foehr, 2004). Previous research into adolescent media use had usually focused on one particular medium only and rarely included any questions about the context of media activities (ibid., p. 11).

In regard to my own research, I administered the questionnaire in the four participating junior high schools over a six-week period during curriculum time. It took approximately forty minutes for participants to complete. I administered it as part of the language arts curriculum within three participating schools, while in the remaining school I administered it during homeroom period. I personally carried out all data entry and statistical analysis with the aid of SPSS software.

3.3 RATIONALE

When designing this research I had already accepted the notion that media exposure was "bad" for children and adolescents. In essence, I had already integrated health promotion's risk narrative that the mass media activities of adolescents could negatively impact their health. This was despite the fact that I had not yet conducted a thorough literature review to support this premise. Roberts and Foehr (2004) had argued that despite the evidence supporting this relationship, a void existed as to knowledge of the patterns of media use amongst adolescents, despite the relevance it played within their lives. They noted young people's media environments have changed in significant ways in the last three decades including "increases in both numbers and kinds of media

available, the number of choices each media offers, the fidelity with which symbols and images can be transmitted, and in the degree of privacy with which each medium can be experienced" (ibid., p. 30). I intended to fill this void in research, and reasoned that any public health intervention seeking to mitigate the risk of media activities for adolescent health should incorporate an analysis of the extent of media exposure in its design. I also hoped to support the media literacy goals of the Eastern School District of NL by engaging youth in a reflexive examination of their media usage patterns.

3.4 ETHICS AND CONSENT

As participant responses would be entirely confidential and the nature of questions was relatively innocuous there were no significant risks, discomforts or inconveniences anticipated for participants, beyond the time commitment to complete the questionnaire. I assured students that their participation was voluntary, that they could withdraw at any stage, that they could omit any question, that their names would not be recorded and that their responses would be kept confidential. To conduct the research a five-tiered research approval process was necessary including approval from 1) the Human Investigations Committee of the Faculty of Medicine of Memorial University 2) administration of Eastern School District NL 3) principals and classroom teachers of each participating school 4) the guardians of students and 5) the students themselves.

When minors are the intended research participants, attainment of parental consent is an ethical research imperative. Towards this end, I adopted an "opt out" parental consent model, with the approval of the Eastern School District NL. Under this consent model, I forwarded guardians details of the intended research in a take-home letter and information package format. In contrast to an active consent model, guardians were to sign and return the consent form only if they did NOT want their child to participate in the research. With this "opt out" approach I strived to balance a respect of parental rights with the inherent challenges of active consent processes in relation to obtaining sufficient participant numbers to yield statistically significant results. The Eastern School District approved this passive approach since the survey content was not controversial, supported curriculum objectives and would be administered during curriculum time. The students were able to refuse participation, independent of their parents' passive permission. The research timeline is outlined below in Table 3.1.

TABLE 3.1 – Research Timeline
1. Medical School Ethics Approval Human Investigation Committee (May 12, 2004 – See Appendix B)
2. Eastern School District Approval (June 2005 - See Appendix B)
3. Approval of School Principals (June – September, 2005)
4. Contact with Classroom Teachers (September, 2005)
5. Info package with opt-out clause sent home to parents (September 2005 – See Appendix C)
6. In-School Questionnaire administered (October to November 2005 – See Appendix A)

3.5 PARTICIPANTS

In this study I sought a mix of rural and urban perspectives. Accordingly, six schools
(three urban and three rural) were invited to participate. Four accepted and two (one rural
and one urban) declined. Amongst the four participating schools a total 1271 junior high
students completed the media questionnaire. Student population and response rates for
each school are described in Table 3.2. The gap between the total number of students in
each school and the number who completed the survey is due to three factors: routine
daily absenteeism, survey opt-out by parents, or survey opt out by students themselves.
Additionally, one class of students within "B Urban" could not be surveyed due to
scheduling issues.

TABLE 3.2 - Questionnaire Response Ratio			
School	Total # of Students	Total # of Respondents	Response Ratio
C Urban	179	146	81.6%
T Rural	354	313	88.4%
B Urban	621	446	71.8%
A Rural	405*	367	90.1%

* Approximate figure, exact data unavailable

The demographic variables I collected in this quantitative questionnaire were *school
location, grade level, sex* and *socio-economic status*. I approximated this latter variable
through two questions: 1) the highest level of mother's educational attainment and 2)

curriculum stream. Although I queried the educational levels of both parents, I made a decision to use mother's educational attainment as the proxy for socio-economic status in my statistical analysis. First, this made intuitive sense given the critical influence of mothering on child behaviour and practices. Second, my PubMed search of "mother education SES estimate" yielded 308 citations, including at least two studies relating to adolescent health issues (Hyoshin, Kieckhefer, Joesch, Greek & Baydar, 2009; Rauscher & Myers, 2008). Furthermore, a study by Trent, Cooney, Russell & Warton (1996) had found that students' perceptions of mothers' intelligence was the only significant predictor of school performance for male and female adolescents alike. Unfortunately, a third of students did not provide their mother's level of educational attainment. Hence I also used curriculum stream as a second socio-economic indicator. According to Statistics Canada (2008) French Immersion students have higher socio-economic status: "students in French immersion programs tend to come from better off families than non-immersion students" and parents of immersion students themselves are generally "are from higher socio-economic backgrounds and are more likely to have a postsecondary education" (ibid.). A demographic breakdown of the total respondents is provided in Table 3.3.

TABLE 3.3 – Demographic Breakdown of Questionnaire Respondents		
Variable	Frequency	Percentage
• **Sex**:		
-Female	665	52.3%
-Male	606	47.7%
• **Grade**:		
-Seven	411	32.3%
-Eight	434	34.1%
-Nine	426	33.5%

85

• **Curriculum Stream:**		
-English	994	78.2%
-French	277	21.8%
• **School Type:**		
-Rural	679	53.4%
-Urban	592	46.6%
• **SES-Mother's Highest Education Level**		
-High School or Less	350	27.5%
-Some Postsecondary/ Trade/ College	218	17.1%
-University Graduation & Beyond	283	22.3%
-Unknown	379	29.8%
-No mother role in family	9	0.7%
-No response	32	2.5%

3.6 FINDINGS

I completed the survey data entry process using SPSS Data Entry Station software and

tabulated the results using SPSS statistical analysis software. I carried out standard

analysis procedures including frequencies, cross tabulations, and tests for differences in

population including analysis of variance (ANOVA), Chi-Square distribution (X^2) and

associated t-tests using p-value < .05 significance. The meaning of this p-value is that

any statistical relationship observed would have occurred by chance less than 1 time in

20. In the following section I will outline my results[8], contrasting these with two similar

media studies that had been conducted on the media usage patterns of North American

Youth up to that point. The first was the aforementioned nationally representative survey

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[8] While my results are somewhat dated given the time lapse and the pace of change within adolescent media environments since my data collection in 2005, the statistical validity of the findings' is not my primary concern in this dissertation. Instead, I present the results only to characterise this research approach and problematize the epidemiological tendency towards changing risk valuations in association with incremental changes in media exposure levels. This is in line with the primary objective of my dissertation, which is to further a critique of health promotion via the lens of my own research. This critique is elaborated in the discussion section at the end of this chapter.

of 3,155 American children between the ages of 2 to 18, conducted by the Kaiser Family foundation, in consultation with Stanford University Professor Donald F. Roberts, as part of the Foundation's program on the Entertainment Media and Public Health (Kaiser Family Foundation, 1999). The second study was a two-part investigation of children's online activities carried out by the Media Awareness Network, which involved 6,000 Canadian students (Media Awareness Network, 2001; 2005).

3.6.1 Home Media Environments

Roberts and Foehr argue, "The environment young people inhabit strongly influences their media behaviour. Clearly which media are available in their home...affect how much time they spend reading, listening, or viewing, and the kinds of media content to which they are exposed" (2004, p. 29). In the U.S. study, media access in the home played an important role in media access patterns, as did household rules and norms regarding media engagement. Along this line of argument, the first issue I queried amongst the participants in my study was adolescent access to media technology in the household, as well as in their bedrooms more specifically.

3.6.1.1 Overall Home Access

All questionnaire respondents were asked about the numbers of respective media technology available for use within their homes. Table 3.4 describes these results:

TABLE 3.4 - Media Access In The Home		
Media Technology	**Mean**	**Mode**
• Number of televisions	3.68	4
• Number of televisions with cable/ satellite	2.00	2
• Number of DVD players	3.07	3
• Number of VCRs	1.99	2
• Number of MP3 players	.80	0
• Number of CD players	3.06	3
• Number of computers	1.42	1
• Number of computers with Internet	1.19	1
• Number of radios	3.41	3
• Number of video game systems	2.16	2

In my study the typical adolescent's home had four televisions, two with cable or satellite service, three DVD players, 2 VCRS, 3 CD players/ radios, one computer with Internet access and two videogame consoles. Amongst respondents, 99.6% had at least one television in their home and 94.8% had at least one TV with cable or satellite service; 94.7% had at least one VCR and 95.4% had at least one DVD player; 97.4% had at least one CD player; 52.6% had at least one MP3 player; 92.5% had at least one computer in their home; and 84.3% had Internet access in the home. In comparison to this last rate regarding Internet access in the home, a cross-national Canadian survey of 5000 students in grades four to eleven carried out one year previous to my research 2004 found that only 6% of respondents did not have an internet connection at home (Media Awareness Network, 2005). Overall my results paralleled those found in the U.S. cross-national study with the exception of household Internet access and cable or satellite television access, which were 48% and 76% for the U.S. cohort respectively, however the gap of time between the two studies casts doubt on the meaningfulness of such comparisons.

Roberts & Foehr confer, "'Media rich' is not an unreasonable characterisation" of the adolescent's home environment (2004, p. 32). Following the example of the U.S. study I analyzed differences in young people's access to "add on" media like cable/ satellite TV, video game systems, and Internet connection. This yielded interesting socioeconomic trends insofar as add-ons like cable and videogame systems were more prevalent in lower socio-economic households whilst having a computer with Internet access was more prevalent in higher socioeconomic status households. This data is presented in Figure 3.1.
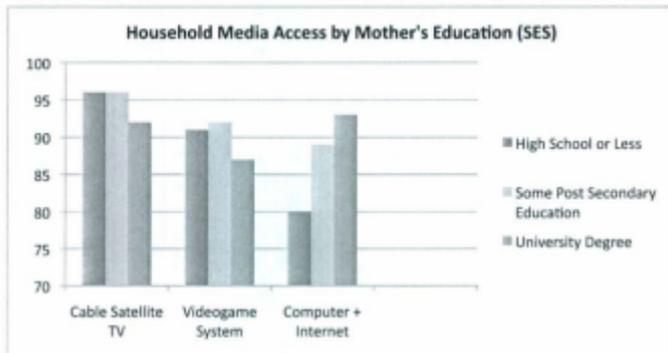
Figure 3.1. -Household Media Access by Mother's Education (SES)

3.6.1.2   Bedroom Access

Roberts and Foehr (2004) charted the migration of media to the bedroom of young people since 1970 when only 6% of Californian youth surveyed had a television in their bedroom. They note this figure had tripled by the 1980s and had exponentially increased

by the twenty first century. They surmised "where once the words 'Go to your room' implied the punishment of isolation, for many children today it is little more than a directive to visit a media arcade" (2004, p. 42). These authors express concern regarding the availability of media technology in youth bedrooms since it facilitates an "increase in media exposure in general and unsupervised media exposure in particular" and argue it "may be something that parents should consider reexamining" (ibid., p. 192). This offers an example of expert discourse emerging on media risk, which invokes the biopedagogical family and inscribes it with notions as to how we should parent our adolescents. Following this example, I explored adolescent bedroom access to media technology in my own research, the findings of which are presented in Figure 3.2. Although the comparison may not be meaningful given time lag and cultural differences bedroom access amongst my participants in 2005 was significantly more than that of the U.S. cohort in 1999.

Adolescent Bedroom Access to Media Technology (%)

	%
Computer with Internet	19
Computer	25
MP3 player	38
VCR	49
DVD	56
Videogame system	60
Cable/ Satellite TV	66
TV	84
Radio	87
Cd Player	89
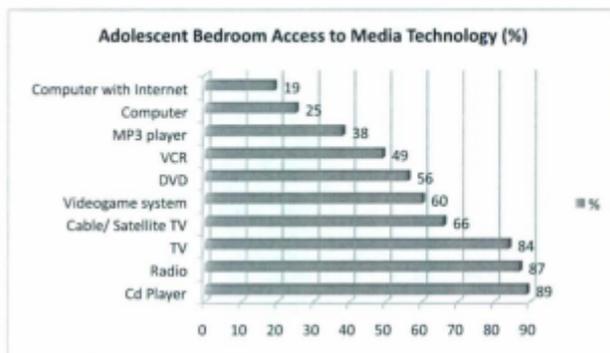
Figure 3.2 – Adolescent Bedroom Access to Media Technology (%)

Roberts and Foehr reported significant differences in bedroom access patterns along the variables of *age, sex,* and *socio-economic status* (2004). I found a similar relationship in my analysis. *Sex* differences in bedroom access to media technology were at statistically significant levels in my research for every technology with the exception of *Computers with Internet connection.* Male students reported more media technology in their bedrooms in all technology categories except music technology, which was higher amongst females. The marked difference in regard to videogame bedroom access between the sexes (79.3% males versus 42% of females; $\chi^2 = 182.345$, p=.000) gives evidence towards gender differences in gaming interest and behaviour observed by others (ibid.; Media Awareness Network, 2005; Gee, 2003). In relation to the rural-urban *school location* variable the only statistically significant difference in bedroom access was television with satellite/ cable services where rural students reported an almost 9% higher presence ($\chi^2 = 10.189$, p = .001). This is likely due to television reception challenges facing rural television viewers without such add-on services. In relation to the variable of *grade level* (age proxy) the only statistically differences I found was in relation to the presence of music technology in the bedroom (See Table 2.5.2.) For both CD players (χ^2 =10.495, p=0.005) and MP3 players ($\chi^2 = 11.389$' p = 0.003) a higher proportion of respondents reported having these technologies in their bedroom as we moved through to higher grade levels.

As previously noted, I used two proxy variables to estimate the socio-economic status of my respondents – *curriculum stream* and *mothers educational attainment.* In regard to

curriculum stream, I found statistically significant differences between French immersion and English stream students in bedroom access to television ($\chi^2 = 60.947$, p = .000), television with cable or satellite services ($\chi^2 = 43.887$, p = .000), video game systems ($\chi^2 = 48.075$, p = .000), DVD players, VCRS ($\chi^2 = 22.060$, p = .000), and computer with Internet access ($\chi^2 = 32.197$, p = .000). French immersion students reported less bedroom access to media technologies than their English stream peers for every technology except MP3 players – a fairly novel technology at the time of this study. These differences are reported in Figure 3.3.

Bedroom Access to Media Technology by Curriculum Stream (%)
* indicates statistically significant differences
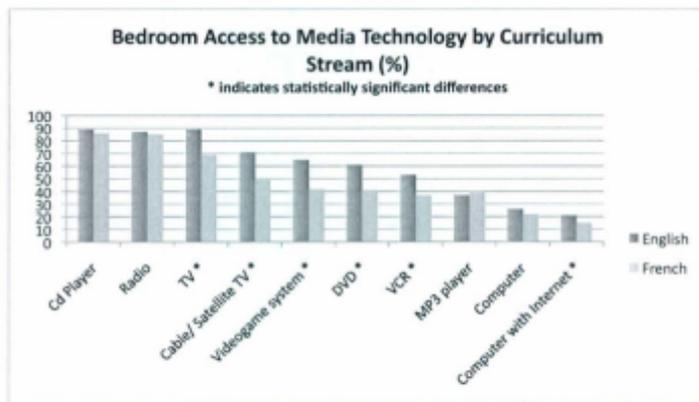
Figure 3.3 – Bedroom Access to Media Technology by Curriculum Stream (SES)

The second measure of socio-economic status (SES) I employed in my statistical analysis was that of *mother's level of educational attainment*. My results showed a similar relationship to bedroom technology access as with *curriculum stream*, albeit with a smaller range of differences between categories. It is important to reiterate this measure

of SES is problematic in that it does not capture a third of respondents, since a third did not, or could not provide this information. The U.S. data set exhibited similar age and SES demographic patterns in bedroom access and use this to paint a higher risk profile amongst lower income adolescents, as well as to credit higher income parents for better regulation of their children's media lives (Roberts & Foehr, 2004).

3.6.1.3 Household Media Rules

Roberts & Foehr (2004) assert that television-viewing patterns amongst young people is shaped by the household rules and norms regarding television viewing in the family. Authors of the *Young Canadians in a Wired World* report concur that the presence of household rules can have a big impact on kids online media and associated risks (Media Awareness Network, 2005, p. 8). Roberts and Foehr incorporated specific questions in their survey instrument to quantify such "risk" and gauge the "household television orientation" of participants (2004, p. 48). Questions included how often television is on in the home even when no one is watching and whether the television is on during mealtimes. These authors queried television habits exclusively as television was seen to be the dominant media activity at that time. However, given the proliferation of new media platforms by the time of my research, I queried household rules regarding computer use as well. Statistically significant results are presented in Figure 3.4.
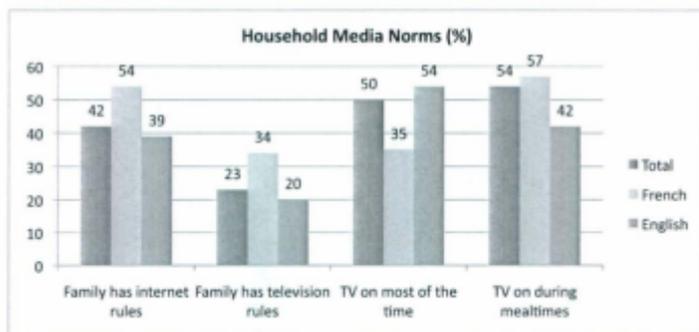
Figure 3.4 – Household Media Norms (%)

In my statistical analysis there were differences in relation to household rules using both proxies of socio-economic status. As well, the likelihood of participants reporting any household media rules decreased as youth got older. Approximately 30% of grade seven students, 23% of grade eight students and 17% of grade nine students said their family had rules about television viewing. With respect to online environments, 43% of grade seven students, 36% of grade eight students and 41% of grade nine students reported rules. Respondents in rural schools were less likely to report the prevalence of household rules in either television or online activities, by a difference of 5%. While there were no significant differences between the presence of television rules between male and female respondents, female students were more likely to report the presence of household rules regarding their online activities than their male peers at 45% versus 39%.

As highlighted in Figure 3.4, adolescents' online activities were more likely to be regulated than television viewing, at 42% versus 23%. Reports of online rules were much higher in the cross national Canadian survey *Young Canadians in a Wired World* carried out at one year prior to my own research[9] (Media Awareness Network, 2005, p. 8). In this study, 74% of respondents reported parental rules regarding meeting someone in person whom you got to know online; 70% faced rules regarding sites they should not visit; 69% were forbidden to give out personal information online; and 69% were supposed to tell their parents if an online experience made them feel uncomfortable. The authors of this study correlated the presence of rules with direct parental supervision of online activities to conclude: "In households with no rules, 74% of kids report that an adult is never present when they use the Net;" whereas "where many rules are in force, just 22% report they are never supervised" (ibid.). Thinly veiled in this comment is a judgement on quality of parenting, as it related to the parental management of media risk. Such statistics are used to confer risk profiles of adolescents. In the psyche of researchers the existence of household media rules is desirable so households without them are viewed as riskier environments via negligent parenting practices.

3.6.2 Media Use

In this section I outline the media usage patterns of my participants for specific forms of media. Both my questionnaire and administration schedule were designed so that details

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[9] Difference may be due to the different questioning style as the Canadian study offered participants specific examples of such rules and therein participants may have been better able to reflect on them.

on media usage patterns were collated for every day of the week, and in a way that minimized the recall period. The key variables I used in this analysis were *grade level, sex, school location* (rural or urban), and the socio-economic proxies of *mothers' education level* and *curriculum stream*. Any statistical differences I underscore in this section are at statistically significant levels, using a 95% confidence interval (p value < 0.05). Like the research on which my own was based (Roberts and Foehr, 2004), I queried the average time spent by participants with each media form in order to profile the media mix of adolescents and the total time spent with media activities in the typical adolescent's day. As I began to question my original research paradigm however, I came to realise that investigations into specific media forms, are guided by researchers' attendant value judgments as to what constitute "good" and "bad" media activities and content. Print media (particularly books and newspapers) are constructed more positively than "dumber" media forms like television. Likewise, computer activity is better received than videogaming, unless of course the computer activity is also gaming.

The total quantity of time my research participants spent with media per day is challenging to calculate given that adolescents often engage with different media forms simultaneously. Nevertheless I estimate that the typical adolescent spent approximately 5 hours and 27 minutes per day engaged in media activities in 2005. I came to this figure by adding the total time spent with each individual media form, with the exception of time spent listening to the radio or recorded music, as listening to music is predominantly done in conjunction with other media activities. This result mirrors the media activity levels found amongst adolescents in the U.S. research, on which my own research was

based. The U.S. researchers found these levels disconcerting since it suggests that adolescents "spend more time with media than with any single activity other than sleeping", including formal schooling (Roberts and Foehr, 2004, p. 203). Their line of reasoning is that if media is a "risky" environment for adolescent health, and is more significant to the adolescent experience in exposure terms than "good" environments like school, then adolescents are deeply in danger. Intensifying this panic is the expert characterization of the adolescent bedroom as a virtual "media arcade" since there is a statistical association between the presence of media technology in students' bedrooms and greater time spent with that respective media form, (Roberts & Foehr, 2004, p. 42).

3.6.2.1 Print Media

With respect to print media my survey instrument asked students about time spent reading magazines, newspapers, and books for pleasure during the previous day. In summary, the average adolescent in my study spent an average of 45 minutes a day reading print media for recreational purposes. This was comparable to the 42 minutes 11 to 14 year olds spent with print media according to the U.S. research. Of course this does not account for all of young people's reading activities, since reading is something of a ubiquitous activity that intersects many other types of media activity and experience in everyday life including school work, emails, web surfing, food labels, billboards and street signs.

3.6.2.1.1   Magazines

The average student reported an average of 13 minutes per day reading magazines, and

43% said they had read magazines on the previous day. There were no statistically

significant variations along the *sex, school location* or *socioeconomic status* variables;

however time spent reading magazines decreased inversely with *grade level*. In essence,

students in grade seven spent an average of 17 minutes per day while those in grade nine

spent an average of 10 minutes per day. In my research, I asked students to list their

favourite magazine titles. A summary of these genres and titles are highlighted in Table

3.5. There are notable differences in the types of magazines preferred by girls in

comparison to boys. Female preferences were for fashion, appearance, gossip or music

related publications while males preferred action, sports and hobby related magazines.

Roberts and Foehr found similar differences in reading preferences between the sexes,

and noted that Lyle and Hoffman documented a similar pattern almost 40 years

previously (2004, p. 110).

TABLE 3.5 – Top Five Favourite Magazine Genres & Titles By Sex	
GIRLS:	**BOYS:**
1. Teen: (J-14, M)	1. Extreme Sports: (Transworld Skateboarding, Dirt Wheels)
2. Celebrity (Teen People)	2. Sports: (WWE, Hockey News)
3. Fashion (Cosmopolitan)	3. Gaming: (Nintendo Power, GamePro)
4. Music (Rolling Stone)	4. Catalogue Shopping (The Buy & Sell)
5. Catalogue Shopping (Sears)	5. Automotive (Car & Driver, Trucks)

3.6.2.1.2   Newspapers

Reading newspapers was the least common print media activity reported by participants

at an average of only 4 minutes per day. Only 26% of respondents indicated they had

read a newspaper on the day in question. Like the U.S. study there was very little statistically significant variation along demographic lines, with the exception of *school location*. The urban students reported an average of 5 minutes per day reading newspapers while the rural students reported an average of 3 minutes per day. The most common sections that youth perused were sports, entertainment, local news, and comics.

3.6.2.1.3   Books

The third and final aspect of print media I explored was the time spent by participants reading books for pleasure. Students were asked to discount time spent reading books for school-related purposes. On a typical day, the junior high students spent an average of 28 minutes reading for pleasure but almost 51% did not report any recreational book reading on the previous day in question. Like the U.S. findings, there were statistically significant variations between book reading along demographic variables including *sex, school location,* and both estimates of socioeconomic status – *curriculum stream* and *mother's level of educational attainment.* On average girls read for pleasure more than boys, urban students read more than the rural cohort, and time spent reading books was positively associated with higher socio-economic status markers of both kinds. As was found in the U.S. research, "books are the only print medium for which the difference in average amount of time spent reading reaches statistical significance" (ibid., p. 102). Adolescents who had a TV in their bedroom spent less time reading books for pleasure than those who did not. This difference was at a statistically significant level and reflected a similar

pattern identified in the U.S. research (ibid., p. 108). Patterns of book reading are depicted in Figure 3.5.
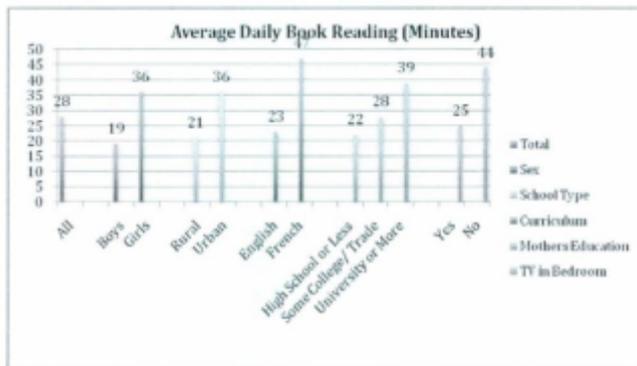
Figure 3.5 – Average Daily Book Reading

3.6.2.2 Screen Media

In this study I explored three forms of screen media activities – television, videos/ DVDs, and movie theatre experiences. Roberts and Foehr have labelled these "'non-interactive screen media' because, unlike interactive media, the experience of their content is largely unaffected by viewer response" (2004, p. 57). They note this characterization is not meant to imply viewers "are not cognitively active" but merely that screen content "at any given moment does not depend on what a viewer does" (ibid.). The youth in my study spent an average of 2 hours and 45 minutes per day with screen media. Seventy-five percent (75%) of this time was spent with television, 21% was spent viewing DVDs or videos, while only 4% was spent viewing movies in a cinematic environment. There were

statistically significant differences in time spent with screen media across the variables of *sex, socioeconomic status* and *school location*, but not always in consistent ways across the genres.

3.6.2.2.1 Television

At an average of 2 hours and 4 minutes per day, television was the dominant form of screen media activity in the lives of adolescents in my research. Ninety one percent (91%) of respondents reported spending at least some time viewing television on the previous day. Both *sex* and *socioeconomic status* variables were statistically relevant in my analysis, as was the presence of a television in the bedroom. Figure 3.6 summarises these results.

Average Daily TV Watching (Minutes)

All	Boys	Girls	English	French	High School or Less	Some College/ Trade	University or More	Yes	No
124	136	113	130	100	22	28	39	136	101

Legend: Total, Sex, Curriculum, Mothers Education, TV in Bedroom
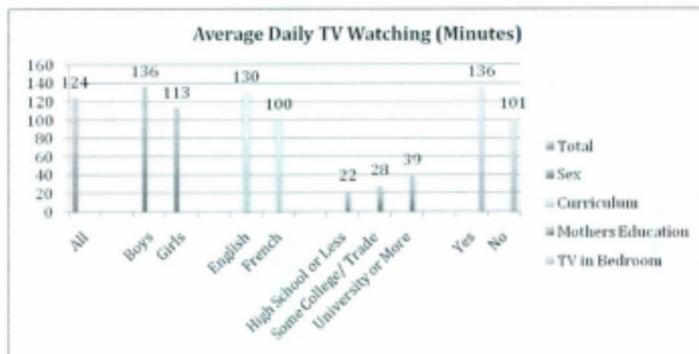
Figure 3.6 – Average Daily TV Watching

Participants in my research reported an average of 2 hours and 4 minutes per day spent watching television. This was significantly less than the 3 hours and 30 minutes reported by similar aged participants in the U.S. research, conducted 6 years earlier. Although such comparisons may not be meaningful given cross cultural differences and the time lag between studies, it may also reflect a shift towards new media in young people's leisure time, although Roberts and Foehr had argued the opposite in 2004: "In spite of recent speculation in the popular press that the new interactive media may be cutting into the time young people devote to television…there is little question that television remains the dominant medium" (ibid., p. 58).

There was significant diversity and range in television programming preferences amongst my participants. As I previously noted on page 7 of this dissertation, I had originally expected to find some common dimension of youth television culture in querying the media preferences. This was not the case however. A total of 555 different programs were listed as top ten favourites amongst participants and ranged from young children's programming such as *Dora the Explorer* and *Sesame Street,* to erotic/ soft cores shows like *The L Word* and *Red Shoe Diaries* and even hardcore pornography such as *Hustler* on cable/ satellite pay per view stations. A similar "fragmentation of taste" was observed in the U.S. research (Roberts & Foehr, 2004, p. 71) causing the researchers to surmise, "that there is nothing so elusive as 'the average kid'" (ibid, p. 190). Such diversity underscores the expansive developmental range of junior high students and the tremendous physical, social and emotional changes they are navigating in relation to emerging sexuality, identity formation, growing independence and importance of peer relationships. Table

3.6 provides a summary of the Top 10 Television programs for males and females in this study, the only statistically significant demographic variable.

TABLE 3.6 – Top Ten Favourite TV Programs By Sex	
Top 10 television shows (females)	**Top 10 television shows (males)**
1. Passions (Soap Opera)	1. Family Guy (Animated Sitcom-Satire)
2. That's So Raven (Teen Sitcom)	2. The Simpsons (Animated Sitcom-Satire)
3. The Simpsons (Animated Sitcom-Satire)	3. WWE Wrestling (Wrestling-Sport)
4. Family Guy (Animated Sitcom-Satire)	4. South Park (Animated Sitcom-Satire)
5. Boy Meets World (Teen Sitcom)	5. Futurama (Animated Sitcom – Sci-Fi)
6. CSI (Crime Drama)	6. Team Sports (Various)
7. Days of Our Lives (Soap Opera)	7. Boy Meets World (Teen Sitcom)
8. Much Music	8. CSI (Crime Drama)
9. Friends (Sitcom)	9. Much Music
10. Lizzie Maguire (Teen Sitcom)	10. Sponge Bob Square Pants (Cartoon)

3.6.2.2.2   DVDs/ Videos

Video or DVD viewing was the second form of screen media I investigated in my research. The average time spent was 34 minutes per day. This compares to the average of 41 minutes reported in the U.S. study. Only 36% of students had engaged in this form of media the previous day. Two demographics variables – *sex* and *school location* - showed statistically significant variation relative to overall video/ DVD viewing patterns. This is highlighted in Figure 3.7 below.
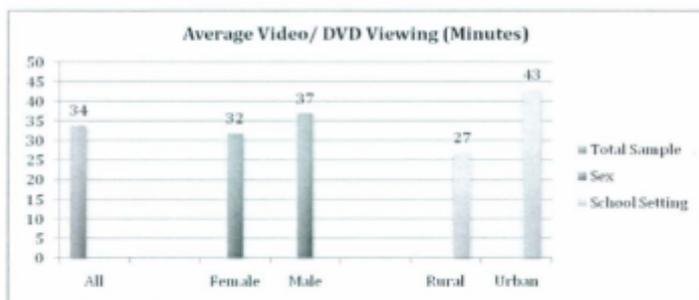
Figure 3.7 - Average Video/ DVD Viewing

3.6.2.2.3   Cinema

The third and final form of screen media engagement I investigated was movie viewing in
a cinematic environment and the average time spent was 7 minutes per day, compared to
an average of 19 minutes reported in the U.S. study for the same age group. Only 7% of
students reported they had watched a movie at the cinema on the day of reference and
only the *school setting* variable showed any statistically significant difference in results.
Students from rural settings reported an average daily movie viewing time of only 5
minutes per day whereas those from urban settings reported an average of 10 minutes per
day. This difference makes sense given that urban students have more access to movie
theatres than rural students. In terms of cinematic movie content 88% of the 64 movie
titles students listed as having recently watched (theatrical release 2005) were rated
'Parental Guidance' (PG or PG-13). A further 7% were rated 'Restricted' (R), and 5%
were rated "General" (G) entertainment.

3.6.2.3   Interactive Media

A third genre of media engagement explored in my research is what Roberts and Foehr (2004) classified as "Interactive Media". For the purposes of this study interactive media is comprised of online computer and videogame activities[10].

3.6.2.3.1   Computer Activity

With regard to computer activities, the students in my sample spent an average of 1 hour and 26 minutes per day using computers for recreational purposes. This amount of time was second only to time spent with television. The 1999 U.S. study reported that adolescent students spent an average of only 31 minutes using computers for recreational purposes. The Canadian study, *Young Canadians in a Wired World*, which was conducted one year previous to my research, reported even higher levels of recreational use than my own. It is difficult to compare these findings with my own, however, due to different styles of questioning and method of tabulating results between the two studies. For example, the Canadian study reported totals as the summation of all processor activities, while acknowledging that "because some activities are concurrent, adding up the time spent one each one produces a rather large number" (ibid., p. 24). Nevertheless this Canadian study presents some interesting trends, most of which corroborate trends within my own research.

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[10] The media landscape of young people has changed profoundly in the 5 years since I conducted my research, as demonstrated by the contemporary importance of YouTube, instant messaging, social-networking sites and alternate media platforms like cell phones for accessing media content.

In my research 71% of respondents had used the computer for recreation on their particular reference day. While there were different demographic patterns for specific kinds of computer activity, the only demographic that showed statistically significant levels of variation in overall time spent with the computer was *sex*. Girls were the biggest users, spending approximately 1 hour and 32 minutes compared to the 1 hour and 19 minutes spent by boys. This was interesting since the U.S. study found the opposite pattern, that boys spent more time with computers than girls (Roberts & Foehr, 2004, p. 123). Whether or not students had a computer in their bedroom was also significant. Those who did spent an average of 2 hours and 9 minutes with computers per day in comparison to only 1 hour and 16 minutes spent by students who did not. Both the Canadian and U.S. studies found a similar intensification of computer activity amongst students who had bedroom access to computers.

Figure 3.8 depicts the average time per day students in my study spent with various types of computer activities. I explored nine categories of computer activities in total, including email, gaming, instant messaging, music downloading, online journaling, schoolwork, chatrooms and web surfing. This expanded on the four types of computer activities that were investigated in the 1999 U.S. questionnaire, from which I developed my own research instrument. Drafted today this list would be even longer. At the time of my research, online journaling sites were the newest form of computer activity, and can be seen as the precursor to social network sites such as Facebook and Twitter. In 2005 online journaling amongst NL youth was all but synonymous with "Blue Kaffee", a web-based community system for youth started in October 2002 by Chad "Kaffee" Levesque, a

junior high student in Newfoundland and Labrador. According to Wikipedia, Blue Kaffee fluctuated between first and fifth place as the most popular website in Newfoundland and Labrador between the years of 2004 and 2006, and still exists today (Wikipedia, 2009a).
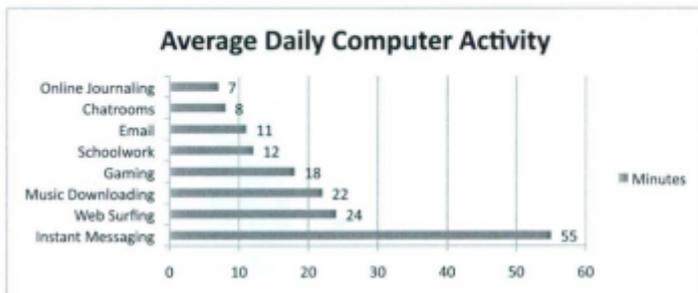
Figure 3.8 – Average Daily Computer Activity

There were marked differences in the percentage of students who spent time with discrete forms of computer activities on their particular reference day. These participation rates are summarized in Figure 3.9.
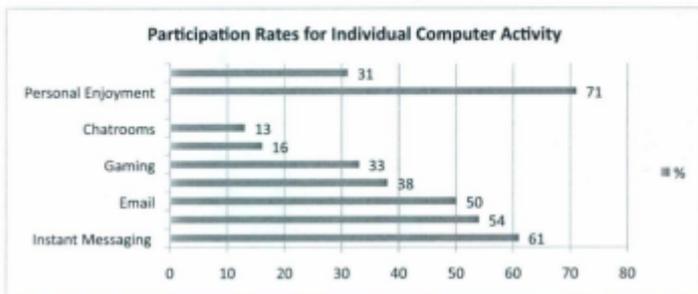
Figure 3.9 –Participation Rates for Specific Computer Activities

Only 31% of students had used a computer for school related purposes on the day in question, yet over 70% had used it for recreational purposes. Instant Messaging was the most popular online activity whereas chatroom visits were the least popular form. While *sex* was the only variable bearing any statistical significance in relation to overall computer use, there were a number of statistically significant demographic patterns in relation to time spent with specific forms of computer activity. These are highlighted in Figure 3.10. There was no demographic variability for either email or web-surfing activities.
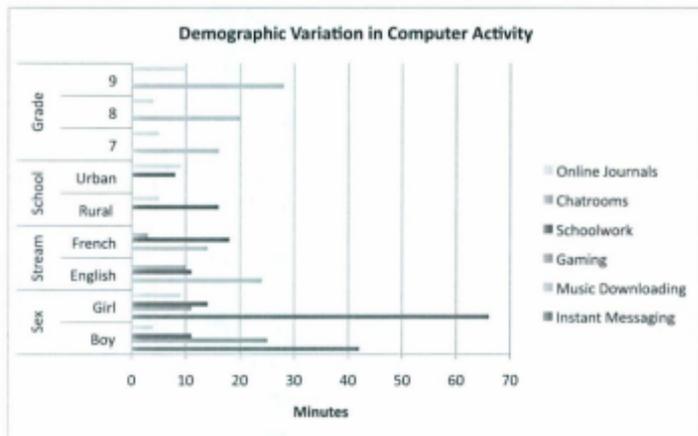
Figure 3.10 – Demographic Trends in Computer Activity

Sex was a relevant variable for measuring time spent with instant messaging, gaming, schoolwork and online journal computer activities. Girls spend more time than boys engaged with each of these activities, with the exception of gaming where boys spend substantially more time than girls (25 versus 11 minutes). This pattern of female tendency towards communicative activities (instant messaging & online journals) and male orientation towards gaming was also found in both the U.S. (Roberts & Foehr, 2004) and Canadian (Media Awareness Network, 2005) researches. While the U.S. study did not investigate school related computer use, the Canadian research did and also found higher amount of school related computer use amongst female students (ibid.).

The socio-economic variable *curriculum stream* was statistically relevant to three types of communication activity – chatroom visits, schoolwork, and music download activities. The quantity of time spent on school-related computer use was 64% higher amongst French immersion students than English students at 18 versus 11 minutes. In contrast, English students spent more than triple the average time that French students spent visiting chatrooms, and over 70% more time downloading music. This socio-economic variation in time spent downloading music is interesting given that English students had actually reported *less* time listening to music than French immersion students overall, as will be discussed in Section 2.5.2.4. - *Music Media*. Higher downloading activity amongst English stream students could be due to economic reasons since French students generally

come from higher economic backgrounds and may be in a better financial position to purchase music outright[11].

The *grade level* variable highlighted statistically significant differences across both music downloading and online journaling activities. In both instances more time was spent downloading music at higher grade levels. For example, grade eight students spent twice as much time online journaling than grade seven students, at an average 10 versus 5 minutes per day. With respect to music downloading grades 7, 8, and 9 students spent a daily average of 16, 20, and 28 minutes respectively. This represented a 25% increase in time spent amongst grade eight students compared to grade sevens and a further 40% increase amongst grade nine students relative to grade eights. This age-related pattern of higher affinity for online communication and music activities was observed in both the U.S. (Roberts & Foehr, 2004) and Canadian (Media Awareness Network, 2005) researches.

In regard to the *school location* variable, two forms of computer activity showed statistically significant variation. Rural students reported twice the average amount of time engaged in school-related computer activity as urban students and approximately half the average amount of time online journaling than the urban cohort. This was an unanticipated finding with no intuitive explanation.

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[11] At the time of my research downloading music implied free music downloads since services like ITunes where you purchase music downloads was not yet commercially available

Students who participated in this study were also asked to report their favourite websites. Approximately 70% of students listed at least one favourite website. As in the case of television program preferences the selections provided were highly diverse and indicative of the wide psychosocial developmental range of junior high students. A total of 423 different websites were given encompassing everything from toy websites to pornography. These examples represented the extremes however, with the vast majority of choices reflecting an array of entertainment, lifestyle, and social communication interests. Table 3.7 characterises the 10 most common favourite websites listed amongst the total sample, female and male students.

TABLE 3.7 – Top Fifteen Websites For All Sample, Girls And Boys (Frequency)

Rank	Top Websites: All	Freq	Top Websites: Girls	Freq	Top Websites: Boys	Freq
1	Piczo* [SN]	265	Piczo* [SN]	236	Addicting Games* [G]	110
2	Google [SE]	245	Google [SE]	155	Google [SE]	90
3	Addicting Games* [G]	167	Hotmail [SN]	112	Runescape* [G]	39
4	Hotmail [SN]	135	Addicting Games* [G]	57	Miniclip* [G]	38
5	MSN [SN]	74	MSN [SN]	55	Newgrounds* [FP]	36
6	Blue Kaffee [SN]	60	Neopets* [G]	48	Piczo* [SN]	29
7	Miniclip* [G]	57	Blue Kaffee [SN]	47	WWE [Sp]	25
8	Neopets* [G]	53	Family Channel [G]	25	NHL [Sp]	24
9	Runescape* [G]	41	Msn Dollies [SN]	24	Hotmail [SN]	23
10	Newgrounds* [FP]	37	Yahoo [SN]	21	Candystand [G]	19

[G]: Game; [M]: Music; [SN]: Social Networking; [Sp]: Sport; [FP]: Flash Portal; [SE]: Search Engine

*These were amongst the favourite websites listed in the Young Canadian in A Wired World – Phase II study (Media Awareness Network, 2005, p. 88)

As noted in Table 3.7, the majority of the websites making it to the top 10 website list in my research were also amongst the top websites listed in the Canadian research carried

out the previous year. This suggests there is very little regional variation in young people's website preferences in Canada[12]. Approximately 30% of students who responded to this question highlighted Piczo as a favourite website. Piczo was launched is 2004 as an online community and photo website builder (Wikipedia, 2009b). In second place for overall website popularity was Google, a dominant search engine, reported as a favourite site by 28% of students who answered the question. Third in popularity was Addicting Games, a free games site, chosen by 19% of students who responded. Some trends did emerge in preference patterns amongst students, including the dominance of game sites in male website preferences as well as the general decrease in overall preference for game sites as students moved up through junior high grades. Similar demographic patterns in relation to game website preferences amongst male and female students and younger versus older students were noted in the Canadian study (Media Awareness Network, 2005).

With respect to the game category there were also *sex* and *grade level* differences in the type of game sites reported. The Addicting Games, Miniclip and Candystand websites, which feature thousands of arcade games with no registration requirement, were popular across the sample while other game sites were more popular amongst girls or boys. For example, Neopets is an online play environment and chat community where registered players adopt and care for up to four virtual pets building an online environment for them through the purchase of food, toys, clothing and accessories (often branded merchandise)

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[12]In querying student website preferences the Canadian researchers in the Young Canadian in A Wired World study directed students to discount email or search engine websites in their ranking. I did not.

with "neopoints" earned through game play and marketplace transactions (Wikipedia, 2009c). This site was most popular with girls. In comparison Runescape – a free Fantasy-themed Massively Multiplayer Online Role-Playing Game (MMORPG) listed by the *Guinness Book of Records* as the world's most popular MMORG (Wikipedia, 2009d) - was exclusively popular amongst younger boys, but had dropped from their top 15 list by the time they reached grade nine. This same demographic variation in the popularity for these specific game sites were also found in the Young Canadians in a Wired World – Phase II research (Media Awareness Network, 2005, pp. 25-30).

Sex and *grade level* differences are also observed in relation to the relative popularity of social networking (Habbo, Blue Kaffee, Piczo, MSN dollies) and social communication (MSN, Hotmail) websites. Social networking included both real and virtual identity construction and networking. For example, on *Piczo* users develop a real online presence with a website to share photos and profile pages whereas on sites like *Habbo Hotel* teenagers socialise with each other via personalised avatars. Female students reported much more activity with these type of social-function websites than their male peers, but interest in social networking and communication activity seemed to intensify for both sexes as students moved through to higher grades. A stronger social contact orientation in online activities amongst girls versus boys, and older versus younger teens, was found in both the U.S. study (Roberts & Foehr, 2004, p. 126) and the Canadian research (Media Awareness Network, 2005, p. 25). It is also a phenomenon that has been established in the Internet literature more generally (Lenhart, 2009; Boyd, 2008).

Interesting variations occurred also in relation to popularity of search engine websites in relation to grade level. The *Google* and *Yahoo* search engines both increased in popularity ranking amongst students at higher grade-levels. Roberts and Foehr also observed "a consistent, age-related increase in their use of search engines and in their visits to websites used for information and research" (2004, pp. 132-133). This could indicate that as adolescents mature they seek out more customized or personalized online content, whilst demonstrating less loyalty to particular sites. This hypothesis is supported by the increased fragmentation in the variety of websites listed as top three choices amongst students across the three grade levels of junior high. As previously indicated there were 423 different sites listed as favourite sites across the total sample; however grade 7 students listed 177 different sites, grade 8 students listed 186 different sites and grade 9 students listed 213 different sites.

3.6.2.3.2   Video Game Consoles

Videogame entertainment was the second form of interactive media I investigated; i.e. games played on videogame consoles that connect to television. With the launch of Playstation in 2001, which doubled as a DVD and audio player, and then X-Box Live in 2002 which embedded online MMORPG capabilities, definitions of what videogame consoles are have been radically shifting. Videogame consoles predated that of personal computers in the home, first entering the marketplace in the 1970s. From their rudimentary beginnings they have evolved to "offer stunningly lifelike graphics and special effects, and much more user control than once thought possible" (Roberts &

Foehr, 2004, p. 127). Previous research has shown that junior high students spend more time on average with this form of media activity than any other age group (ibid., p. 128). Figure 3.11 provides a snapshot of the average daily time different reference groups in my research reported playing videogames.

Average Daily Videogame Activity
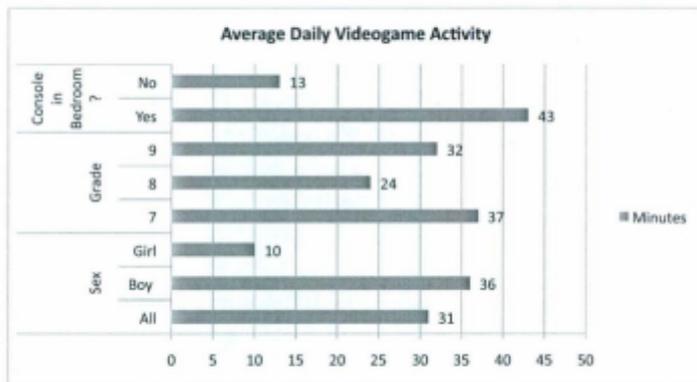
Figure 3.11 – Average Daily Time Playing Videogames

As this figure illustrates, videogame play is heavier amongst males. Male junior high students spent an average of 36 minutes per day playing videogames compared to an average of only 10 minutes per day amongst female students. Only 7% of male respondents said they *never* play videogames in comparison to 35% of female respondents. On their particular reference day approximately 60% of male students had spent at least some time playing videogames. In contrast, almost 80% of female students said they had not spent anytime playing videogames that day. Roberts and Foehr (2004)

found similar *sex* stratification in relation to time spent playing videogames in their research.

Analyzing results along the *grade level* demographic revealed statistically significant differences in time spent playing videogame consoles, and this too followed the pattern highlighted in the U.S. research (Roberts and Foehr, 2004). Although the mean time spent with videogames plunged amongst grade 8 students, relative to grade 7 students, it rose again amongst the grade nine subgroup. Although this superficially suggested a renewal in videogame activity further analysis revealed this not to be the case. While only 14% of grade seven students report that they never play videogames, 24% and 27% of grade eight and grade nine students said they never play videogames respectively. Further, while 56% of grade seven students had not played videogames on the reference day in question, approximately 64% of grade eight students and 63% of grade nine students had not done so. Accordingly, it is likely that the relatively higher average time per day spent playing videogames amongst grade nine students reflected heavier activity amongst a subgroup of serious gamers in grade nine who in playing for a substantially longer periods of time pulling the mean higher for the *grade level* as a whole. Having a video game console in the bedroom is statistically associated with more time spent playing videogames overall.

In my research I asked junior high students to list three games they had most recently played. Figure 3.12 summarises the game categories that corresponded to these preferences. Three categories - *Action/ Adventure* (e.g. Legend of Zelda, Tombraider), *Sports* (e.g. NBA Live, FIFA Soccer), and *Racing* (e.g. Need for Speed, Crash Nitro Kart)

– comprised approximately 50% of the total games listed as most recently played. This is consistent with the findings in the U.S. research (Roberts and Foehr, 2004, p. 131). If we merge the categories of *Fighting* (Super Smash Brothers, Mortal Kombat), *Extreme Sports* (Tony Hawk Proskater, SSX) and *Wrestling* (WWE Smackdown vs. Raw) categories with the *Sports* category, it assumes the number one spot for recently played videogame genre at 28%.

Videogame Genres (%)
listed in descending order

- Action/Adventure
- Sports
- Racing
- Platformer
- Role-Playing (RPG)
- Shooter
- Extreme Sports
- Simulation
- Fighting
- Wrestling
- Party
- Other
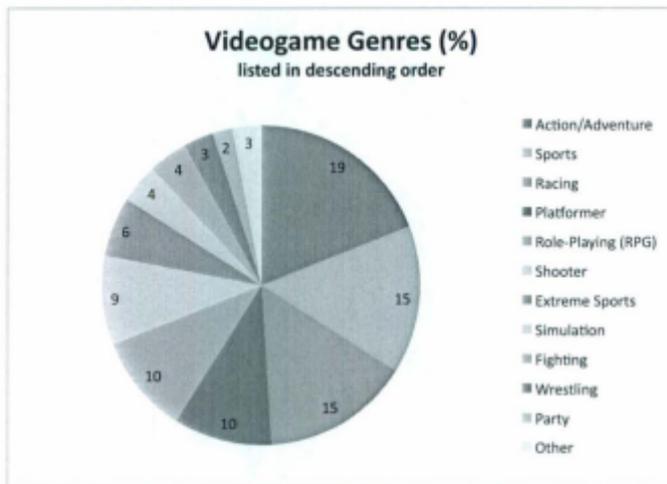
Figure 3.12 – Breakdown of Recently Played Videogame Genres

As discussed in the preceding chapter, most of the concern regarding the harmful effects of videogame play pertains to the possible impact of violent content and roleplay in relation to promoting aggressive behaviour in the player. This concern drove the North American videogame industry to adopt a voluntary rating system in 1994, aimed at

supporting parents to assess the suitability of game content for children. This ESRB rating system (Entertainment Software Rating Board) is a voluntary system, although almost all games are rated accordingly, since many retail outlets prohibit the distribution of unrated games (Wikipedia, 2009e). Game Ratings under the ESRB system include EC (Early Childhood 3+), E (Everyone), E10+ (Everyone 10 years of age and older), T (Teens), M (Mature, unsuitable for people under 17 years of age), and AO (Adults only 18+). Figure 3.13 highlights the distribution of ratings amongst the recently played games reported in my research for boys, girls, and the total sample.
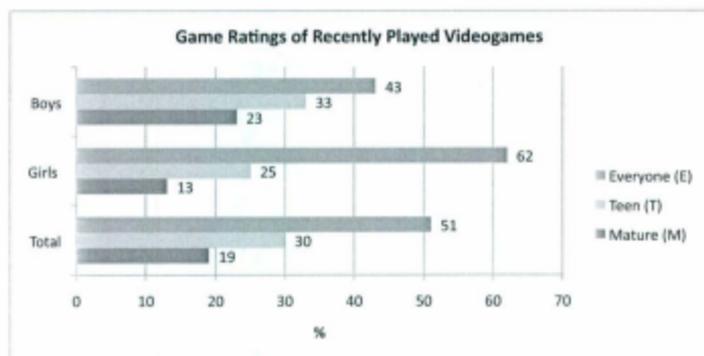
Figure 3.13 - Game Ratings of Recently Played Videogames

E-rated games (Everyone) comprise the largest game subcategory for all reference groups. Interestingly, E-rated games were overrepresented amongst female respondents while M-rated games (Mature 17+) were overrepresented amongst males. While the U.S. study did not examine the distribution of ratings amongst game preferences in their

research, it found sex differences in orientation towards particular game genres in a manner that "fit" with "gender expectations" (ibid., p. 131). It also found boys were "much more likely than girls to choose action/ combat, sports, adventure, and strategic/ simulation games for both the computer and the video-game console" (ibid.).

3.6.2.4 Music Media

According to Roberts and Foehr (2004) music gains the most significance in the media culture of young people during the junior high school period. In their research on children between the ages of 2-18 they found the rate of increase in average time spent with audio media most pronounced for the 11-14 age group, more than tripling the average time spent by 8-10 year old participants (2004, p. 86). The amount of time spent listening to music is inherently difficult to quantify as an independent component of young people's overall media mix given that most adolescents listen to music while engaged in other activities such as homework, reading, web surfing, driving, playing sports, or socializing with friends. For this reason my calculations of the total time spent by adolescents with media did not include my estimates of the time they spent listening to radio or recorded music. I did explore time spent with music media independently however, and this section outlines my findings. Following the lead of the questionnaire used by Roberts & Foehr (2004) I prefaced questions about time spent with audio media with the following statement:

People often listen to the radio, albums, tapes, CDs or MP3s while they are doing other things like eating, getting dressed, homework, using the

computer, walking, riding a car or bus, etc. Thinking only about [yesterday/
this past Friday/ this past Saturday] how much total time did you spend
listening...

Students reported an average time of 1 hour and 31 minutes with audio media on a typical day – 41 minutes with radio and 51 minutes with recorded formats. While radio does include a variety of programming types, music programming dominates adolescent radio content preferences. As depicted in Figure 3.14 there were statistically significant differences in music exposure along the *sex* and *grade level* demographics.

Average Daily Music Media (Minutes)

	Radio	CD
Boys	30	46
Girls	50	56
Grade 7	38	38
Grade 8	43	49
Grade 9	41	66
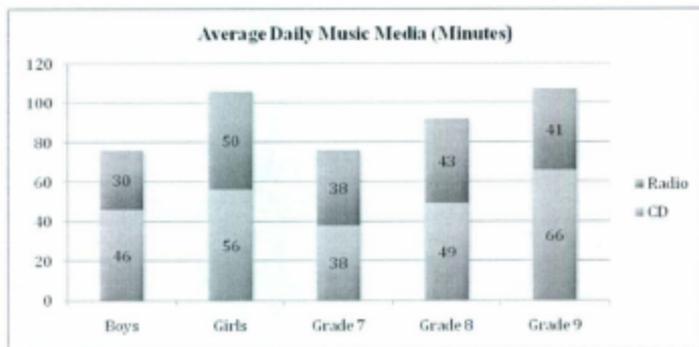
Figure 3.14 - Average Daily Music Media

Music features more significantly in the overall media mix of girls than boys. In addition, audio media activity increases significantly as students move through to higher junior

grades. Roberts and Foehr established these same demographic trends in their U.S. study (2004, pp. 87-88).

Figure 3.15 highlights the music preferences of junior high students in my study. Rap/ Hip Hop was the most popular music genre with 53.8% of the sample choosing it as their preferred type of music. There were some interesting variations along demographic lines. Girls were more apt listeners to every genre of music except Hard Rock/ Metal and Classic Rock, which were more popular amongst male students. Grade 9 students were more interested in all music genres than students in lower grade levels, with the exception of Rap/ Hip Hop where interest was consistent across the three grade levels. This finding suggests that just as the quantity of time spent with music increases, as students move through junior high (see Figure 3.14), there is also an expansion in the variety of music explored. The genres listed in Figure 3.15 reflect the most popular music genres amongst participants. It is not a complete list however since other genres were listed including Jazz, Soul, Gospel, Christian Rock, Classical, Death Metal, Videogame and Japanese music.
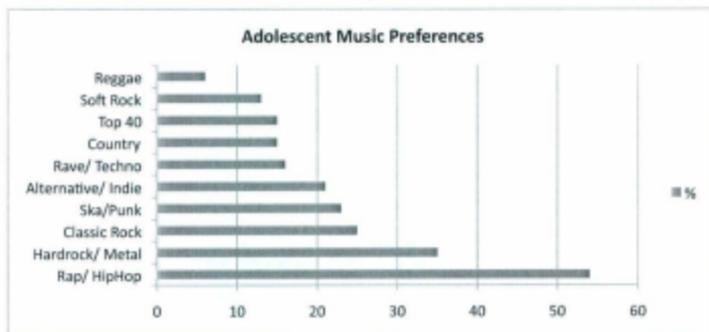
FIGURE 3.15 – Adolescent Music Preferences

3.7 DISCUSSION

The dominant sentiment within the health promotion is that media exposure poses health risks for adolescents and mapping the distribution of this risk across a population is the cornerstone of the prevention paradigm. Accordingly, the next logical step in my health promotion project should be to underscore the "excessive" amount of media engagement amongst my participants and collapse the same into a valuation of health risk. In my research adolescent participants spent an average of 5 hours and 29 minutes per day with media in 2005. Figure 3.16 illustrates the breakdown of the total time spent with media, in descending order, along the subcategories of media activity.

Adolescent Media Mix (% of Total Time)
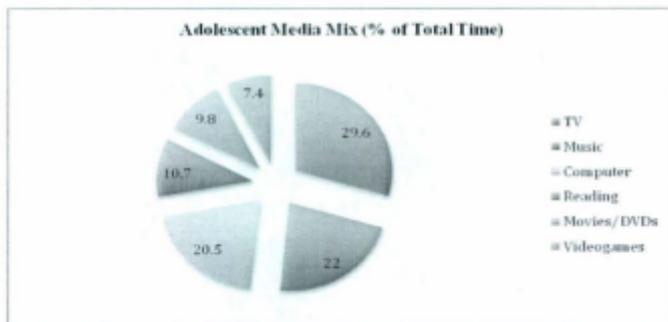
FIGURE 3.16 - Adolescent Media Mix

Roberts and Foehr express grave concern in relation to the magnitude of time young people spend with media:

> In light of the central role that media play in the lives of today's young people, central at least in terms of the time devoted to media messages encountered, our findings point to a critically important issue that warrants further exploration. Anything strongly related to the psychological and social adjustment of children deserves attention. Similarly, anything that impinges on them for half of their waking hours deserves attention…Similarly what looks to us to be a kind of parental abdication of oversight over children's media behaviour noted several times throughout this book should also trigger alarms. (Roberts & Foehr, 2004, p. 202).

The scientific basis for this alarm is questionable however. Furthermore, this alarmist viewpoint is not one that resonates with my experience in the qualitative phase of my research (which I will elaborate next in chapter four), nor does it gel with my lived experience as a parent of an adolescent. This disconnect drove me to question my unreflexive import of an a-theoretical, epidemiological form of inquiry that pathologizes media use and spurred me to reformulate my dissertation as a critique of health promotion via a self-critique of my own research. Far from being an objective platform from with to launch interventions, quantitative researches like my own approach the level of ideology[17] insofar as they require researchers to internalize the dogma that media use is dangerous to adolescent health. In the context of adolescent wellbeing, media exposure is equated with danger[14] and time spent with media is used as a proxy for risk valuation. Since *all* young people spend a substantial portion of time with media, all young people may be considered "at-risk". And since parenthood is constructed primarily as a responsibility to protect children from danger (Jackson & Scott, 1999) parents inattentive to their children's media lives can, in turn, be constructed as negligent (Roberts & Foehr, 2004). These judgments, or biopedagogies, are enabled by the quantitative inquiry and statistics collated at a very great distance from the life contexts of people they are about.

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[17] Here I invoke critical sociologist Dorothy Smith's notion of ideology, "treating it not as meaning, sense or signification, but as practices or methods of reasoning" (1990b, p. 200).

[14] Cassel and Cramer (2008) argue the notion of media, as danger constitutes a "moral panic" very characteristic of expert/ and adult responses to young people's culture (particularly that of girls). They note a similar panic has emerged historically each time a new media technology is introduced to society.

McQuail (2004) has emphasized the diverse points of entry from which individual researchers and disciplines have launched media research, from technologies of communication through to feminist theory and cultural studies perspectives. He draws attention to "The diversity that is concealed by long familiar topic names" but which "has to do with the route by which one comes to problematize media and communication in the first place" (2004, p. 3). He emphasizes, "Along with different priorities come differences of method and of style of inquiry" (ibid.). The politics of these choices are very significant, as is illustrated by the moral force – or *biopower* - health promotion research and dictates have come to wield in the world: "As the prestigious, basic health discipline, epidemiology is the paramount supplier of facts, premises and 'bases of action' for preventative medicine and health promotion" (Førde, 1998, p. 1155).

Health promotion's consistent deployment of statistics to further an understanding of the social realm and human behaviour is problematic. As Hacking has noted "Statistics is not a human science, but its influence on those sciences has been immense" (1991, p. 181). Here Hacking is problematizing something deeper than the merit of statistics as a tool:

> Statistics has helped determine the forms of law about society and the character of social facts. It has engendered concepts and classifications within human sciences. Moreover, the collection of statistics has created, at the least, a great bureaucratic machine. It may think of itself as providing only information, but it is part of the technology of power" (ibid.).

Lather concurs that the academic fixation with measurement is worrying and illustrative of the first positivist flaw: "that natural science methods are appropriate for the study of human beings" when in fact it leads to "the reification of constructs that are the projections of social biases" (1986, p. 66).

My research affords a good example of health promotion's propensity towards "inductive probability estimates" (Heyman, Henrikson & Maughan, 1998, p. 1300) as a platform from which to launch health interventions. It also reflects the inherent weaknesses of this approach. First, participants were artificially grouped and analyzed via imposed categories of *sex, grade level*, and *socioeconomic status* and then members of these subgroups were "assumed to posses their aggregate properties" (ibid.). Next, the observed rate of "adverse events" within this imposed subsample, i.e. heavy media use, was projected onto all members within that subsample "so that each is placed, for heuristic purposes, in a superposition of states" (ibid.). The pitfall is that once these heuristics have become objectified as a profile of the "at risk" adolescent (e.g. unsupervised, bedroom access, absence of house rules, low socio-economic status.) - "the probabilities derived from such specifications can acquire facticity and be projected onto individuals" (ibid.). This approach is conceptually flawed because it "requires adoption of a simplifying heuristic which entails acceptance of the ecological fallacy" (ibid.).

The tandem constructs of media as "risk" and adolescence as an "at risk" period of development are a set of assumptions that have achieved the status of social "fact" in this manner. Smith argues it is vital academics come to appreciate the eruption of these apparent social facts "as moments in social relations" (1990b, p. 201). Academics need to grasp "how the property of being an entity itself is a specific form of socially organized practice…that comes into being as a definite sequence of organized practices (1990b, p. 201). Quantitative inquiry is a preeminent example of how organized academic practices can enable the production of knowledge and social "facts". Unreflexive deployment of such methods are insidious however; "The bureaucracy of statistics imposes not just by creating administrative rulings, but by determining classifications within which people must think of themselves and of the actions that are open to them" (Hacking, 1991, p. 194).

In a similar way, my own elaboration of the patterns of adolescent media engagement along demographic lines within this chapter – along with the attendant argument that such patterns map the relative risk of adolescents engaging with media – is flawed because these percentages are "not real facts in nature"; they merely represent "our ignorance of true causes" (Hacking 1991, p. 187). Førde suggests that in the field's preoccupation with "methodological perfection" it has neglected to adequately attend to the moral questions regarding its complicity in propagating a risk mentality across the population (ibid.). This is quite evident in health promotion's indictment of the media worlds of adolescents. A preoccupation with methodological rigour, at the expense of metatheoretical rigour as to the ontological premises shaping the research agenda, is one of the hallmarks of positivist

science. But Førde insists researchers "have a responsibility not only for the quality and soundness of their risk estimates and the way they are interpreted and used, but also for its political and cultural consequences" (1998, p. 1155).

Amassing evidence of the centricity of media in the social world of adolescents in order to construct a picture of risk is not rigour, but tautology. It is a way of formulating a description so that it masquerades as an explanation when the "real" reasons for the health issues facing adolescents cannot be independently explicated. Such descriptions and inferences are flawed however, as Cronbach has underscored: "the job of validation is not to support interpretation, but to find out what might be wrong with it. A proposition deserves some degree of trust only when it has survived serious attempts to falsify it" (In Lather, 1986, p. 67). Insofar as health promotion propagates *biopedagogies* that have "affected our way of eating, drinking, our physical activity, our relationship with sunshine, our working environment and our sexual behaviour" researchers are duty bound to interrogate their assumptions, practices and impact in the social world (Førde, 1998, p. 1155). For while "The public health and health promotion movement indisputably has a mandate to improve health," its "mandate to change culture is much more open to dispute" (ibid., p. 1158).

In pathologising adolescents' media culture, studies like mine perpetrate what Freire perceived as cultural invasion. He argued that cultural invasion "always involves a parochial view of reality, a static perception of the world, and the imposition of one world

view upon another. It implies the 'superiority' of the invader and the 'inferiority' of those who are invaded, as well as the imposition of values by the former" (2002, p. 160). Just as young people's health and illness experiences are socially constructed states, intersected by experiences of class, gender, ethnicity, socioeconomic status, and expert discourses on what it is to be healthy, judgments on media risk are always grounded in the social locations of the expert. As health researchers we must be wary of our tendency to overlay conceptual or heuristic categories of analysis in a manner that serves to define the experiences, and mute the voices, of the people we are studying. Smith reminds us that too often in research "Issues are formulated because they are administratively relevant, not because they are significant first in the experience of those who live them" (Smith, 1990b, p. 15).

3.8 CHAPTER SUMMARY

In this chapter I have presented the research design and findings pertaining to my quantitative inquiry into the media usage patterns of 1271 adolescents in the Eastern School District of the Canadian province of NL, which I conducted in 2005. This study was conceived in line with my original dissertation objectives of describing media exposure amongst local adolescents with the hopes of generating risk profiles for adolescent wellbeing according to observed statistical variation along demographic variables. As elaborated, my research objectives changed substantially in the ensuing years as I began to call into question the set of assumptions underpinning this research as

to the equation of media use with risk, adolescence as a period of risk, and the adolescent family as a mediator of risk. This reflection, and my subsequent research into the metatheoretical impoverishment of the field of health promotion, ultimately spawned me to reject my original dissertation objectives and reorient towards a critique of health promotion, through the window of my own research.

Accordingly, in this chapter I have presented the "findings" of this quantitative study to characterise the type of research typical to the prevention field in relation to its preoccupations with quantifying health risk, as well as to emphasize the preponderance of post-positivist, epidemiologically-informed ways of knowing in health promotion, despite conceptual efforts to move away from this tendency. I have also sought to underscore the limits of statistics and quantitative methods for understanding human behaviour, experience, and complex social problems. Finally I have pointed to the limits of "risk" as a social category, as well as the impact and politics of expert discourse in everyday life in relation to notions of biopower, biopedagogies and the biopedagogical family.

In the next chapter I present the qualitative phase of my original research project, in order to deconstruct the collision of youth perspectives with expert discourse on media and health risk, as it is explored by young people in the school setting, within a media and adolescent health documentary. It is interesting that even as young people formally take up and reproduce this expert agenda of media critique, their informal talk consistently hinted at the meaning and value they find in media activities. In attempting to navigate this contradiction I have come to question the expert portrait of risk. As Zola opined, "If

the people you are studying cannot recognize an essential part of themselves in your description or analysis…it seems to me we have gone awry. (1991, p. 10).

CHAPTER 4 – MEDIA LITERACY ACTION RESEARCH PROJECT

4.1 INTRODUCTION

Thus far in this dissertation I have problematized health promotion's fixation with risk, particularly in the context of media and adolescent health. I have noted that while the science underpinning risk assessments is inconclusive, these expert notions of risk have material consequences in the world in relation to how we see and regulate our families and ourselves. I have also critiqued the field's gravitation towards epidemiological modes of inquiry to inform this risk mentality. As I elaborated in chapter one, my critique can be located within a broader critique of the shortcomings of the health promotion movement for 1) its "context stripping" where study participants and the contexts in which they live and work and play is entirely undertheorized; 2) the deterministic models employed, which downplay the strengths and complexity of people as well as their potential adaptations; 3) its privilege of top-down, reductionist, quantitative, epidemiological modes of inquiry that favour single issue foci and targets and subjugate any other way of knowing 4) its persistent emphasis on individual lifestyle "choices" as the root of health status despite the field's conceptual efforts to move away from this focus; and 5) its colonization of the social world as a legitimate fields for health promotion, surveillance and intervention. Particularly problematic, is the substantial force that health promotion's risk discourse wields in the sphere of everyday life, servicing biopedagogies on how we should live, parent and love. In this chapter I continue to critique health promotion along these themes, through the lens of the shortcomings within

my qualitative research. This research was comprised of a youth-led media production project with media literacy goals in which young people explored the relationship between media and adolescent health.

Although health educators use media as a means of targeting health beliefs within a population, they have largely constructed media representation as a realm of risk in the context of adolescent health. One approach suggested to mitigate this "risk" is the deployment of media literacy interventions. Such interventions aim to strengthen young people's "ability to analyze, access, and produce media" and inoculate them from media's harmful effects (Strasburger & Wilson, 2002, p. 323). These efforts are underpinned by health promotion's assumptions about media as "risk" and adolescence as a developmental period of risk, as discussed previous chapters. They also reflect public health's gravitation toward its familiar modus operandi (i.e. immunization), even as it expands its focus beyond disease prevention contexts into the social problems and the private worlds of individuals. Something of a magic bullet, immunization is widely hailed as public health movement's greatest achievement: "Immunization has probably saved more lives in Canada in the last 50 years than any other health intervention" (CPHA, 2010). It is no wonder then that the notion of inoculating young people from threats circulating in the social realm carries appeal for prevention workers.

4.2 BACKGROUND

A central theme in the lobby for media literacy education is the importance of protecting young people from media's negative influences. Hobbs notes that experts often situate

pop culture as an "avalanche of crud" and express anxiety regarding its negative impact on young people's health and the challenges to parental control of media exposure (1998, p. 19). Media literacy advocates argue that interventions may afford "impact mediation" in relation to this risk (ibid.). Media literacy interventions usually foster teacher-centred instructions where students are taught to view media messages negatively and to parrot back teacher-sanctioned analysis and critique (Buckingham, 2003). This approach to media education is framed as an inoculation strategy (ibid.). However, such protectionist approaches tend to deny the pleasure and cultural value youth derive from media activities.

More recently media literacy scholars and educators have been rethinking protectionist-oriented media literacy approaches, particularly in how it situates young people as helpless victims of media influence warranting rescue from the "evils" of pop culture. Buckingham (2003) has traced a shift away from simplistic notions of media's corrupting influence amongst some media literacy theorists towards an approach that recognizes the active role of young people in activating media texts, and the veritable pleasure media culture brings to their lives. This can be linked to specific contributions from the field of cultural studies including the 1) maturation of audience theory (Sturken & Cartwright, 2001; Wilson, 2009); 2) its democratization of traditional high and low culture distinctions (Bourdieu, 1984; Sturken & Cartwright, 2001); and 3) insights into youth subculture as forms of resistance (Hebdige, 1979; McRobbie, 1994). More recently, contributions from the education subfield of New Literacy Studies have begun to reorder how young people's media activities are conceptualized, more positively, as tacit

knowledge. This has inspired some educators to reflect on the ways in which media content and technologies might be integrated to provide for more meaningful learning opportunities (Coiro, Knobel, Lankshear, & Leu, 2008). These developments exemplify a paradigm shift in media literacy education - one "that does not aim to shield young people from the influence of the media, and thereby lead them on to 'better things', but to enable them to make informed decisions on their own behalf. Media education is seen here not as a form of protection, but as a form of preparation" (Buckingham, 2003, p. 13).

A second theme in the media literacy education debate has been the issue of whether media production should feature into media literacy education initiatives (Hobbs, 1998; Buckingham, 2003). Some educators believe critical media consumption is not possible until young people themselves have been in the production seat. The UK has a stronger tradition than Canada of incorporating media production in education (ibid.). Hobbs (1998) notes that such efforts usually have one of two orientations: the expressive, which highlights the creative and empowering elements of media production; and the vocational approach, which emphasizes the development of teamwork and employable skills. Those who contest the value of media production often take issue with what they see as a "bogus type of vocational education" that teaches kids to "reproduce the hierarchy of Hollywood or the news industry" and undermines the value of traditional skills of reading and writing (ibid., p. 20). Buckingham contrasts the richness of his own experiences of media teaching and student media production versus what he encountered in "the publications on media education that were then beginning to appear…The leading authors of that time largely seemed to condemn practical production as politically suspect and educationally

135

worthless" (2003, p. 123). They argued the *only* legitimate approach was an "avant-garde" form in which students were guided to produce "'oppositional' texts, which would directly challenge and subvert" dominant ideologies (ibid., p. 125).

In my view, involving young people in media production affords a privileged way for young people to garner an appreciation for the constructed nature of media representation, and therefore I chose to design my media literacy intervention as a media production project. In designing my media literacy project I took note of the debate and hoped to circumvent any "protectionist" notion of media literacy education. I also wished to minimize my own influence on the young people's media production content decisions. I conducted phase two of my empirical research in autumn, 2006. It consisted of a youth-led video production project with media literacy goals. The chosen site for my project was a junior high school in a rural community in the Eastern School District of the Canadian province of Newfoundland and Labrador. This school was one of the four original junior high schools that had participated in my quantitative survey. I chose this school site for its existing capacity in media production and its longstanding commitment to the integration of technology across the curriculum. The school had Apple and PC Computer labs; an external community web-cam; a Curriculum Online Network Educational Exchange (CONEX) system; an NT Server, Multimedia hardware, software, camera and video equipment; and a MATROX Broadcast Multimedia System[15] with 62 drops enabling live broadcast to and from anywhere in the school. Most classrooms were

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[15] The MATROX broadcast system is described as "a hungry canvas for students' work" through which student projects, events, and productions may be reflected back on the school community (focus group).

outfitted with Multi-Media Professional Learning Centres, which include a webcam, scanner, printer, four networked computers with Internet access, ceiling-mounted television sets with outcard, DVD player, VCR, and teacher computer.

Several factors had contributed to this media capacity including the vision of the school district, school leadership, staff commitment, professional development, research participation and funding and community partnerships. The school opened in 1991 on the cusp of the Internet revolution when the potential of technology applications to education was first being imagined. The school principal explained that technology was made a priority during the planning phase for the school, which was to replace a number of smaller schools in the region. She emphasized the incredible potential afforded by starting from scratch, from both a human resources and facility perspective. A strong technology orientation remains a central part of the school's Information and Communications Technology (ICT) mission today: to foster "the development of all learners as technologically literate and capable citizens who can develop, implement, and communicate practical, innovative, and responsible technological solutions to problems"[16] (School Website). This team is responsible for creating and administrating the technology-related objectives for the school.

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[16] The school's positive attitude towards media technology stands in sharp contrast to the negative portrayal of media technology depicted within health promotion discourse.

4.3 RATIONALE

As previously indicated, at the beginning of my research process I fully subscribed to the notion that media use posed risk to adolescents. Accordingly, I designed a public health intervention that might arm young people with the requisite skills to mitigate this health risk. This research orientation seemed a worthwhile way to round off a dissertation project that had thus far only described media "risk". From the onset I sought a design that might help young people deconstruct the hidden curriculum of media messages – "not just what they teach but also how they teach, and the social consequences this may have" (Buckingham, 2003, p. 190). I shared the view that media literacy not only improves an individual's "analytical, reflective understanding of print and electronic mass media" but also the "ability to interact with media in preparing audiovisual products and in influencing media decision makers" (Brown, 2001, p. 681). Accordingly I built aspects of media production into the design of this intervention.

4.4 ETHICS AND CONSENT

The ethics approval documentation and parental consent form for this project are included in Appendix B and Appendix C respectively. Unlike the passive "opt-out" model of parental consent I employed in my quantitative research, for this phase of research I adopted an active consent model; that is, parents were asked to formally consent to their child's participation. An outline of the project was sent home via students, and they were permitted to participate only if they returned a signed consent form. Students themselves

were also given an outline of the project and asked to acknowledge their assent with a signature. There were no anticipated risks or inconveniences for participants, beyond the time commitment to complete the project. I explained to students their participation was voluntary and that they could withdraw at any stage. I also assured students their identity would be protected as much as possible insofar as their final production would be shared in academic contexts, as outlined on the consent document. As the school has a longstanding practice of student media production and broadcast capabilities, this was not a concern for the students, parents, teachers, or school administration.

4.5 PARTICIPANTS

For this project I partnered with Mr. D, a teacher and e-learning integration specialist for the school. As the e-learning specialist Mr. D's primary function was to help teachers integrate technology in the classroom. He also managed the library, computer lab, and multi-media equipment and assisted with server and networking management. Mr. D also ran the after-school media production group. Under his tutelage, student members of this group regularly produced documentaries, news stories, live broadcasts, special events coverage, dramas and diverse media submissions, for which they have won numerous local and national accolades. All students from this group were invited to participate in my research project, but ultimately only two senior members of the group opted to do so – one male and one female. Both were grade nine students who had been involved with the media production group since grade eight.

4.6 PROJECT DESIGN

My first meeting with the students took place on November 2, 2006, during which I outlined the purpose and timeline for the project. I designed the project as a youth-led participatory action research project in which youth could freely explore the relationship between mass media and adolescent health. As Lather describes, the goal of this type of research is to "democratize knowledge and power through the research process" grounded in Paulo Freire's critique of traditional research methods "that impose a substantive focus and alienating methods on research subjects" (1986, p. 73). Participatory action research reconceptualises the researcher as a catalyst who works with local participants "to understand and solve local problems" (ibid.). Its objective is "to have an 'arousal effect' to reorient participants' perceptions of issues in ways that influence subsequent attitudes and behaviours" (ibid.). "In true participatory action research, research participants decide the research objectives, research question, methodology, are involved in the data collection and analysis, reporting and determine the uses of the research. They are not the subjects but also the researchers. The participants 'own' the research" (Morris, 2002, p. 10). Of course the students in my research did not initiate the project, nor set the research objectives, so in this sense the project is not strictly action research. I imposed no parameters beyond the topic, however. My instructions were simply that it had to involve some form of media production exploring the interrelationship between mass media and adolescent health.

4.7   DATA ANALYSIS

During this research project I audiotaped and transcribed 14 occasions of the students'
work-in-progress. I also audiotaped and transcribed individual, semi-structured closeout
interviews with the students and teacher, approximately three weeks after the project was
completed. In addition, I kept field notes on my observations made during these school
visits. To analyse the data I adopted the "framework approach" to qualitative analysis.
This form of analysis was developed in Britain for applied qualitative research contexts in
which the objectives of the research have been set in advance (Pope, Ziebland & Mays,
2000). Since my principle research objective was to promote media literacy skills
amongst adolescents, I structured the interviews and mined the transcripts according to
any value the project held in relation to media literacy promotion.

Pope, Ziebland and Mays explain "although the framework approach reflects the original
accounts and observations of the people studied (that is, 'grounded' and inductive), it
starts deductively from pre-set aims and objectives" (2000, p. 116). Accordingly, data
collection under the framework approach "tends to be more structured than would be the
norm for much other qualitative research and the analytical process tends to be more
explicit and more strongly informed by a priori reasoning" (ibid.). Like all forms of
qualitative analysis, the framework approach begins with a process of *familiarization*
where the researcher immerses oneself in the data in order to elicit "key ideas and
recurrent themes" (ibid.). This is followed by *an identification of the thematic*

framework, which connects the *a priori* objectives or questions with issues raised by respondents (in this case, the value of the project pivoting around media literacy goals). Finally, data is indexed and rearranged in accordance with identified themes, and interpreted for interrelationships between themes to provide potential explanations for the results (ibid). These themes are presented in the finding section of this chapter.

As I have indicated throughout this dissertation, my research objectives changed substantially following the completion of my primary research as I began to reflect on the assumptions grounding it. There are distinct presumptions permeating health promotion discourse around media use and adolescent health, serving as implicit "biopedagogies" that cast media as a realm of risk and adolescence as a period of vulnerability. Furthermore, the relational norms contained within this risk discourse infuse the construct of the "biopedagogical family" (Donzelot, 1972; Burrows, 2009, p. 128), which has virtually transformed the family from within and contoured the way parents now conceive of their responsibilities in the media lives of children. Accordingly, in reorienting my research, I chose to also reorient my "reading of the telling" of the students' media and youth documentary[17]. I was particularly interested in the themes students ultimately chose to explore, along with any threads within their narrative that reflected the penetration of expert notions of risk.

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[17] The text of this media production is contained in Appendix D.

4.8 FINDINGS

In this section I present my findings in three layers: the value of the project in relation to central tenets of media literacy education; the value of the project from students and teacher perspectives; and the students' decision making process in regard to the content selected for their media production.

4.8.1 Media Literacy

Media Literacy refers to the knowledge skills and competencies required to critically access, analyze, evaluate and create media in a variety of forms (Buckingham, 2003; Hobbs, 1998, p. 16; Media Awareness Network, 2009h; McCannon, 2002). While there are many different approaches to media education, literacy experts agree it should aim to cultivate critical thinking or "key habits of mind" (Brunner & Tally, 1999, p. 36) in a way that draws attention to: 1) the constructed nature of all media products; 2) the underlying value contexts that permeate the media production process and product 3) the rules/ codes/ conventions – 'languages' which shape particular forms of media 4) the relevance of target audience in shaping both production and interpretation of media texts; 5) the underlying economics of the mass media system (ibid.; Hobbs, 1998, pp. 17-18; Media Awareness Network, 2009h; McCannon, 2002). I introduced these concepts in wrap-up interviews with students and their responses comprise the conceptual framework I used to evaluate the project's value.

4.8.1.1 Media as a process of construction

Media literacy experts suggest literacy interventions should draw young people's attention to the extent to which media messages are a "construction" (Hobbs, 1998; Brunner & Tally, 1999; McCannon, 2002; Buckingham, 2003; Media Awareness Network, 2009h). Attentiveness to the constructionist nature of the production process "involves the recognition that media texts are consciously manufactured" (Buckingham 2003, p. 54). McCannon argues that evidence to this construction is often disguised, therein "multiplying their powerful and predominantly unacknowledged effects" (2002, p. 349). As I observed the students' own production process I saw many instances of their active construction of media text. This included their content choices as to the material they eventually included or decided to discard; however there were more particular instances as well. For example, during the production process the students conducted interviews with friends around topics they had chosen to highlight, but were unhappy with the quality of responses. They redid this series of interviews, but this time scripted the interviewees' responses. I explored this idea of media construction with students to see if they were consciously aware of this aspect of media production.

R[18]: okay the whole idea ... that all media products is constructed...like a house is constructed...Do you agree with that?
B: yeah well it's the same thing you would have like a blueprint of a house you have to follow certain protocol... you have to lay out the parts of what you are doing. If you don't do that stuff is all over the place ...I think first it depends on...research...Then second of all I do audio and decide what clips you want to go with the audio and third I get some video done ....And then you got to match up the video and audio together. When you got that working I'll edit it and that is the final step. Yeah so there is certain procedure ...

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[18] R: indicates researcher G: indicates female student B: indicated male student T: indicates teacher

R: do you think that the constructed nature of the media is something that you were always aware of or became of through the process of making media?
B: I think I didn't really think about, when I used to watch the news on TV I didn't really think about think of how they did it. Now I got a good idea. There is a lot of work into it. Like some of the kids around who will say [about a media piece the students have put together] "that was a long time ago how come it's only on the TV now?" ... Well people who don't see it don't realize how much time and work is involved so yes ...I never really thought about it until last year when I started this work.
R: There were a number of different topics you could have and there was a number of interviews that you didn't ultimately include... How do you think that shaped the final piece and ultimately shaped your message?
B: I'd say there is a lot of, like out in the real world, in the news there is a lot about the news that they do but that doesn't get on the air... but you know some people are better speakers, they like to talk more than others and they get their opinion out clearer... but you want to get a positive and negative outlook so you may have a few people may be negative about the topic and other…you want to get a combination in there.

In his responses to the notion of construction Student B focuses on the technical level of construction, taking up his analogy of a house to outline a step-by-step approach to video production from the research through to the audio and video phases. His hands-on experience in production has changed the way he views media, the news particularly. B has a fairly unproblematic sense of the decision making process regarding what is ultimately included or discarded in media productions – a desire for a balance in the topic or choosing the voices of the best communicators.

Student G indicated they chose a news reporting approach for its organized method and informative properties. In reference to their involvement in the construction of friends' answers during the interview phase she explained they had learned a lot about the importance of how to frame a question in relation to the quality of response it generates. She feels it is important to prime candidates before the interview process as to what the

145

interviewer is looking for, but admits this can result in issues of what is real and what is

not:

> *R: You had a story that you shaped …you did lots of interviews that you didn't include. … What do you think in terms of you being the carpenters constructing that news piece? How do you think that influences the truth?*
> *G: Well when you are interviewing we learned that you can't make the questions too narrow because then it's just … a yes or no answer and you don't get what you want…. You can't go overboard and tell them what to say…you want to get their opinions on it but you just have to tell them what you are looking for so they don't go too over edge and you don't get what you want. We learned that with the first couple of interviews.*
> *R: … Do you think that influences the truth?*
> *G: yes definitely…if you have someone who doesn't really agree with what you are doing and you kind of tell people what to say. They are not going to say what they want to say. They are going to say what you want them to say. And that definitely influences them*
> *R: Do you think it happens in the real world as well?*
> *G: Definitely yeah*

4.8.1.2 Media Languages

A second key tenet in media literacy education is attention to "media languages"

(Buckingham, 2003, p. 55). Each medium has its own set of codes, conventions and

characteristics that affect the way messages are transmitted and understood (Blake, 2009)

and these in turn operate differently across different media genres (Buckingham, 2003).

"Form and content are closely related" as "each medium has its own grammar and

codifies reality in its own particular way. Different media will report the same event, but

create different impressions and messages" (Media Awareness Network, 2009i). The

students demonstrate competency with the conventions of documentary/ news reporting,

the genre they most often work with in their after-school media group. Student B

emphasized the different vocabulary he drew upon in media production as compared to

his talk when socializing with friends. He feels he has learned this as a TV viewer and through his practical work with the after school media group:

> **B:** Yes you are … trying to make it sound professional and sound right and you are using different words than you might normally use… and sometimes you don't know where it's going to go and all. So it's just like writing a story … I like documentary format. In fact most stuff we do is news stories.
> **R:** And what are some of the conventions that are used in that form of media
> **B:** well your wording and your sentence fluency and you know you say these words like you hear on TV… and I learned some of it here since I started last year… That's when I started looking at it more, started using it more…

Earlier in the production process, as they began the audio recording phase of the process, B suggests the style they need to emulate:

> **B:** Now we got to sound like the people on W5[19] all right? We got to sound professional.

In her responses, student G made the distinction between good and bad media and the different purposes for different styles of programming. She demonstrated critical thinking with regard to this media literacy concept and a developing eye for choices of media language such as camera shots, edits, transitions, etc. in her viewing practice. She also emphasized her teacher's role in shaping this consciousness. Like B, she indicated specific programs she models in her own documentary approach with an intent to inform:

> **G:** I think there is good media and bad media. There are things that are pointless and things that have a lot of meaning. Like the news, I think that it is a good thing about media because it informs people. And then there are

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[19] W5 is a Canadian, investigative news, current affairs and documentary television program airing on CTV.

things like Family Guy that are just meant to have a laugh… with us, we wanted to inform people so it was kind of like a news broadcast kind of thing. … I was watching a program on TV last night - The National[20] - and they had a thing on about the soldiers and stuff. And I was kind of looking at the video effects how they had transitions and everything in there…. Just the different ways they have everything produced… I have a totally different respect for this stuff … I know when I am watching shows now I just kind of pick up on things now that I probably wouldn't have picked up on if I wasn't in this.
R: … Do you know what I mean by the word conventions that media use?
G: … I will have an introduction, someone who is on camera and then you will have different audio parts and you'll have pictures and stuff to go along with your audio parts… and then you'll have your conclusion and then referred it back on the person it started out with whether it is in the same place or a different place
R: Where did you learn that?
G: [Mr. D] told us how we should do it when we were just starting out …and it is just kind of the format we started using…and well you see so many different ways there is some things that kind of stick out in your mind. Like I like the way Much Music does it… They have their VJs on and they have like an audience surrounding them, and they just talk to each other they're not reading off anything they are just so natural… I like doing the news…I just think that is just the most effective way to get your point across to people because you have your different segments and you can kind of find like incorporate it all into one big project…if you do it from a fun point of view people probably spend most of their time laughing rather than listening…you want them to listen.

In the course of my observations of students' work there were many instances of teacher interaction where students were mentored specifically in this regard:

T: So now can you see it? Walking through the rows of the classroom…Like…Pauline Thornhill on Land and Sea[21] in a field of sheep…in the classroom wandering about the aisles…you could be sitting by a computer and you could zoom out right…that would be neat. What do you think? A lab full of kids and you could be at one computer saying this and as you say it we zoom out and the camera is on you almost to the very end and then we zoom out on the whole class in the lab.

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[20] *The National* is a Canadian news and current affairs program televised nightly on CBC

[21] Land and Sea is a culture/ human-interest television show that is CBC's longest running regional program.

4.8.1.3 Target Audiences and the Commercial Nature of Production

How media producers measure and target a particular audience or niche market, and the techniques they employ to appeal to them, are a critical part of media production and analysis (Buckingham, 2003). Young audiences have become important targets for marketers and programmers in recent years and young people were also the target for the students' own media production project. The students highlighted the need for particular interview strategies to reach their target audience and the importance of fun:

> *R: How would you describe your target audience for this?*
> *B: Okay well you are looking at the age group that you are sending the message out to and you don't want to make it too serious… you don't want to make it boring. You want to make it like you are talking to a teen yourself so you know you have to have some fun with it…you can't lose their interest.*

> *G: I think we were sort of pointing it at adolescents and just trying to get them informed on how much they are being affected and stuff. So we tried to use things that would get their attention.*
> *R: What kind of stuff… What's different?*
> *G: Well it's different when you are talking to adolescents…a bit more fun, not as serious as you would of with the adults… you can't have it too serious or they will lose interest.*

Interestingly, during our end-of-process interview, Mr. D pointed out that a secondary target audience for this media piece was myself, and the academic community more broadly. Here, as ever, the relevance of researcher presence and its potential influence on the research process is highlighted:

> *T: What you saw was exactly what we do but on a little larger scale. Because usually those projects are only a minute and a half and we do a lot of it, not*

afterschool, but here there and everywhere… So what you saw was what really happens but in a concentrated form… but it wasn't what necessarily happens all the time…it was unique and normal all at the same time …it was constructed for you…

Media literacy educators also strive to foster insight into how media content is "influenced by commercial considerations, and how these may affect content, technique and distribution. Media production is essentially a business, and must therefore make a profit. Questions of ownership and control are central" (Media Awareness Network, 2009i). In our discussions, Student G had begun to extend the concept of target audience beyond the context of their production, towards an understanding of the viewer's relationship with media more generally. This was sparked by a particular production session spent combing TV channels for a specific commercial to support a particular theme of their production. Through this she came to notice the connection between target audiences and the commercial auspice of the media industry:

G: When I was doing this project we looked for commercials to put on our video piece and we had to go to different channels and stuff. [Mr. D] knew the channels to go to and I found out YTV has a lot of McDonald's commercials just because there was a lot of kids who watched that and that's kind of the main people who eat McDonald's. Like you are not going to see old people go to McDonald's and get a meal
R: That's a really interesting point. Were there any other channels or shows like that that you noticed?
G: Much Music and TBS - I found TBS have a lot of McDonald's commercials and stuff
R: And what did Much Music have…
G: They had a lot of about Cover Girl, all those fashion kind of things. The makeup commercials and stuff advertising mascara, lip-gloss, or anything like that…There is definitely like different shows - like shows for kids - they are going to target at kids so that more kids watch it make it interesting to them and then they can just make money cause their moms are going out and buying the channels… they are aiming for the ratings so they are going to

*target at people and they are going to make it as interesting as they can to get
more people to watch it, so the ratings can go up cause the more the ratings
are up the more money they make.*

*R: How do they make more money when the ratings are up?
G: I think more people sponsor them so they can get their message out…
cause the more people who are watching the channel they are going to see
those commercials and stuff and they are going to give more money to the
channel station…Say McDonalds, they sponsor a lot of different TV and stuff
and they will pay the station to air their commercials and … the more people
that watch the channels the more commercials they are going to have.*

Student B did not seem to have made the connection between target audience and

economics of the industry however:

*R: About the economics of the mass media system … How does it work… Does
it have any influence on the content we are seeing?
B: I am not really sure. It's not something I have really given thought about.*

4.8.1.4 The Politics of Media Representation

Since media presents a particular view of the world media educators advocate that media

literacy interventions should encourage youth to interrogate media content, in order to

ascertain the perspectives being presented and omitted (Buckingham, 2003). This would

involve student education around the concepts of realism, truth, bias and objectivity,

stereotyping, influences and ideological dimensions of media content (ibid.). Whether a

media message is true, biased, objective, moral or politically motivated may be explicit or

indiscernible. The basic point for student's to understand is that all media products are

advertising in some level "in that they proclaim values and ways of life. Explicitly or

implicitly, the mainstream media convey ideological messages about such issues as the

nature of the good life, the virtue of consumerism, the role of women, the acceptance of

authority, and unquestioning patriotism" (Media Awareness Network, 2009i).

Student B referenced the notion of truth as an attainable goal in journalism within his wrap-up interview. While he allows that coercion in media and news reporting can exist, he privileges journalistic practice with altruistic, educational and informational goals. He emphasizes integrity as the ideal he personally strives for:

> *R: How close to the truth do you think news actually is?*
> *B: Well it depends; probably media and the news make you want to hear what they want you to hear. But ... throwing out the facts and the truth and integrity of reporting I think that is something special, that you are informing other listeners about it...Sort of telling untruthful stuff about it. I don't like news like that.*

Later in reference to their media production specifically he comments that the truth of a message is contestable, and therein can foster student debate:

> *B: Well I think the video gives them a good idea. It's more educational ... the facts are real...this is not something that is just slapped together, this is real information, real video, it's educational, it gives them a message... Just bringing it up the topic and talking about it in class I don't know if they would get the full story or idea... they can see what the video is about, and say okay that's right and that's wrong and that's what I think of this and that.*

4.8.2 Media Literacy Project Value

One of my objectives in the post-project reflections with both the students and the teacher was to try and ascertain whether the project held any value beyond its inherent utility as data for my dissertation. Both the students and teacher felt that it had value.

4.8.2.1 Teacher Perspective

The teacher felt it held value in helping to fine-tune the students' technical and research
skills in an applied way:

> *T: The kids got plenty of value out of it. Firstly they got technical skills ...
> Now some people might think technical skills are useless because you could
> teach a monkey to do anything but technical skills are important. It exposes
> people to things that they are not exposed to: research skills, interpersonal
> skills...writing skills, organizational skills, time-management skills...I mean
> the list goes on... So how do you learn those skills? Well you have to do
> things. It's not something that you write down.*

Here, the teacher emphasizes that technical and project management skills can only
mastered tacitly, by doing. It is not something that can be grasped through lecture
instruction or note taking. In this way, the project contributed as a practical opportunity
for students to practice these skills along a continuum of past and future projects.   The
teacher also emphasized the project's value in terms of the knowledge gained about the
topic itself. Here he traces the student's cognitive shift from knowledge acquisition
towards a more reflexive awareness about how media messages and their institutional
origins (commercial, education, etc.) might impact their decisions and behaviours:

> *T: When [B] and [G] started this they had no idea of... media and health. I
> mean [B] for the first two weeks every time he saw me he kind a rolled his
> eyes at me and said, "what are we doing" and I said, "I don't know... What
> do you want to do? What do you want to learn about?" ...And they went
> through that process. Now... they have a great deal of knowledge about the
> things that affect them. Maybe instead of just letting those things pass over
> them... being immersed in that environment they can step back and say wait a
> minute...maybe that commercial isn't just about NIKE shoes maybe it is
> something else. Where did they get that information? Why are we being
> bombarded with all these commercials for fast food? Why are schools telling*

153

we should eat this healthy stuff? Maybe they are going to step back and take a broader look at things.

4.8.2.2 Student Perspectives

Both participating students were asked their opinions on the value of the project and media literacy education more generally. Their responses reflected a distinction between functional learning in relation to media production itself and a more critical awareness of the impact of media message in their everyday lives. The male student tended to focus on the utility of the project along the parameters of accomplishment and work:

> *B: It was pretty good; it was good to get it done. A lot of hard work but it pays you know to take the time and do it. It takes time when you are at it but you make a better video.*

As I explored the concept media literacy goals Student B framed it in traditional literacy terms with a technology application rather than in a more critical sense:

> *B: It's the same thing you do in school with language except you are writing a storyboard to go along with the video. I think it is easy. But it is the same thing as me being in a classroom and writing a story.*

And again at the end of the interview I probed B to reflect on his learning:

> *R: Is there anything you wanted to add about the value of the project....*
> *B: I think it was a good project I was glad to work on it... and with [G... if it was just me I don't know if I'd get it all done but like when we work together and you are not alone it makes it fun...it was a good video and we learned stuff when we were doing it...about body image and using mass media and stuff like that. We learned a lot...*
> *R: has it changed the way you think about health influences of the media'*
> *B: No not really....but you know it opened the door, shined the light on the topics*
> *R: What would you like to see done with it.*

B: I am not sure really. Just get more kids to see it and learn from it…when you are putting something good and resourceful out there like that it makes you happy… It takes time but its better in the long run.

Student B frames the project's value primarily in terms of the work of making it and his sense of accomplishment in the finished product – a lot of hard work that had payoffs. He felt it was a positive interpersonal experience and got pleasure from the idea of other students seeing it and its value as a resource. He also acknowledged their learning in terms of the topics they researched and chose to highlight. The project does not seem to have changed how he thinks about media influence, insofar as he situates media more as a technology application with specific technological utility. When asked about the media literacy specifically he did not reflect any critical frame of reference.

Student G also emphasized the project's value on a technical, informational and interpersonal level, and shared B's hope it would be shared with other students. Whereas B emphasized the work and sense of accomplishment in the final product, G emphasized her enjoyment of the project as a process, an "awesome" opportunity to "learn so much" about how "media affects us."

G: Oh my god it was by far the best thing I have ever done. When I got it I didn't know… but it is so much fun and you learn so much… I got used to being in front of the camera and doing audio bits and I just learned a lot about the media… how it affects us and everything.

And then later, towards the end of the interview:

R: … is there anything else you wanted to say about the project
G: I thought it was just awesome, like you learned so much from it. Hopefully there is going to be people who watch it and actually learn something from it. I know I did…

R: I just showed it to a grade eight class... and used it in that way. I asked them about the issues you had highlighted and they agreed they were important ones...So you would be comfortable with seeing it used like that?
G: Yeah I want people to learn.

I screened the student production in a grade eight class within the school as a discussion catalyst and it proved useful in eliciting student reflections on media and health connections. In the discussion that followed viewers raised issues beyond the video content such as online sexual predation and cyber bullying. Students B and G were hopeful that more students in the district would eventually see their production, but this has not taken place to date. As Buckingham points out "there is very little infrastructure for the distribution or exhibition of young people's work, which means that much of it never reaches the wider audience it might deserve" (2003, p. 201).

4.8.3 Content of The Media Production

The text of the student's media production is enclosed in Appendix D. The students ultimately chose three health issues to explore and I was interested in the decision making process that shaped these content decisions. As I previously indicated, content choices were left to the discretion of the students. I did not impose any parameters beyond the media and adolescent health theme. Early into the process the students struggled with content direction and the teacher indicated that, at this grade level, they might need some reference points to begin the research process. Accordingly, he shared a magazine article discussing technology addiction amongst youth and suggested I share background

156

material from my quantitative research. In the first couple of production meetings topic discussions centred on the impact of media use in relation to sedentary lifestyles and I became concerned students were interpreting the topic parameters too narrowly, as per the information we had supplied. To broaden their reflection as to the cultural-symbolic politics of media representation I shared the award winning Internet video clip "Evolution" with them during my fourth visit to the school. This 2006 media clip was produced for the "Dove Campaign For Real Beauty,"[22] which was intended as a web resource for families, mentors and educators to foster positive self-esteem and positive body image in young girls (Dove, 2007). As highlighted in Appendix D, body image was one the issues they ultimately chose to highlight. I interviewed the students about their content decisions:

R: About picking the topics…how did you picked them yesterday …
G: Well I came up with the beauty one. And [T] and [B] came up with the other two.
R: So that was based on the research that you did?
G: Well that video you gave me to look at…I looked at that and…I don't know… it was amazing. I showed it to my mom and she was like wow you should do that and I was like yeah and I like told the whole school about it. I showed it to [Mr. D] and I got the research and he said it was fine.

B was relatively mute on the decision process regarding the two topics he chose in collaboration with the teacher. Student G had chose the body image theme, but I had played a role in this outcome despite my initial intention to stay out of this process although it did seem to personally resonate with her. It is also noteworthy that as we were

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[22] Dove is a commercial brand of soap, body wash, hair and personal care products, which launched its "Campaign for Real Beauty" in 2004 to support its stated mission "to make women feel beautiful everyday by widening stereotypical views of beauty" (Dove, 2010).

beginning this project the Eastern School District launched its *Healthy Students Healthy Schools* Initiative, a collaboration between the Departments of Education and Health and Community Services. According to the Eastern School District website (2009), this initiative was aimed at creating healthier school environments. It was launched in district schools with the "Living Healthy Commotions Day" and the students within the media production group covered their school's Healthy Commotions Day activities. This event likely influenced their uptake of the healthy eating/ obesity narrative in their final production. In fact, they refer to this Healthy Schools Initiative in the introduction of their video (See Appendix D). I revisited the origins of their topic choices in my wrap up interviews which each student:

> *R: How do you feel about the three topics you chose?*
> *B: I think that we blended it all together I think it was a good message to everyone. It was pretty... clear. So it was a really good video*
> *R: Do you still think...they are the three most important health issues?*
> *B: I don't know. I'd have to like look up and research on other ones... but I think they were top-notch topics.*
> *R: You talked about this before but how did you pick your topics?*
> *B: I am not sure really... research started it all, so we got the research and... we just had a layout of what we were going to do and we followed that and everything ran along smoothly.*

As highlighted in this exchange Student B was relatively unreflective about the content choices made, highlighting instead on the clarity and coherency of the overall message at a technical and communication level. He allowed that there were probably other important health issues but that he would have to do more research to see if they merited inclusion. For B the content or politics of representation were unproblematic. His

concern oriented more towards the quality of the finished product. Student G elaborates more on the decision making as to what was eventually incorporated:

> *R: The issues you chose...are they...the most important health topics?*
> *G: I don't know if they were the most important but they are probably ones that are the most common...there is another topic too violence and copy cat crimes...but I didn't think that applied to us as much because I hadn't seen a lot of that. But with body image and obesity and addicted to technology I have seen that a lot and it kind of affects me too so I found that really interesting and thought that we could actually use that to show our friends.*
> *R: ...how did you come to pick the topics?*
> *G: Well we did our research on the topics first. The first thing I saw was body image and I was like oh my god that's so real...I know people who think this way and act this way... like it would have helped. I showed it to some of my friends too... I showed it to my cousin the other day. And she was like wow, it was amazing. I think she came to the realization how much it actually does affect her and stuff. Cause she is one of the one's who I kind of thought about. It was amazing... And like, the addiction to technology and stuff? I know I have been gone a week now without my computer and I am about ready to break down. I am going to cry I miss it so much. And well the obesity stuff like you can see that around the school and the healthy and active living program ...it's brought to our attention in the school and stuff so it just kind of fits into the whole media thing.*

G explains that while the topics might not be the *most* important they were common topics she encountered in her research. She does not unthinkingly incorporate these into the production however, but rather passes them first through the lens of her own experience and that of her friends to determine what were "real" issues affecting them.

4.9   DISCUSSION

As previously indicated, my original research objective was to promote media literacy among participating students along with an awareness of the potential impact of media on

159

adolescent health. As discussed, the project held value in this regard although the legitimacy of ascribing this success wholly to this media literacy intervention is dubious. Furthermore, differences in the quality of media literacy skills developed between the two students were noted. Both students demonstrated functional literacy in terms of their ability to use technologies to access, analyze, interpret and create media messages. In relation to critical literacy however, student G articulated deeper insights as to the politics of representation, economic underpinnings of the media system, and notions of constructions and conventions. Buckingham notes, "Media production activities are frequently described in terms of their ability to promote 'social and communication skills' or to develop 'self esteem' and self-awareness'" (2003, p. 200). He furthers however that the "criteria by which these things might be identified and measured" are somewhat vague (ibid.). While I agree that it is difficult to quantify, student responses did demonstrate the project's value in this regard, particularly with respect to interpersonal and communication skills, and in building self-esteem.

As discussed, student B approached his involvement and learning during the project predominantly in vocational terms, orienting towards its value in enhancing his technological proficiency and the quality of the final product. Rather than altering his worldview of media representation, the project seemed to affirm it. In contrast, Student G – while also highlighting pride in the final product – elaborated how involvement in the project had changed her relationship with media as a producer and consumer. It is important to note that this observed "difference" says nothing about the effectiveness or ineffectiveness of this literacy intervention, or school instruction more generally. Firstly,

160

with only two students one cannot draw any conclusions. Furthermore, while it is tempting to ascribe "results" to the intervention itself, this would only serve to truncate young people from the social context in which they have been immersed since birth including intellectual, class and other contexts.

Speaking to the limits of assessment Buckingham writes that children's judgments on media "cannot be seen as a purely cognitive or intellectual process, or as a merely individual one. On the contrary, it is through making 'critical' judgments of this kind that children seek to define their social identities, both in relation to their peers and in relation to adults" (2003, p. 48). For example, in his own research Buckingham came to appreciate the relevance of class to the way young people frame their interview responses regarding media activities. He found that working class children tended to take the interview as an opportunity to "stake out their own tastes and celebrate their own pleasures for the benefit of the peer group" (ibid., p. 46). In contrast, middle class participants "were more likely to perceive the interview context in 'educational' terms, and to frame their responses accordingly" (ibid.). Buckingham cautions this phenomenon should not be employed "to support any simplistic conclusions about the levels of 'media literacy' in different social classes. Rather, it would seem that these critical discourses serve particular social functions" (ibid., p. 47).

The two students involved in this project share differences including gender, academic performance and extracurricular involvement. Mr. D noted that student G was a bright, popular student who excelled in school without needing to try. She was involved in many

extra-curricular activities besides the media production group including cadets, and multiple sports teams. Student B, on the other hand, was an average student who worked hard to maintain his grades. He was a less confident student and the media production group was his only extra-curricular activity. Mr. D felt the media production group could "provide a niche" for students who did not have other focuses, and the mentor-student relationship between Mr. D and student B was very palpable. For example, Mr. D referenced his plans to help student B to find summer employment in media production. This mentoring relationship might explain the technology and vocational slant of most of Student B's interview responses.

One concern I harboured through the project was the extent to which it remained true to its action research aspirations; i.e. to what extent should we problematize the involvement of adults in shaping the finished product? As noted, the only parameter I imposed for the project was that the project would explore the relationship of media and health. My hope was that the media production would represent what the students' truly felt to be relevant health issues. By introducing these parameters, however, I implied a relationship between media and health, and therein performed the very sort of "cultural imposition" that action research spurns. Freire wrote that within the phenomenon of "cultural invasion… invaders penetrate the cultural context of another group, in disrespect of the latter's potentialities; they impose their own view of the world upon those they invade and inhibit the creativity of the invaded by curbing their expression (2002, p. 152).

Evidence to the perpetration of this Freirian notion of "cultural invasion" as well as to the inherent "gap between intent and practice" (Lather, 1986, p. 74) from an action research standpoint, is underscored in how the students reproduced media–health issues the teacher (technology addiction), myself (body image) and the school environment (healthy eating and active living) had interjected. My complicity in this process ultimately led me to question my original research objectives insofar as they had encouraged "at-risk" students to invoke expert discourses to critique their media culture, despite the dearth of theory informing this risk discourse, or the repercussions for students in doing so.

In her research on body image, Rail found that virtually all youth participants were fluent in "the dominant discourses on the body and health" (2009, p. 145) and yet their actual health behaviours often did not mirror this knowledge. While their personal accounts of health "integrate the discourse of individual responsibility" and they were easily able to recount the messages embodied within health promotion campaigns in schools and community, their health narratives also reflected the multiple grounds on which these recycled "universal truths" were contested in practice (ibid., pp. 146-147). Likewise, both students involved in this media literacy project were well versed in, and eager to recycle, the biopedagogies on media risk to adolescent wellbeing, as reflected in the text of their media production (see Appendix D). This speaks to the "self regulation" and the "regulation of others" that infuse the biopower nexus (ibid.). However, in their casual chit chat during production meetings the students also spoke of the enjoyment garnered from their media activities. For example, Student B loved to tinker in the basement with his grandfather's old radio broadcast station setup while Student G spent a large part of

163

every evening chatting with friends on Instant Messenger. This suggests that even as health promotion pedagogies "territorialize young people's bodies", the meaning, tastes, desires, and pleasure experienced through media activities are constantly being negotiated and afford multiple sites for resistance (ibid., p. 150).

Transcribed dialogue between the students and Mr. D during the production process showed heavy teacher involvement throughout the process and in the final product such as word choice, edit suggestions, video techniques, and content ideas. In one of our meetings Mr. D acknowledged he "influenced the kids a lot" in his preference for news report/ documentary type style of production and in his involvement in the more micro details of production. Similar to my own influence, I was initially uncomfortable with the extent of teacher involvement in terms of the implications it had for my 'action research' methodology. This faded however as I read Buckingham's and Joong's accounts of similar "student-centred" media literacy approaches that pointed "to the gap between rhetoric and reality in some of this work" (2003, p. 197). According to Buckingham, a hands-off approach where tutors avoid anything resembling direct instruction can result "in a kind of abdication of teaching" at the expense of content development or critical framing (ibid., pp. 197-199). Buckingham asserts that a balance needs to be found between formal instruction and learning by doing and furthers that "if the content does not matter – or is not *made* to matter – then the technical or communicative skills that are developed are likely to be fairly superficial" (ibid., p. 199).

While I approached this project favouring the perspective of a youth worker or

community-based action researcher (CBAR) I now see my naivety. Schools are educational institutions and the individuals who work there are educators. Of course they will "interfere" for that is the professional role they have been trained and employed to do. A researcher's commitment to some preeminent notion of politically correct research method as to a wholly youth-led process should not be the research priority. In fact Carroll (2006)[23] has persuasively argued that the CBAR approach may be an inappropriate methodology for institutional settings. Instead what is more "vital is that the content is important to them, and that they have an audience to whom they wish to convey it" (Buckingham, 2003, p. 199). This latter point is the aspect of the research process I do not believe I went far enough to establish. As I have argued, the logic and discourse of health promotion has begun to permeate the education sector, amongst others. As this discourse is taken up and reproduced by students and educators alike it is becoming more difficult to distinguish between what is real and what is ideology.

I will end my analysis of the qualitative phase of my research by offering some reflections on my own learning from the project. At the beginning of this chapter I located this project's origins in my desire to "give something back" to students beyond the descriptive findings of my quantitative research. I imagined I would conduct an "interventionist" form of research that would strengthen media literacy skills amongst participants, and spark their reflections on how media might be impacting their health.

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[23] Community-Based Action Research (CBAR) is advocated as a key form of intervention in the health promoter's tool kit in relation the 'community empowerment' and 'enablement' ideals that characterize health promotion in the post Ottawa Charter period, at least conceptually. These ideals will be explicated further in chapter five.

This line of thinking was flawed in relation to the two assumptions underlying it; first, that youth required intervention in the first place, which was underpinned by the oeuvre of risk within health promotion that casts media as "risk" and young people as "deficient"; and second, that educators are not doing enough independently to teach young people about the harmful health effects of media activities. I situate this latter assumption as a form of "management hubris" - a pervasive logic characterizing health promotion today, as the health agenda colonizes increasingly more sectors of public policy (in this instance education) and pathologizes evermore aspects of people's everyday life. This can be understood as a form "Health Promotion Imperialism" (see Butler-Jones, 1999) and ties into the critique of health promotion I have levied in previous chapters, as to how the health promotion agenda has penetrated many spheres of public life. It was my discomfort with this trend, and my own complicity in it, which has encouraged me to reposition my work as a self-critique, nested in a critique of health promotion more generally.

The penetration of the health agenda into the education system is exemplified in the aforementioned launch of the *Healthy Students, Healthy Schools Initiative* and the *Living Healthy Commotions Day* in 2006, along with the students' uptake of healthy eating and active living discourse in their video production (see Appendix D). In her research, Manicom has elaborated that "while the formal role of schools is to foster the social and intellectual development of children", and includes instruction in health as a subject, little by little teachers have come to be also charged with "doing health"; i.e. coping with a whole range of healthcare issues (from tired or undernourished kids, runny noses, chicken

pox, vomit, fever, home support) that are not an explicit part of the job description (1995, p. 135). What I am arguing here is that increasingly educators are being called upon to take up the discourse and logic of health promotion as a lens and ideology through which to administer curricula, particularly in regard to lifestyle messages and obesity discourse. This is problematic from a teacher workload perspective, and also since the science underpinning this discourse is shaky (Gard & Wright, 2005). Indeed it constitutes what Smith (1990b) refers to as "conceptual practices of power".

Clearly, I required the involvement of the teacher and students more than they needed to do this project. Early into the process I became aware of the burden it actually was for Mr. D and the participating students. In the first place, my research design necessitated I directly observe the students' work. I had assumed this work would be done at structured intervals, and thus did not anticipate any challenges in scheduling my observation. It transpired, however, that the group approached media production in a more organic fashion and it was frustrating for the teacher to generate a schedule so that I could be present to get my data. The extent of this burden became clear to me one day as I observed Mr. D struggling to juggle five separate technology projects along with my presence. Second, in order to meet the submission deadline both students had to miss a substantial amount of class time. This was a source of stress for Student B, an average student who worked hard to maintain average grades. It also necessitated negotiation by Mr. D and flexibility on the part of the homeroom teachers. Thankfully, these teachers were attuned to the benefits of technology projects and gave students credit for curriculum outcomes across three subject areas - language arts, adolescent health and

167

technology education. My point is that the more health promoters target classrooms as legitimate research sites, the more it burdens the educators and students alike. The political and moral implications of incongruent priorities between researchers and the researched is tangible, and if we do not feel this in our work then the ideology of research and scientific progress has let us off the hook. Furthermore, would we not do better to leave the business of education to the trained educators?

4.10 CHAPTER SUMMARY

Thus far in this dissertation I have summarised the development and critique of health promotion as a subfield within public health, particularly in regard to the oeuvre of risk that permeates its discourse and the consequences this has in everyday life. In chapter two I summarised the scientific literature invoked to construct media as a realm of risk for adolescent wellbeing, and highlighted the inconclusiveness of this research. In chapter three I used my quantitative research to invoke the tendency for health promotion researchers to favour reductive, epidemiological, modes of inquiry as a way of knowing, and problematised the deployment of statistics to pathologize adolescent media culture. In the present chapter I put forth my qualitative research - a media production project with media literacy goals - as an example of the inoculation-type prevention strategy favoured in public health. While this project held some value in regard to its intended media literacy objectives, students ultimately took up and reproduced the master discourses circulating in society as to the impact of media on adolescent health. This supplies more evidence towards the biopedagogical nature of health promotion's risk

narratives in society and also reflects the infiltration of the health promotion agenda within both the sphere of education and the psyche of adolescents. In the next chapter I present a metatheoretical framework to help map the body of theory informing the health promotion field today. I use this framework to emphasize theoretical voids within health promotion, which may account for some of the problems in the field I have highlighted, hitherto, and contextualised through my primary research. In this way I hope to contribute to a heightened reflexivity in the field of health promotion and point to the need for more metatheoretical rigour.

Without macro-theories that attempt to cognitively map the new forms of social development and relations... we are condemned to live among the fragments. Cognitive mapping is therefore necessary to provide theoretical and political orientation as we move into a new and confusing social terrain (Kellner, 1990).

5.1   INTRODUCTION

Up to this point, what I have intended in this dissertation is the elaboration of my media

and adolescent health research, nested in a critique of health promotion more generally.

Thus far my critique has pivoted on four problematics: 1) the lack of reflexivity within

health promotion towards the consequences associated with the risk discourse propagated

in the field, which serve as biopedagogies in everyday life instructing how one should

live, parent and govern our bodies, as discussed in chapter one; 2) the construction of

adolescents' media environment as a realm of risk despite the contested nature of

scientific research underpinning it, as elaborated in chapter two; 3) health promotion's

adherence to epidemiology-informed reductionist quantitative methods of inquiry as ways

of knowing complex health and illness experiences despite the field's intent to move

away from such inquiry, as elaborated in chapter three; and 4) the permeation of the

health promotion intervention agenda into increasingly more aspects of the social world,

in this instance the sphere of education and the psyche of adolescents, as elaborated in

chapter four. In this chapter I advance the argument that these four problematics are

symptomatic of the metatheoretical atrophy that characterizes the field of health promotion today.

Although health promotion discourse has important consequences in the terrain of everyday life, researchers and practitioners alike have been largely silent on such body politics. Despite the philanthropic values that underpin health promotion conceptually, this metatheoretical impoverishment as to the dynamics of power or health and illness experiences may, in part, explain its consistent subjugation to status quo ways of knowing and intervening within public health – i.e. epidemiological and individualistic models of intervention. It may be also explain why the field has fallen short of its transformative intentions in regard to remedying health inequalities despite the rhetoric of empowerment and enablement permeating its discourse (Poland, 1992; 2007; Raphael, 2008). In this chapter I offer a framework that health promotion researchers might utilize towards a heightened metatheoretical reflection as to the ontological, epistemological and methodically precepts guiding their research. I argue that metatheoretical mapping of one's research endeavours is an essential exercise, and that if we look at our texts from the perspective of the assumptions that underpin them we might get to "a very different set of answers and new kinds of problems" (Douglas, 1992, p. 311). As Lather has surmised, "Research within a post-positivist context mandates a self-corrective element to prevent phenomena from being forced into preconceived interpretive schemes" (1986, p. 65).

I argue the "risk" mentality that permeates health promotion's discourse and research agenda is an example of such a reified, interpretive scheme. In the context of my own research, the construction of adolescent media environments as risk, and adolescence as a developmental period of "risk" has somehow reached the status of scientific realism or "truth" in health promotion research. Indeed it was the platform of assumptions from which I launched my research. However, as social scientists we are duty bound to unpack this notion of risk (as it pertains to media or otherwise) therein highlighting its limits as a social category for understanding the very complex health issues that face adolescents and shape their behaviour. The only way to do so is through metatheoretical rigour and reflexivity. The notion of media as risk, like any risk assessment, is confounded by the deeper ontological and epistemological questions of whether the world we perceive around us is real, whether our methods can ever approximate this reality, whether science affords a privileged stance from which to know, and how our scientific interpretations of the social world jar with "naïve realism" or common sense notions and experiences "out there" in everyday life. As Lather has surmised, "Because we are not able to assume anything we must take a self-critical stance regarding the assumptions we incorporate into our empirical approaches" (1986, p. 65). I am hopeful this framework might enable the appropriate level of rigour and reflexivity as to the politics inscribed in health promotion research and practice.

5.2   THE FRAMEWORK

Social science is presently engaged in a heightened degree of reflexivity and debate as to "what role (if any) 'grand theory' may play" in knowledge construction, "how theory may

172

relate to methods, and what sort of truth claims may be advanced by theory in an age that views knowledge claims with suspicion" (Cruickshank, 2003, p. 1). Cruickshank argues that such a climate is particularly conducive to meta-level questioning as to the extant relationship between theories and method, as well as "the status of truth claims furnished" via social theory and philosophy (ibid.). Accordingly, he argues for the merit of using metaphysical realism along with a general social ontology and domain specific metatheory for guiding empirical enquiry within social science. Regardless of one's own perspective as to the philosophy–science relationship, "all research has presumptions about being, and therefore it is better to develop some explicit precepts about being in a non-dogmatic way via an immanent critique[24]" (Cruickshank, 2003, p. 119).

Doubly important to empirical inquiry are those choices that underlie and operationalize the research process itself - epistemology, methodology, and method. Just as "all research has presumptions about being" (ibid.), all research is infused with "assumptions and decisions about which ways to proceed. These assumptions and decisions necessarily drive our research practice and work to preclude other ways of researching. In short they determine what may or may not be accomplished in the research" (Chamberlain, 2004, p. 4). The so-called "reflexive turn" in social science, underscoring the importance of interrogating the social relations of research, has been linked to "the fracturing of the

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[24] Immanent critique is a philosophical strategy crucial to critical theory's project of interrogating the ideological dimensions in systems of thought or objects of inquiry within a field or theory. It always proceeds "from within" an idea, theory or paradigm, identifying the inconsistencies, fallacies and contradictions that has been necessary in upholding this established orthodoxy.

positivist research paradigm and the proliferation of the social constructionist paradigm"
(Walby, 2007, p. 1015). Walby cautions researchers against thinking of reflexivity "in
binary terms, as opposite the positivist paradigm" however. Rather, reflexivity is better
conceived of as "an intervention into research practice across paradigms" (ibid.).
Cruickshank's hierarchy of metatheoretical reasoning, anchored to this notion of the value
of "philosophical and methodological reflexivity in social science research" (ibid., p.
1016) provides the substance of the metatheoretical framework that I introduce in this
chapter, and which is visually depicted in Figure 5.1.

5.2.1 From Ontology

"The social relations of research are influenced first by ontological assumptions" (Walby,
2007, p. 1016). Ontology refers to a branch of metaphysics concerned with the nature
and relations of being. It is a metatheory about the nature of reality often used to guide
assumptions about what is real or knowable. Ontological orientations are generally
framed along one of two extremes. On the one hand is 'foundationalism'[25], which posits
the world is both real and knowable, and asserts that what is knowable is what is
immediately and empirically observable via the scientific method. This position
construes a direct and perfect relationship between things and events in the outside world
and people's knowledge of them; i.e. that factual and reliable knowledge can be plucked
from the social world "as-it-really-is" (Stainton-Rogers, 2003, p. 39). At the other end of

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[25] Foundationalism is also referred to as 'empirical realism', 'objectivism' 'empiricism', or 'logical
positivism' in some instances.

the spectrum is the ontological position of "relativism"[26]. This tradition is rooted in a

meta-critique of science (and essentialism more generally) and situates 'truth' as wholly

I. METAPHYSICAL ONTOLOGY
Metaphysical ontological argument,
with no specific claims about being,
as to whether material reality
exists independent of our perspective and ideas

II. GENERAL SOCIAL ONTOLOGY
Metatheoretical ontology attending to the
structure-agency problematic & assumptions

III. DOMAIN-SPECIFIC METATHEORY
The realist precepts applied to a substantive research debate

IV. SPECIFIC THEORY FORMATION

R
E
F
L
E
X
I
V
I
T
Y

V. Epistemology   Empirical Research

VI. Methodology

Figure 5.1: Levels of Theoretical Reasoning
Adapted from Cruickshank (2003, p. 144)

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[26] Relativism is also termed interpretivism, idealism, subjectivism, social constructionism, or radical constructivism in other works.

relative to perspectives in time, space and culture contexts, insofar as what exists is essentially what people perceive to exist. While the "relativist" extreme arose as a counterpoint to the perceived tyranny of foundationalist positivism and hegemony of the scientific method as the only valid way of knowing, Cruickshank argues that a common philosophy underpins these apparently opposing views (2003). This is the "philosophical logic of immediacy", which holds that "truth is knowable with immediacy" and the corollary, that "truth is known without any conceptual mediation" (ibid., p. 7):

> With foundationalism we therefore have the epistemic fallacy whereby
> ontological questions concerning the definition of reality are framed and
> answered according to epistemological terms of reference; and so
> ontology is reduced into epistemology…[On the other hand, relativism]
> commits the genetic fallacy because the truth of a concept, or belief, or
> norm, etc., is derived from its origin within a perspective and not from
> its relationship to reality (ibid., pp. 7-8).

In short, foundationalism reduces the question of the nature of being to one of knowing (epistemology) while relativism challenges with a counter-epistemological argument, but proposes it at the level of ontology. It is unlikely many social scientists would find either extreme to be "true" or ontologically satisfying in practice, and in fact such extremes have caused some to spurn the relevance of philosophy in informing scientific research altogether (ibid.).

176

A third metaphysical position that has gained favour in recent years is one that avoids reducing what is real to epistemological ways of knowing, whilst preserving the metaphysical relevance of philosophy in guiding research (Stainton-Rogers, 2003). This ontology is "realist anti-foundationalism"[27] (Cruickshank, 2003, p. 3). It accepts the metaphysical realist claim that there is a material reality out there beyond our perspectives, interpretations, ideas, or knowledge of it. However, this is also coupled with an anti 'philosophic logic of immediacy' position, which holds that truth and reality are irreducible to our knowledge claims about it, as we can only "know" the world through our theories, perspectives, and interpretations of it (ibid.). Therefore, we can only ever have fallible, indirect and mediated access to reality. As Law argued, events and processes "necessarily exceed our capacity to know them" (In Walby, 2007, p. 1016). Consequently "to make events and processes intelligible" our methods necessarily "produce the reality they understand rather than simply discover it" (Walby, 2007, p. 1016).

Cruickshank (2003) emphasizes that ontological arguments at the metaphysical level wield no specific or substantive claims about reality (e.g. the existence of super strings); nor can they ever be proven true or false. However, given that empirical inquiry is influenced by very specific presumptions about being, it is necessary that social scientists explicate the particular set of metatheoretical assumptions of being to which they

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[27] Realist anti-foundationalism is also referred to as 'critical realist' ontology (Stainton-Rogers, 2003) however this risks conflating the multiple meanings of 'critical' at epistemological, theoretical and disciplinary levels.

subscribe, in order to guide their research along with critique – i.e. a general *social* ontology versus metaphysical ontology. This level of theorizing is denoted by the shift from level I to II in Figure 5.1. At its core is the researcher's resolution of the structure–agency question; i.e. how, within their worldview or theoretical perspective, human agency is socially enabled or explained: "This would entail developing a general theory, or meta-theory whose terms of reference could explain how individual's agency was socially mediated, without holding that individuals had totally unconstrained actions or totally determined behaviour" (Cruickshank, 2003, p. 68).

Traditionally, within competing social science paradigms, social ontology has been exhaustively employed to explain *all* aspects of human behaviour "so that to know the ontology was to know all the causes of behaviour" (ibid., p. 27). Such "master ontologies" list "facts about individuals or social/ holistic facts, giving us the individualist and structuralist sociological logic of immediacy, respectively" (ibid., p. 3). Serving as a master builder it is used as an exhaustive account of being. In contrast, Cruickshank advocates for a social ontology that serves as an "underlabourer" for empirical research; one that does not presume it can supply all the facts about social being, but merely aims to supply some general guiding precepts. While an exegesis of alternative social ontology underlabourers[28] is well beyond the scope of this dissertation some will be referenced in my discussion of alternative social science approaches to understanding risk contained in the concluding chapter of this dissertation.

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[28] Cruickshank (2003) gives an in-depth synopsis of various contemporary social ontologies including those of Anthony Giddens, Roy Bhaskar and Margaret Archer.

The third level of theoretical reasoning in Figure 5.1 is identified as "domain specific metatheory". This occurs via an immanent critique of existing theories dealing with a substantive research topics within a field, and often culminates with the proposal of alternative perspectives consistent with one's social ontological positioning (Level II). In constructing domain specific metatheory one considers the existing terms of reference in an area and elaborates how they fail to account for the reality they purport to explain. While the general social ontology is drawn upon to inform the new domain-specific meta theory, a translation process must necessarily occur; i.e. the latter does not just mirror the former but develops, rather, the general ontological precepts further in accordance with the specific empirical and conceptual issues raised via immanent critique (ibid., pp. 145-146). The final level of theoretical reasoning, Level IV in Figure 5.1, pertains to the empirical research project itself, along with the specific theories that enable it. Cruickshank argues specific theories are also necessary (cf. D. Smith, 1990b), as the upper layers of metatheoretical reasoning generally fail to supply the level of specificity required to complete the research project. Moreover, deploying metatheory in this way risks the construction of ontological parameters as "putatively manifest facts" rather than guiding concepts (ibid., p. 145).

5.2.2 From Epistemology

Epistemology is the branch of philosophy theorizing the nature and grounds of knowledge, especially with reference to its limits and validity. It pertains to the set of

assumptions that underpin what constitutes valid knowledge and how we come to know what we know; i.e. how we may know the world. As emphasized by Chamberlain (2004), epistemological positioning is crucially related to both methodology and method and hence they must be carefully aligned if good research practice is to be assured. Methodology refers to the set or rules or procedures governing how research is to be conducted, and which specifically bridges theory and methods. Method refers to specific data collection techniques (e.g. qualitative or quantitative), which are epistemologically neutral by themselves. In fact, any polemic surrounding choice of method usually has more to do with researchers' epistemological stance than any commitment to one form of method over another. "Methods only make sense in the service of methodologies and these in turn rely on epistemological assumptions about practice" (Chamberlain, 2004, p. 6).

While certain ontological precepts or positions are often seen to warrant particular epistemological and methodological prescriptions (e.g. foundationalism ontology ~ positivism epistemology ~ hypothetico-deductive method), it is vital for each to be reflexively differentiated and fully articulated so that the nature of reality/ being is not reduced to or conflated with questions of knowing. This is common to health promotion, research and occurred in my own research specifically, where statistics garnered from quantitative inquiry were used to generate risk profiles for media activity, completely divorced from the meaning and context of adolescents' everyday experiences. Epistemological traditions are generally conceptualised as positivist, post-positivist, social constructionist, critical constructionist in nature. Table 5.1 briefly summarizes

these epistemological standpoints and is modified from the framework elaborated by

Guba & Lincoln (2005). These epistemological standpoints will be referenced throughout

the remainder of this dissertation.

TABLE 5.1 – Epistemological Standpoints

Adapted from Guba & Lincoln (2005, pp. 191-212).

Epistemology	Description	Methodology	Methods
Positivist	Objectivist/Empirical/Dualist: views objective 'factual' knowledge as truth, accessed via systematic observation; seeks cause & effect relationships and universal laws about human behaviour/ experience	Experimental hypothesis testing through systematic observation (verification of hypothesis)	Quantitative: Survey Research, mathematical modelling, statistics
Post-Positivist	Objective/ Empirical/ Dualist (Modified): marked by a turn towards probability vs. certainty and concerned with optimal rather than absolute research objectivity	Modified experimental hypothesis testing: Hypothetico-deductivism (falsification of hypothesis)	Quantitative & Qualitative (hypothesis generator for quantitative)
Social Constructionist	Knowledge is possible only by participating subjectively in a world of meanings created by individuals; the subjectivity and social construction of all knowledge is emphasized	Investigation of subjective life worlds; does not emphasize replication or truths – its hermeneutic, interpretive	Qualitative: In-depth Interviews, Focus Groups, Observational Research
Critical Constructionist	The world of appearances or subjective experience does not necessarily reveal the world of mechanisms that causes these appearances/ experiences; knowledge is opaque/ political	Systematic regularity of social action/ phenomena is mapped via retroductive methods to gain insight into the mechanisms/ structures producing regularity	Qualitative-Quantitative Mix: dialogic, deconstruction, discourse analysis

5.3 SITUATING HEALTH PROMOTION

Health promotion has evolved as a set of values on the one hand and a set of methods on

the other, all with an intended eye to empowering individuals and communities to

improve their health. The key values underpinning health promotion have been summarized by Poland (2007) and are listed in Table 5.2. Poland notes that while health promotion scholars continue to advocate for the incorporation and value of "qualitative, action research, and participatory methods, community development and anti-oppression perspectives" he says "post positivist/ epidemiological/ quantitative methods, risk factor reduction priorities, and top-down approaches to program design and implementation" still remain the dominant paradigm in both health promotion teaching and practice (2007, p. 8). Given its agenda of empowerment and enablement, this points to a lack of consistent methodology guiding the field today as was underscored in the design and implementation of my own research. One explanation of the post-positivist drift in the field is lack of attention to metatheoretical rigour by researchers and practitioners alike. A coherent methodology should provide a framework for the choice of methods employed with an eye to the theory that will be used to provide conceptual description and/ or explanation. As Poland has explained:

TABLE 5.2 - Key Health Promotion Values:

- Equity and social justice
- Holistic definition of health (well-being)
- Enhances health, not just prevents disease
- Encompasses full range of health determinants
- Emphasizes role of environments/ settings in shaping human behaviour
- Empowerment
- Meaningful social participation (not just tokenistic)

(Poland, 2007, p. 4)

Methodology thus joins theory and method in the practice of research and as such performs as a model of empirical investigation. It arises out of a larger conception of social life (social theory or ontological framework), preferably with explicit recognition of the relationship between theory and method. It therefore has implications for one's choice of data collection method and the manner in which methods are employed (1992, p. 33).

I suggest that a key factor in health promotion's apparent lack of methodology is that the body of theory it has drawn upon to inform practice is situated firmly in the post-positivist behavioural paradigm. Moreover, health promotion scholars have largely engaged in the third and fourth levels of theoretical reasoning depicted in Figure 5.1 only – "domain specific metatheory" and "specific micro-theory" formation, with a lack of metatheorizing at levels I and II. This theoretical void is palpable in the "monograph" by Don Nutbeam and Elizabeth Harris that claims to provide a comprehensive review of the body of theory informing contemporary health promotion practice today, *Theory in a Nutshell: A guide to health promotion theory* (1999). Interestingly, Don Nutbeam was one of the original authors of the Ottawa Charter of Health Promotion (Wills & Douglas, 2008). The authors published this monograph as a means to redress the underutilization of theoretical concepts within health promotion and as a way to improve the chances of intervention success.

The authors summarize four "theories that contribute substantially to our understanding of human behaviour" 1) the health belief model; 2) the theory of reasoned action; 3) the

transtheoretical (stages of change) model; and 4) social learning theory (ibid., p. 7). From here the authors move to a discussion of "theories and models that help explain how the capacity of communities can be strengthened and how new ideas can be best introduced into communities": 1) community mobilisation (social planning, social action and community development); and 2) the diffusion of innovation theory (ibid.). Their third focus is an elaboration of theories that "guide ways in which health messages can be effectively communicated and acted upon": 1) communication-behaviour change; and 2) social marketing (ibid.). Their fourth focus is an elaboration of "two models that help practitioners to understand how to influence change within organisations (settings) an enable them to work effectively together": 1) Theories of organisational change; and 2) models of intersectorial action (ibid., p. 8). The authors' final focus is "the emerging field of healthy public policy and models that are being developed to understand how policy can be influenced and changed to promote health": 1) ecological framework for policy development, 2) determinants of policy making, and 3) indicators of health promotion policy (ibid.).

The authors present this comprehensive review of health promotion theory as a means to "greatly enhance the effectiveness and sustainability of health promotion programs" (ibid., p. 6). However, as the theory titles themselves highlight, each is anchored to the psychological-behavioural assumption of the rational actor or agent, who once emancipated will become master of her fate and community. The summary also highlights the field's abiding tendency towards social engineering – i.e. to carry out predetermined health promotion agenda on individuals, communities, populations,

organisational settings and/or policy, despite its rhetoric of bottom-up change. Finally it underscores the lack of any theoretical reflexivity as to the metatheoretical precepts guiding interventions beyond its stated value system. But as Poland has opined this is deeply problematic:

> While it is important to discuss values, and to make values explicit, the assumption is that behaviour is driven by (consonant with) one's values. History suggests otherwise. Indeed some have suggested that values are redefined to be consistent with behaviour, the latter being driven largely by one's (economic, institutional, career, etc.) interests (2007, p. 4).

In fact such theoretical shortcomings, and health promotion's lack of reflexivity to the same, have driven some to surmise "that the government's public health policy is really a programme of social control packaged as health promotion" (Fitzpatrick, 2001, p. 1). And the consequences are palpable insofar as people found to be suffering from the "expanded range of disease states" that are enabled by health promotion's "*medicalisation* of life…are increasingly evaluated in psychological or moral terms" (ibid., p. 6). Consider the expert accounts of parental negligence that I presented in chapter three in relation to parental control and supervision of adolescent media environments as a case in point. I assert that the metatheoretical impoverishment in health promotion also explains why the field has been unable to "make meaningful, sustained progress on key health disparities" and why health promotion interventions have demonstrated "persistently narrow scope and framing" despite efforts to reorient these efforts (Poland, 2007, p. 7).

From the beginning health promotion invoked a post-positivist research epistemology with its call for mixed methods of inquiry and the critique of the positivism dominating health research at the time. However, insofar as it has failed to account for the socially constructed nature of all knowledge, including that which is generated within the health promotion paradigm itself, it falls short of either social constructionist or critical constructionist epistemological stances. Poland suggests that to release itself from the "dominant post-positivist paradigm in which quantification and standardization (of 'best-practice') are accorded disproportionate weight and importance in comparison to context-sensitivity, participation, and local appropriateness" health promotion must embrace more qualitative methods, postmodern perspectives, and theoretical and methodological sophistication regarding the agency-structure question (2007, p. 9).

Cruickshank argues a social ontology is crucial to informing "a critical attitude towards previous research, and to guide on-going research" (2003, p. 90). Yet in regard to its own social ontology the field of health promotion is relatively mute. Given its values of social justice and the importance ascribed to social contexts in shaping human behaviour, this silence is peculiar in its failure to theorize either the extant power relations or institutional roles within society that comprise these contexts. As discussed in chapter one, health promotion developed out of a critique that health status was more than a function of medical care, biology or individual choices. In this way health promotion "has come to take as its object, the 'environment', conceived of in the broadest sense, spanning the local to the global level and including social, psychological and physical elements"

(Peterson, 1997). Raphael argues, "the most important contribution of health promotion has been the identification of the roles that societal structures and public policy play in shaping the health of populations in general and the vulnerable in particular" (2008, p. 483). However despite the importance it vests in the multiple "environmental" impacts on health status, by not explicating a social ontology to adequately theorize how agency is either socially enabled or disabled, the mechanisms and tensions in this relationship remain opaque. The lack of an explicit social ontology limits health promotions' potential as a paradigm through which to challenge power; instead health promotion is implicated as a form of biopower that governs.

I suggest that the social ontology, or view of social reality, *implied* in health promotion is *constructivism*. Constructivism emphasizes the interdependence and co-development of culture and the individual mind in which socially located actors are understood to construct their own realities, albeit relative to ideas circulating in society. Although constructivism is sometimes classified as an epistemology, Fuller reasons that constructivism is actually an anti-foundationalist philosophical position levied at the ontological level of reasoning, such as relativism (2003). However while relativist ontology challenges the foundationalist "claim to universality" via its own subjectivist stance, constructivists oppose foundationalist "claims to necessary truth" through its emphasis on "the contingent actions of knowers" and consequential restless change (Fuller, 2003, pp. 213-214). Fuller offers the analogy of contract-based free market capitalism "in which the value of goods is determined entirely by negotiated exchanges

among interested parties" to underscore the features of non-relativist constructivism more specifically (ibid., p. 215). He elaborates:

> Thus constructivists tend to be insensitive to pre-existent (structural or historical) power relations between the parties to an exchange that may overdetermine the outcome of the ensuing negotiation…Consequently "outsiders" only figure as candidate insiders, not as potential consumers of the entire social order…Constructivists are haunted by the idea of a social and/or material limit to "free exchange…" (ibid., p. 217).

Within the constructivist position, social structures or institutions are not conceived of as ontologically distinct from the practices of socially located individuals. This position is similar to Giddens's social ontology, which rejects the notion of emergent or structural properties as "reified 'things' that existed outside people and which deterministically 'shoved' people about" (Cruickshank, 2003, p. 78). Instead the emphasis is that "social agents are knowledgeable, in the sense that they have the practical knowledge, i.e. the practical ability to 'go on', by knowing what practices are appropriate" (ibid.). Some, like Margaret Archer, take issue with this line of argument, however, not because they dispute structures are dependent on agents' activities but because the argument shifts "from a subject-object dualism to a duality", which therein "results in structure and agency being elided, or run together" (ibid.). Archer asserts that rather than prioritising structures or agency, this "central conflationism instead deprives *both* elements of their relative autonomy, not through *reducing* one to the other, but by *compacting* the two together

inseparably" (In Cruickshank, 2003, p. 78, original emphasis).   In a similar way I argue health promotion, situated by Nutbeam as the "process of enabling people and communities to increase control over the determinants of health and thereby improve their health" (cited in Poland, 2007), has avoided the structure-agency question altogether.

This lack of ontological attention towards the influence of structures/ institutions (emergent) as well as power dynamics is precarious. "Contemporary health promotion encompasses such areas as community development, personal skills development, the control of advertising 'unhealthy' and dangerous products, the regulation of urban space (e.g. the 'Healthy Cities' Project) intervention in workplaces, and the monitoring and periodic screening of subpopulations" (Peterson, p. 195). This encroachment "has multiplied the number of sites for preventative action, and given rise to an endless parade of 'at risk' populations and 'risky' situations" (ibid.). As such, health promotion's own representational system of what constitutes health promoting behaviours sets limits on society - limits that must be interrogated at the level of metatheory lest its decrees become arbitrary or, more importantly, instruments of oppression, biopower and material consequence.

Cultural psychologist Pérez Campos furthers, "Society cannot be understood outside the multiple particular institutions of which it is made and of the social imaginary significations that those institutions embody. Although social imaginary significations are creations, they only exist as embodied in institutions" (Campos, 1998 p. 340). In the health promotion texts institutions such as healthcare, the academy, government, or media

appear as a *given* and therefore, in a purely instrumental role. This underscores "the old individual-social dualism" (Campos, 1998 p. 333). There is no questioning as to the specific relationship between "objects" that are part of the social world. "This is, in my view, part of the problem of bypassing the issue of society's coherence" (ibid., p. 338). Within a social ontology "Without regard for structures as the medium and outcome of agency, agency would be divorced from any social context" (Cruickshank, 2003, pp. 70-71).

5.4   CHAPTER SUMMARY

In this chapter I have presented an argument for the essentiality of metatheoretical reasoning for social science in general, and for health promotion research and practice in particular. Metatheoretical reasoning is critical for enabling the social location of the researcher, and the requisite level of reflexivity in research practice central to the issue of "how to link up, where to stand" (Douglas, 1992, p. 311). Health Promotion has been relatively mute on the theoretical precepts guiding interventions beyond the domain-specific theories that guide its empirical practice (Nutbeam & Harris, 1999). It relies merely on the espousal of a value system and multiplicity of methods to distinguish it from earlier, positivist prevention paradigms. I argue that the criticisms health promotion has faced concerning the force of its discourse as form of biopower, and its failure in practice relative to its earnest, value-laden beginnings, may be traced to this metatheoretical impoverishment. In the next chapter I will introduce two alternative social science approaches to a study of risk. As elaborated throughout this dissertation,

risk is the basic currency of health promotion discourse today. In pivoting on this mutual object of inquiry, and employing the framework I have outlined in this chapter (see Figure 5.1) I aim to elucidate the specific metatheoretical contributions these alternative approaches have to offer health promotion, towards an end of redressing its theoretical impoverishment and a more inclusive knowledge community.

CHAPTER 6 – ALTERNATIVES FOR CONCEPTUALIZING RISK WITHIN HEALTH PROMOTION

> *Theory is an advantage for thinking. Theories give support to ideas. Ideas are fragile and to live at all, and to travel any distance, they need support. Theory is their temporary resting place, their necessary short respite from the road.* (Mary Douglas, 1992, pp. 298-299).

6.1 INTRODUCTION

Thus far in this dissertation I have summarized the development and critique of health promotion as a subfield of public health and argued that the discourse of "risk" is the central notion on which contemporary health researchers orient their interventions. I have problematised this "oeuvre of risk" for its material consequences in everyday life and its theoretical impoverishment, using my own health promotion research into media risk and adolescent health to illuminate these weaknesses. Subsequently in chapter five I introduced a metatheoretical framework to highlight the theoretical voids within the health promotion research in order to assist health researchers to reflect on and explicate the metatheoretical assumptions guiding their research. In this chapter I use the levels of

reasoning identified in the framework to demarcate the metatheoretical contributions of two alternative social science approaches to the study of risk for health promotion lest one think that a metatheoretical reconceptualization of "risk" within health research is untenable. These approaches come from two subfields of social science: 1) Dorothy Smith's critical sociology termed Institutional Ethnography (IE); and 2) Deborah Lupton and John Tulloch's Cultural Studies (CS) risk work. Using the framework I will excavate the metatheoretical precepts guiding these alternative research paradigms (i.e. their ontological, epistemological, and methodological assumptions) to contribute to a better understanding within epidemiologically-informed health promotion work of alternative ways of treating "risk" as an object of inquiry.

"Risk" is the mutual object of inquiry in the interdisciplinary alternatives I will discuss in this chapter. I pivot on "risk" as it was the central notion orienting my media and adolescent health research, as well as the field of health promotion today. As already discussed in chapter two, "risk" is an example of a social category that has resonance and material effects "out there" in everyday life and thus a deconstruction of risk, as it is treated in other disciplines, has a lot to teach us about the future of serious theoretical work in public health. In my opinion, it is vital we interrogate the alternative ways risk is theorized in social science in order to redress the theoretical impoverishment of the health promotion paradigm. In explicating these alternative approaches I am not advocating these are the *only* alternatives or that they hold any privileged way forward in relation to health research. These are simply approaches I have found helpful for mapping the assumptions and shortcomings of my own research.

6.2 CULTURAL STUDIES APPROACH

Defining the field of Cultural Studies (CS) is challenging as it transgresses academic convention in its lack of a stable disciplinary base. CS emerged from critical perspectives in diverse disciplines such as history, literature, linguistics and sociology, and was heavily influenced by neo Marxism, the Frankfurt school of critical theory, Foucauldian discourse theory, Lacan's poststructuralist psychoanalysis, postmodernism, post-colonial studies, theories of ethnicity and racism, the feminist movement and developments in leftist politics (Franklin, Lury & Stacey, 1991). As pioneer Stuart Hall observed, "it is not one thing, it has never been one thing" (cited in Nelson, Treichler and Grossberg, 1992, p. 3). Aronowitz contends that cultural studies is "an indefinite signifier for its own novelty" that dares not question too precisely what it is "in a time where institutions demand of any new paradigm that it adapt its more radical specifications to the realities of academic power" (1991, p. 140). However others argue that while CS needs to "remain open to unexpected, unimagined, even uninvited possibilities" it is also important that it discern "some recurrent elements of the field" (Nelson et al., 1992, pp. 3-4).

Intuitively, "cultural studies" implies the study of culture, and indeed it has been a major site of theoretical developments conceptualising both cultural production and consumption (Franklin, Lury & Stacey, 1991). Unlike traditional anthropological notions of culture, CS emerged from analyses of modern industrial societies "that understands culture specifically as a meaning producing process" (Sturken an Cartwright, 2001, p. 3).

Moreover CS rejects humanism's "exclusive equation of culture with high culture" and thus it is committed to the study of the entire range of a society's arts, beliefs, institutions and communicative practices" (ibid., p. 4). It is characterized by its interpretive and evaluative methodologies that interrogate both the symbolic and material domains of culture, as well as the relationship between the two. In this sense CS has much to offer health promotion in relation to specific theory and methodology for understanding the relevance, meaning and material impact media experiences have in the lives of young people.

One of the recurrent elements in CS is the field's "interdisciplinary, transdisciplinary, and sometimes counter-disciplinary nature" (ibid., p. 4). It embraces the notion that "there are new socially constructed objects of knowledge, and new ways of seeing them, that radically transgress disciplinary boundaries" (Aronowitz, 1991, p. 140). Therein, from its inception, CS wielded substantive critique at the metatheoretical level of epistemology, and the academy more generally, in which it acknowledges is own complicity. Accordingly, the research generated within CS may be characterized as "social constructionist", and often "critical constructivist" in nature (see Table 5.1). In this way CS has afforded a place in higher education and elsewhere "for traditional disciplines to be challenged, for the kinds of knowledges produced to be questioned and for power relations in educational practices to be transformed" (Franklin, Lury & Stacey, 1991).

A second feature in CS is its attention to "emergent, subaltern, and otherwise marginal discourses" rejecting any "universalist claims of mainstream Western values"

(Aronowitz, 1991, p. 140). Thus, similar to the emergence of health promotion within mainstream public health and its stated value system (Poland, 2007), "Cultural studies was thus forged in the face of a sense of the margins versus the centre" and has "a long history of commitment to disempowered populations" (Nelson et al., 1992, p. 12). This has fostered several branches of research in the field including those concerned with subculture; media studies; racism and hegemony; feminist notions of subjectivity, politics, gender and desire; race, ethnicity and post-colonialism; the experience and expression of identity; and the politics of popular culture. Yet, however divergent CS research appears to be in other respects, they "share a commitment to examining cultural practices from the point of view of their intrication with, and within, relations of power" (ibid., p. 3).

It is in this attention towards analyses of relations of power and struggle between dominant culture and subordinate groups that we get a hint of the social ontology orienting CS research, a realist/materialist ontology that positions the social or cultural realm, as having influence on people's beliefs and activities. This social ontology has evolved as CS has matured as a field in relation to how the agency-structure interrelationship is theorized beyond dualism. While cultural subjects were once viewed as constructs of class, ideology, textual subjectivities under early Marxist theory, subjects are now understood to be "active agents whose sense of self is projected onto and expressed in an expansive range of cultural practices including texts, images and commodities" (McRobbie, 1992, p. 730). For example, in the CS subfield of media studies members of the audience were initially seen as passive receivers of media

196

representations, subordinated to the ideological content. However, via immanent critique (Level III, Figure 5.1) of the extant audience theory within the field, new specific theories (Level IV, Figure 5.1) were developed that underscored the complexity and diversity in their practices of looking (Sturken & Cartwright, 2001). In this regard the field of cultural studies can contribute much to media impact and adolescent health research. Where the latter treats media culture as an empty black box of unidirectional effects, CS contains a rich body of theory and tradition of qualitative inquiry that highlights the pluralism of meaning, symbolism, value, pleasure and conflict inscribed within cultural products.

The work of Deborah Lupton and John Tulloch (Lupton, & Tulloch, 2002; Tulloch & Lupton, 2003) supplies the reference point for the cultural studies approach to risk research summarized in this chapter. Lupton & Tulloch emphasize that most social science discourse on risk taking "tends to represent it as the product of ignorance or irrationality" in relation to individual cognition (2002, p. 14). In contrast, their risk work points to the relevance of "'worldviews' and acculturation in risk assessment" and how patterns in risk perception "are shaped by social and cultural norms" (ibid., p. 114). What is noteworthy for health researchers is that within the CS approach risk perceptions of researchers are not seen to be immune from influence by their personal worldviews or the cultural norms of the academy. Within cultural studies the tenability of objectivity in relation to the social location of the researcher is entirely rejected.

197

In their research, Lupton and Tulloch interviewed a total of 74 participants from three regions of Australian, with variable socio-economic backgrounds in individual interviews and focus -group settings (2002). Participants were asked to define risk and to describe the threats present in their everyday life, and Australian society more generally; how they come to know about risks; and finally who or what was the cause of these risks. Analysis of transcripts for "key themes, narratives, definitions, discourses, personal/ social histories, rhetorical and expressive devices" was carried out with specific attention paid to meanings participants imputed to risk and its impact on their everyday life (ibid., p. 116). The authors made no claim to the generalizability of their findings to the Australian population as a whole but felt it afforded valuable insights into the epistemology and discourse that give meaning to risk among non-experts (ibid.).

Lupton and Tulloch discovered that individual accounts of voluntary risk-taking were often depicted as having transcended conventional boundaries or comfort. Informants cast this transcendence via risk taking in positive terms, as an essential progression or personal accomplishment – "a form of work upon the self…" and "self-actualization" (ibid., pp. 118-119). A second discourse emerging from the transcripts was the emotional aspects of risk taking experiences – a pleasurable intensity lifting one out of the monotony of everyday life; an emotional ecstasy the authors ascribe to a "neo-Romantic ideal of body/self allowed to extend beyond the strictures of culture and society" (ibid., p. 122). A final emergent discourse was the opportunity for control and mastery over one's physical and emotional responses to fear in the throes of risk-taking, nourishing individuals' sense of invulnerability, courage and "personal agency" (ibid., p. 122).

Lupton and Tulloch assert these three discourses are "underpinned by contemporary ideas about the importance of identity and selfhood" (ibid., p. 122) and invoke Foucault's notion of self to situate risk taking as a "particular practice of the self" (Lupton & Tulloch, 2002, p. 122). This could be a better way for health promoters to qualify adolescent "risk taking" in the context of adolescent media activities or otherwise – as a positive form of self-work. These authors concluded, "Risk taking, therefore, is far more complex than is suggested in the traditional social scientific literature. It may be based just as much on knowledge – of the self, of one's own bodily capacities and desires – as on ignorance" (ibid., p. 123). Viewed in this light adolescent "risk-taking" and media use may be understood as acts of accomplishment, self-work, and identity construction, rather than in the negative, under-theorized "risk" parameters that pervade expert accounts.

Lupton & Tulloch note there is a dearth of empirical research that seeks to understand "the meanings that people give to voluntary risk taking" (2002, p. 114; Tulloch & Lupton, 2003). This failure to attend to the meanings people find in activities deemed by experts to be risky is exemplified in my research into young people's media consumption. That media content and media-use posed risk for adolescent health was the key assumption of my primary research design, despite the lack of conclusive evidence. Media exposure was quantified and pathologized, without attention to the meaning or value it afforded in young people's lives. In contrast, Lupton and Tulloch's research explored *why* individuals engage in risky activities, even when subjects accept this particular activity to be risky. This is interesting also in relation to my qualitative research (see chapter four),

given that students reproduced expert accounts of media risk within their media production without any formal acknowledgement of the pleasure or meaning it brought to their lives. Lupton and Tulloch's CS approach affords a possible way to reorient health promotion research to acknowledge adolescent resilience, strength and skills rather than their vulnerability, deficiency, or weaknesses.

Lupton & Tulloch privilege qualitative over quantitative inquiry in ascertaining meanings imputed to "risk" in everyday life. They also emphasize the importance "of *discourse* in the construction of epistemologies and in emphasizing that *all* risk epistemologies, are socially constructed including those of 'experts'" (2002, p. 115). This attention towards the relevance of discourse could be a fruitful frame of reference in health promotion research. As my qualitative project highlighted, students reproduced expert accounts of media risk (See Appendix D) and in the course of this smothered their own voice. Clearly, attributing *a priori* significance to discourse, rather than merely recognizing its significance following the collapse of my intended research, would have yielded higher quality engagement with young people around expert interpretations of their media culture.

6.3   INSTITUTIONAL ETHNOGRAPHY APPROACH

Institutional ethnography (IE) is a research approach developed by critical feminist sociologist Dorothy Smith. It is positioned as an "alternative sociology" in its attentiveness to the organizational and institutional processes within society, including the

processes of knowledge production (DeVault & McCoy, 2002). The emphasis within Institutional Ethnography is not on theory building but on what actually happens in the everyday world. In fact, the process of theory building is viewed as entirely suspect, complicit in the "relations of ruling"[29] and therefore best avoided altogether[30]. This is noteworthy considering my central premise in this dissertation has been to argue the need for *more* theory in health promotion. Smith does engage at Level III and IV of theoretical reasoning however, as described in Figure 5.1 of this dissertation (i.e. in immanent critique of existing theories in her field), although she does not supplant extant theories her own. In their place she offers a unique social ontology, epistemology, and methodology, proposing "to investigate social life in terms of how it is actually organized" via inquiry that explicates people's experience from their standpoint, rather than from the "ideological practice" of theoretical positioning (G. Smith, 1995, pp. 19-20). For example, in speaking with adolescents about media activities the IE researcher would never begin from the *a priori* presumption of adolescent risk or vulnerability. Nor would the objective be to shape the media behaviour of adolescents or to inoculate them against media risk. Rather, within the IE approach individual accounts are viewed as portals into the translocal social relations of ruling that are constantly shaping local experience, often in very problematic ways.

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[29] Ruling relations refers to the complex, textual based, fields of coordination and control through which power is held and generated in society. It includes "bureaucracy, administration, management, professional organization, media, and the complex discourses of science technology and culture that intersect interpenetrate and coordinate multiple sites of ruling" (DeVault & McCoy, 2002, p. 753).

[30] Walby argues Smith's disdain is naïve in that her ontology of the real and "frame of institutional discourse" truncates other interpretations of what is real and entails "a constitutive hermeneutic that corrals what could possibly be said into a form that satisfies the demands of the ontological claims" guiding the IE inquiry. (2007, p. 1021).

Institutional Ethnography is characterized as a reflexive-materialist methodology that combines Marx's materialist perspective, Garfinkel's ethnomethodology and feminist practices of consciousness raising, each grounded in the actual and ongoing activities of people (DeVault & McCoy, 2002; Smith, 1990a). Unlike ethnomethodology however, IE does not methodologically centre on the lives and talk of individuals. Instead IE focuses on "explicating the linkages between the individuals in relations with other individuals" (Walby, 2007, p. 1011). While Smith gleaned insight from phenomenology and the philosophy of Michel Foucault in developing IE, she has departed from these schools at the levels of epistemology and social ontology. In developing the IE approach, Smith began, as I advocate, at the metatheoretical level delineated in Figure 5.1. At level I, IE subscribes to a "realist" ontology as to deny that a reality exists is to also deny any human or material suffering. At level II of the framework IE adopts a social ontology that, like Marxism, views the social as concerting of people's activities. Yet people are not positioned as structural dupes. Rather, Smith locates herself as working in a world that is "materially constituted in the practices and activities of people" and which are "known and organized reflexively and recursively throughout time. This kind of ontology marks off her work from other empirical and/ or radical approaches … because it proposes to investigate social life in terms of how it is actually organized" (G. Smith, 1995, p. 19).

Importantly, IE research begins within the experience of everyday life, taking up the notion of "the everyday world as problematic" (Smith, 1987). This particular standpoint anchors the research in the relevancies of a particular group. However, the point is not that one group share a particular standpoint, but rather how perspectives from different

social locations can illuminate the social relations about an issue or problematic within everyday experience (DeVault & McCoy, 2002). Smith's notion of standpoint therein is distinct from "relativist" standpoint theorists[31] such as Sandra Harding, where the adoption of the standpoint of marginalized persons is seen to provide an epistemic privileged stance for generating objective accounts of the world. Rather, standpoint in IE merely refers to the "ground in experience from which discoveries are to be made" and is used to "establish a subject position for IE as a method of inquiry, not as a category of position" (Tam, 2007, p. 212); i.e. standpoint as methodology, not as ontology. For instance, in regard to my own research an IE form of inquiry would have approached media use from the standpoint of the adolescents themselves rather than from expert accounts of media risk to adolescent wellbeing.

IE research is always seen as co-investigation – "a fully reflexive process in which both participant and researcher construct knowledge together" (ibid., p. 758). It accepts that researchers cannot know their "world from outside, but only from inside its social organization" (G. Smith, 1995, p. 19). Thus, the detached, disengaged, or "neutral" position from which health researchers traditionally launch their investigations is deemed untenable. The IE approach begins by identifying an issue or everyday practice whose social relations are to be explored (DeVault & McCoy, 2002). The researcher adopts the "standpoint" of "active knowers" as the starting point for inquiry, but goes further to investigate the extra-local institutional, and increasingly text-based representations and

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[31] I would suggest this "relativist" standpoint was the epistemological orientation of health promotion proper, as imagined in the seminal documents of the 1980s like the Epp Report: *Achieving health for all* (See chapter one).

practices shaping local experience as well. This lies in contrast to my own research starting point. In beginning with scientific accounts of the health issues "impacted" by adolescent media use, the "active knowers" I privileged were health experts; hence the complete void of youth voice, experience, or meaning making in my analysis from that point forward as to the social relations actually shaping young people's media interactions or their health and illness experiences.

Devault and McCoy (2002) explain that data collection techniques in IE can include individual or group interviews, focus groups, participant observation, researchers' lived experiences, textual analysis, etc. But it is through informants' stories/ descriptions that the researcher begins to identify some of the trans-local relations and representations in discourses, texts and institutional work processes shaping their everyday work, knowledge and experiences. This analysis stage is described as a process of detecting the fault lines wherein two modes of telling rub against each other – the narrative and the ideological. This ideological and often text-based knowledge is seen as crucial to large-scale organization; it is the central nervous system penetrating and coordinating different sites. Research participants are not probed to reveal some subjective state or perspective however, as in relativist or phenomenology approaches. Rather the intent is to extend investigation beyond the individual group of interest and local setting (Smith, 1995). Lessons from IE regarding this unique way of "reading the telling" whilst always attending to the ideological and narrative aspects of accounts played a critical role in my ultimate rejection of my original research parameters. It also enabled me to recognize the

insidious subtext of health promotion risk discourse regarding what I see as its pathologization of media, adolescence and the family.

The purpose of IE research is not to generalize some finding about the interview group of interest, but to find and describe social processes that have generalizable effects. In this way I came to appreciate how the evidence and practice of the health promotion works not only on young people, but also through whole populations as biopedagogies in the Foucauldian sense that I introduced as a concept in chapter one. IE inquiry offers an important methodology for investigating the precise manner of how the biopedagogies of health promotion are propagated through society and activated by the mundane work of people in the course of their everyday life. In this way IE subverts the epistemological flaw attributed to the ideas of Michel Foucault by some of his critics: that power and knowledge are "linked in some mystical conjunction" (Smith, 1990b, pp. 79). In IE, "what researchers "call 'power' is always a mobilization of people's concerted activities" (Smith, 1990b, pp. 79-80). IE researchers aim to trace how individuals in different circumstances are drawn into and shaped by a common set of discursive and organizational processes, representational processes that "produce similarities of experience" and "organize various settings to sustain broader inequalities" (DeVault & McCoy, 2002, p. 753). It does not suppose local settings are similar but that the features of ruling operating across many local settings are the same.

Sandra Tam's IE investigation into young women's provisioning[32] experiences and the social organization of youth employment (2007) affords a good example of the specifics and merits of the IE research approach to a study of "at risk" populations. The aim of her research was to address the question of how young women, categorized as "at-risk", made decisions about their working lives and to further a critique of "current program and policy models that feature notions of choice and risk" (ibid., p. ii). Her point of entry was interviews with young women enrolled in a life-skills/ employment programs within a community-based social services agency, but expanded to include interviews with the program workers in this agency, field observations, and document analysis as windows into the institutional processes and practices shaping their experiences and decisions. The young women recruited for Tam's study were participants in the agency's "housing", "employment", "young mothers" and "girls" programs and ranged in age from sixteen to twenty-four in line with the provincial eligibility criteria for the agency's youth services programs. In her research Tam adopted Dorothy's Smith's distinction between the essence of a research problem and that of a problematic:

The problem that motivated this study was my concern about the invisibility of young women's experiences in youth employment debates. However, the problematic emerges from the institutional processes that underlie and become actualized through people's actions and responses to the problem of young, unemployed, homeless, poor or lone mothers. In this study, the

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[32] Provisioning is a term Tam used to connote "the wide range of work and work-related activities young women perform for themselves" and their dependants (Tam, 2007, p. ii).

problematic involves the processes and practices that define these groups of young women as being "at risk"[13] (ibid., p. 54).

Tam discovered the "at risk" label was the necessary precursor for women to access agency programs and that "youth workers train young women clients to claim the 'at risk' youth label to access the resources they need" (ibid., p. 161). However, in their talk the women adamantly rejected their 'at-risk' categorization. Tam found that women's "at-risk" status, in relation to unemployment or underemployment, actually "originated in the bureaucratic processes and practices of schools, hospitals, welfare and employment offices" that functioned as a referral points for program participants (ibid., p. 149). At-risk discourse also pervaded the texts and practices of youth workers, the community agency and funding bodies through which program eligibility, mandates and evaluation were coordinated. As a "conceptual practice of power" (Smith, 1990b), this notion of "at-risk" not only provided ways for thinking about young women, and prioritizing program supports and choices, but it also served to derail administrative intelligibility towards the structural, racial, gendered, and provisioning constructions of young people's employment-related choices in the first place. This point is critical for my own research. In health promotion discourse young people are unilaterally painted as 'at-risk' in relation to their media activities. While my quantitative analysis did consider demographic variation in media use, demographics were employed only insofar as they allowed me to

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[13] An explication of the socio-historical construction of 'at-risk' youth, and its limits as a social category is beyond the scope of this chapter. However, for the interested reader this has been carried out in a number of fields including Education (Tait, 1995), Social Work, (Sharland, 2005), Youth Justice (Kemshall, 2008) Sociology (Kelly, 2000) Criminology (Stephen & Squires, 2004)) and Youth Studies (Jeffs & Smith).

problematize media use and superimpose risk profiles. Demographics were not collected to afford insight into the lived realities of young people ultimately shaping their health and illness experiences.

In her research Tam discovered that "at risk" youth were commonly situated as the source of societal problems but that youth perspectives themselves were rarely central to the analysis. Tam traced the emergence of "at risk" youth discourse to the 'youth transitions' psychological literature that underpins much of contemporary youth policy and youth work. She argues this framework fails to account for social, contextual and structural factors that impact young women's, experiences and choices" however (Tam, 2007, p. 40). Accordingly, interventions targeting "at risk" young people are carried out "without attention to the shifting social contexts and structural factors and inequities that shape their needs" (ibid., p. 44). In this sense the institutional processes (social service programs, action research, health promotion, etc.) which generate young people's at-risk status must be understood as embedded in the relations of ruling as they "inadvertently reproduce the social inequalities" they are tasked with eliminating (ibid., p. iii).

In summary IE can be best understood as a reflexive realist-material project with a unique social ontology and epistemological grounding. Its particular social ontology seems to resolve the agency/ structure dialectic though the proposition that we are active in the relations of ruling that govern us. Whilst social "happening" is constituted through the actions and activities of people in their local contexts, these local practices and experiences are tied into extended social relations or chains of action, many of which are

208

mediated by textual forms of knowledge. It is people situated within their everyday world who accomplish the ideological work of institutions, and in this way such work appears 'natural' and apolitical. Thus to gain knowledge of social phenomena – to 'know' as it were – the researcher must always begin within the everyday world of people rather than within social theory about that world. The liberatory potential comes from the identification and specification of possible levers to target for activist intervention.

6.4   DISCUSSION

The purpose of this section is to synthesize the major contributions from the two approaches delineated above for health promotion research and practice, particularly in relation to the notion of risk and the health promotion critique underpinning this dissertation. This discussion is organized around considerations of social ontology, research epistemology and methodology as outlined in the framework delineated in chapter five. A commonality in both perspectives is that they hold minority positions within social science. Moreover they each constitute a "paradigm shift" in their respective disciplines, as denoted by Thomas Kuhn's work *The Structure of Scientific Revolutions*:

> Proponents of competing paradigms practice their trades in different
> worlds...Practicing in different worlds, [they] see different things when
> they look from the same point in the same direction. Again, that is not to
> say that they can see anything they please. Both are looking at the world,
> and what they look at has not changed. But in some areas they see

different things, and they see them in different relations to the other. That
is why a law that cannot even be demonstrated to one group of scientists
may occasionally seem intuitively obvious to another. Equally, it is why,
before they can hope to communicate fully, one group or the other must
experience the conversion that we have been calling a paradigm shift.
(Cited in G. Smith, 1990)

As discussed in chapter one health promotion, likewise, represented something of a
paradigm shift in public health where "its scope and nature as a societal commitment, a
field of activity, an academic discipline and as a profession has always been contested"
(Wills & Douglas, 2008, p. 431). In this sense it has something in common with both CS
and IE, along with their stated commitment to marginalized members of society. I
propose that the field of health promotion has much to gain from the metatheoretical work
that has been more rigorous and palpable in these two alternative approaches.

6.4.1 From Ontology

An important theme in both CS and IE approaches is their stated location relative to
Marxism, or more accurately the theoretical gains from subsequent refinements of
classical Marxist theory (e.g. Gramsci). Marxism is cited as a key influence on the
theoretical trajectories of both IE (Smith, 1987; 1990a; 1990b) and CS (Hall, 1992;
Franklin et al., 1991) and in the development of critical theory and critical approaches

210

more generally (Geuss, 1981). Among Marxism's key legacies is the acknowledgment of the salience of power relations in society. Society's institutions (the academy, media, health, government, etc.), along with the ideas they generate are never neutral, but reflect the material circumstances of a world concerted by human activity. This emphasis on action is key, for as Smith has underscored, "what we call 'power' is always a mobilization of people's concerted activities" (Smith, 1990b, p. 80). These tenets of Marxism have shaped the social ontology of these two approaches.

Insights from Marxism as to the material dimensions of health was also influential in the rise of the modern health promotion era in its emphasis on "the identification of the roles that societal structures and public policy play in shaping the health of populations in general and the most vulnerable in particular" (Raphael, 2008, p. 483). The 1980s were something of a "high water point" in Canada for health promotion at the conceptual level as embodied in the Ottawa Charter and the Epp Report, *Achieving Health for All: A framework for health promotion* (ibid., p. 487). Raphael notes these documents were a response to, and "consistent with the materialist/ structuralist conclusions concerning the determinants of health" that have been innervating European health promotion strategies ever since. However Raphael noted a subsequent wane in the progressive orientations of health promotion in Canada due to the emergence of the more apolitical population health discourse along with neoliberal ethos in the public policy arena, which together left "even less policy space for an activist health promotion" and offloaded responsibility for health status to individual "consumers" (ibid., p. 487). As a consequence, Raphael notes that today "Even critical health promoters feel obliged to incorporate a healthy lifestyle

discourse into their work" (ibid., p. 488). I argue that if health promotion scholars had incorporated a more fully articulated material-reflexive social ontology, as taken up by CS and IE – with which *critical* health promotion scholarship is entirely consistent but never fully worked through – this might have served as the necessary compass to guide health promotion policy and practice from its intended liberatory leanings and aspirations.

Health promotion holds "that individuals and communities can undertake activities that can increase their control over the determinants of health" (Raphael, 2008, p. 483). However in attributing agency without adequately theorizing or exploring the mechanisms of power concerted through institutions and the actions of people, it divorces social inequalities from the context of their construction. A fully articulated social ontology, as invoked within CS and IE, might provide a pathway for a more appropriate and comprehensive treatment of risk in the field of health promotion. Further, it may provide a way for health promotion to live up to its vision and commitment "to be less concerned with behaviour change and more concerned with creating the conditions in which health and wellbeing flourish" (Baum, 2008, p. 457). As risk theorist Mary Douglas opined, "the proper way to organize a programme of studying risk is to start with studying institutional design" (1992, p. 19).

6.4.2 From Epistemology

Both IE and CS scholars have elaborated the politics of knowledge production and their own complicity in such practices (Smith, 1990b; Grossberg, Nelson & Treichler, 1992; Devault & McCoy, 2002; During, 2007). Reflexivity, as regards to researcher location and subjectivities, and the social construction of all scientific knowledge, is the hallmark of research initiatives within these fields. Both approaches embody the critical constructivist epistemology described in Table 5.1 in the previous chapter. In developing IE as a methodology Dorothy Smith has theorized extensively on the social organization of objectified knowledges as constitutive of ruling relations in contemporary society (Smith, D. 1990b). A similar epistemological positioning was a key component of the platform from which CS launched within the academy; hence the pronouncement that "cultural studies must constantly interrogate its own connection to contemporary relations of power, its own stakes" (Nelson et al., 1992, p. 13).

In contrast, health promotion has been silent on the issues of research epistemology beyond its advocacy for the use of mixed methods of inquiry. This is likely due to its marginal status within the epidemiologically oriented prevention paradigm, which "leaves little room for alternative views of knowledge to the traditional positivist model, and has little to say about community involvement or participation" (Raphael, 2008, p. 487). In health promotion's attention to multiple knowledge networks and the importance of communities as sites of inequity and grounds for action (Baum, 2008) it clearly advances

a post-positivist epistemology. However the "locking of health promotion within a disease prevention silo" in practice (Wills and Douglas, 2008, p. 432) has meant that Health Promotion falls short of the critical approach embodied by both CS and IE. For within a critical "relativistic and reflexive approach to knowledge …what counts as knowledge in different social and cultural settings is part of what is at stake in discourse practices" (Potter and Edwards, 1999, p. 450).

Health Promotion and the prevention field more broadly have failed to adequately reflect on the politics of their own representational system. In regard to media "risk" for example, health experts readily agree that media messages reflect the value dimensions of producers; yet they fail to account for the value dimensions that permeate their own health messages and the scientific "facts" underpinning them. This distinction between the fallibility of knowledge in the consensual universe in contrast to the infallibility of knowledge in reified science, is a conceptual weakness in health promotion despite its positioning as "a socially concerned movement with a focus on equity" (Baum, 2008, p. 465). A conceptual distinction between reified and consensual universes is not in itself problematic. Critical theorists often make such distinctions for heuristic purposes:

> We may distinguish intellectual knowledge from four other types: practical knowledge, small talk, spiritual knowledge, and unwanted knowledge. These other forms of knowledge suffer from their lack of codifying practices such as canons, credentials, and methodologies, in comparison to intellectual knowledge (Aronowitz, 1991, p. 143)

Indeed cultural studies theorists Lupton and Tulloch also distinguish between lay and expert ways of knowing in their risk research, but this in itself is not problematic. Rather the epistemological quandary lies more in health promotion's presumption of its infallible access to some truth about social phenomena, and its silence on the limitations or power of science with a capital 'S' within contemporary society. This has led some to conclude that the practice of health promotion has been largely subsumed by the dominant, post-positivist paradigm of public health (Poland, 2007, Raphael, 2008). Insofar as health promotion seems to have adopted an uncritical, if unwitting, commitment to extant power relations that constructs science as "neutral", the field does reflect an immaturity of debate in regard to its epistemological reflexivity.

Aronowitz reminds us "Ideas old and new are not merely floating in the culture but are located in specific institutional sites that are also sites of power (1991, p. 145). This notion challenges the legitimacy of health promotion's relative silence on research epistemology within the academy of the 21st century. Perhaps it reflects health promotion's apprehension towards what Aronowitz terms the "conundrum of Critical Theory: the fear that on the other side of critique lies unreason" (1988, p. 127). However what is considered science and what is considered ideology is only "distinguished *in practice*" by the extent to which the legitimization, institutionalization, and reification of the "ideology of science exempts it from being called ideology" (ibid., p. 341, original emphasis). Unfortunately, the reified or "natural" appearance of science "remains opaque without weapons of criticism" to deconstruct it (ibid.). "Because we are not able to

assume anything we must take a self-critical stance regarding the assumptions we incorporate into our empirical approaches" (Lather, 1986, p. 65).

6.4.3 Methodology

Although the terms are often used interchangeably, 'method' and 'methodology' are distinct considerations in research. Methods are simply those "specific data collection and analysis procedures/ techniques" that are "epistemologically neutral" in and of themselves (Murray, Nelson, et al., 2001, p. 42). Methodology, on the other hand "refers to the set of rules and procedures" that indicate how any particular research project should be conducted (ibid.). Methodology goes beyond offering a simple account of method in that it also articulates their rules for application and validity, as well as the relationship between theory, epistemology and methods (ibid.).

Research carried out within CS and IE makes use of an expanse of methods, including, but not limited to, qualitative and quantitative techniques, focus groups, depth interviews, textual analysis, discourse analysis, and deconstruction. In addition, both argue the merits of beginning with qualitative inquiry. Of the two approaches however, only IE has elaborated a comprehensive methodology to guide research carried out within the paradigm. Indeed, Dorothy Smith has chosen to develop Institutional Ethnography as a methodology, specifically, rather than as a collection of domain or specific-level theory (Level III or IV, Figure 5.1) in order to "abjure the need for the type of "totalizing theory"

or "externalizing master-frame" she considers implicated within the "cat's cradle" of ruling relations within our society (Smith, 1990a, p. 10). In this way, Smith has generated a methodology which connects her unique reflective-materialist social ontology to appropriate research epistemology and methods – one which abstains from the tendency to approach the world conceptually in favour of research driven from the standpoint of a subject situated in local actualities of life (ibid.).

Certainly health promotion scholars and promoters have advanced the use of alternative research designs in public health, although quantitative inquiry is still privileged. Baum argues that because "interventions on social determinants of health are complex and subject to social and political flux, the research designs have to draw on a broad range of methodologies and cannot be as rigidly designed and implemented as research studying the more proximal causes of ill health" (2008, p. 463). Accordingly, health promotion research has utilized a range of social science methods including surveys, interviews, focus groups and community-based action research. However health promotion has failed in the more substantive methodological issue of conceptualizing why these methods are being employed in the first place and what goals are being oriented towards.

My research provides a case in point of this methodological void. The quantitative study was designed to quantify adolescent media risk, with media risk entirely collapsed into amount of media use. The action research project was carried out to explore young people's uptake of this supposed media health risk whilst engaging youth in a media production "inoculation" exercise to enhance their media literacy skills. However this

deployment of methods completely "avoids the issue of the origins of the risk representation itself" (Campos, 1998, p. 334). Using researcher defined social groups (sex, grade level, school location, etc.) to categorize media usage patterns, variations in these patterns were then used to attribute media risk. This not only provides for an endless tautology of group/ risk representations but also privileges expert accounts of risk and adolescence that are completely devoid of elaboration on the assumptions or social theory informing them.

I argue it is the lack of a cohesive methodology, i.e. the dearth of metatheory informing its choice of method or intervention, which explains why health promotion's "risk" work is so amenable to the behavioural-cognitive paradigm[14]. Clearly in the context of methodology, health promotion has been outpaced by other disciplines, in spite of the beneficent values it espouses and the stockpile of important problems it would like to tackle (Poland, 2007). It is not enough to recognize that social issues are worthy of research interventions, however. These issues must also be approached in a manner that is relevant. Poland argued, "health promotion… sits at the crossroads between continued reliance on methods and models rooted in positivist traditions of 'scientific research' on the one hand, and on the other the exploration of more qualitative and explicitly critical perspectives" (1992, p. S31). Health Promotion requires a methodology to help it "break out of the circuit that seems to require a return to the privileged text" (Brunt, 1992, p. 76); from the dialectic between how either experts represent risk or how the adolescents

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[14] See my discussion of Nutbeam & Harris's review of health promotion theory (1999) presented in chapter five to appreciate the infiltration of the behavioural-cognitive paradigm in health promotion.

interpret, resist or experience them. This privileges the field of everyday life as the path towards an understanding of young people as "more than receivers or readers of others' encodings" (McRobbie, 1992, p. 730). Through such a methodology, young people could be revealed "as active agents whose sense of self is projected onto and expressed in an expansive range of cultural practices…texts images and commodities" (ibid.).

6.5   CHAPTER SUMMARY

Employing the metatheoretical and reflexive framework introduced in the previous chapter I have discussed the contributions of two alternative approaches to health issues for health promotion. Both make unique contributions to the case for heightened metatheoretical reflexivity in health promotion and offer possibilities for reconceptualising risk in order to render visible the bio-politics at stake in health promotion more generally. While there are potentially other lines of inquiry that could yield important insights for redressing the metatheoretical voids in health promotion, the value of both cultural studies and institutional ethnography lies in their comprehensiveness, coherency and transparency on all metatheoretical levels including ontological, epistemological, and methodological positioning. As Cruickshank argues "social science has to entail 'immersion' in a form of life" so "that social science concepts may react back upon lay knowledge: the so-called 'double hermeneutic'" (Cruickshank, 2003, pp. 71).

Cultural studies has a rich body domain specific level of theory (Level III, Figure 5.1) that health promoters might draw upon to help rehabilitate the simplistic notions of audience reception in its simplistic unidirectional effects model of media impact to come to an appreciation for the pluralism, symbolism, conflict, and meaning inscribed in cultural products, as exemplified in the work of Lupton & Tulloch (2002). It could also benefit from CS's epistemological rigour as to the contested nature of representations circulating in the society, including scientific accounts; its critique of positivism and the insufficiency of positivist methods for understanding the complexity of human behaviour; and its challenge of traditional disciplines in terms of the politics of what counts as knowledge. It could also model cultural studies' *explicit* ontological commitment to those at the margin versus the centre and its interrogation of extant power relations. Finally it could gain from the field's appreciation for the sense of self projected onto all cultural practices including risk taking; the meanings and pleasure people ascribe to voluntary risk taking; an attentiveness to power wielded by risk discourses in health promotion education and practice; and, in the context of my own research specifically, the merits of popular culture in adolescent lives.

Institutional Ethnography provides a unifying methodology – i.e. a comprehensive example of how a fully articulated social ontology can serve as the necessary metatheoretical underlabourer for informing consistent empirical inquiry from epistemology through to method, theory construction and analysis, as I advocated in chapter five. Through Tam's research we see how IE can help researchers engage with "at risk" groups, not as a category of position but as a starting point for social change

(2007). IE enables us to problematize the notion of risk as a social category, but also to trace the material effects of this discourse in the everyday lives of young people, to implicate its coordinating effects in the relations of ruling, and to embed the origins of this discourse in the talk and work practices of actual people. Institutional Ethnography is unique in its conceptualization of risk as a performative discourse and ideology; one that fosters a particular way of seeing and governmental intelligibility permitting "a greater number of young people to be brought into the field of regulatory strategies (Tait, 1995, p. 123). This contrasts with the objective construct of risk within health promotion used as an indicator of danger or the distribution of probabilities across populations. IE's methodological approach enables the researcher to "Rub theory against the real world so as to produce politically, ethically and pedagogically useful apothegms such as the one that enjoins us to learn to learn from below" (During, 2007, p. 229). Together both IE and CS serve up stellar approaches to tackle locally identified issues in the context of the many "complex health and social problems that have accompanied us into the twenty-first century" (Minkler & Wallerstein, 2003, p. 3).

GENERAL CONCLUSION

In this dissertation I have made a case for heightened reflexivity and metatheoretical rigour in Health Promotion research. Initially designed as an investigation into the impact of mass media on adolescent health, my dissertation objective has evolved, instead, to carry out a metatheoretical critique of the field of health promotion levied through the lens of my own research. The metatheoretical grounding of this paper stems from the challenges I have experienced as a doctoral student navigating the epidemiologically-informed and behaviourally-grounded body of theory informing most health promotion interventions today, and which fostered the fault lines I was experiencing in my own research. As explicated throughout this dissertation my unease was rooted in five issues: 1) the oeuvre of risk permeating health promotion research into media and adolescent health connections – i.e. media use as a condition risk, adolescence as a period of risk, and the adolescent family as a mediator of risk, as discussed in chapter one; 2) the inconclusiveness of the body of science underpinning much of the health risk discourse regarding the media activities of adolescents, as presented in chapter two ; 3) the persistent deployment of reductive, epidemiological modes of inquiry in health promotion, as exemplified in my quantitative research elaborated in chapter three 4) the process of health imperialism whereby the logic and practice of health promotion is colonizing increasingly more areas of everyday life, such as the education sector and psyche of adolescents as I elaborated in chapter four; and 5) the lack of metatheoretical reflexivity and void of social theory underpinning health promotion discourse and

interventions, as discussed in chapters five and six.

Just as I was completing this dissertation project, I stumbled on an insightful article from Canadian health promotion scholar Blake Poland (1992). In this article Poland was lamenting the distance (even then) between how health promotion was positioned on a conceptual plane versus how it was actually implemented on the ground, despite its rhetoric of "enabling people to increase control over, and to improve, their health" (ibid., p. S32). In line with the central theme of my dissertation, Poland argued the shortcomings of health promotion in practice has stemmed from its tenets being "subsumed within the dominant scientific paradigm" and "robbed of much of their intended meaning" (ibid., p. S33). He elaborated:

> The net result of extending the search for etiology and risk factors from the biological through the behavioural to the social is simply an expansion of the type and range of 'independent' variables accounted for in quantitative models. It is unlikely that such an approach will add significantly to our understanding of people's subjective meanings rooted in everyday life that are so clearly the empirical context of health-oriented and health related social action (ibid.).

Poland posited the way to reconcile these 'implementation issues' might be for health promotion scholars and practitioners to consider "the relevance of theory to research practice in health promotion" in adopting a more explicitly critical and interpretive

research methodology (ibid.). He proceeded to sketch some of the relevant debates in social theory including the essential need for qualitative research, the importance of environment to individual behaviour, the need to attend to the structure-agency question, the historicity of present contexts, the fallibility of human rationality assumptions, the merits of activist orientation in empirical inquiry, and the critical relationship of theory and method. It is interesting that almost twenty years later I have levied a similar argument, independently within this dissertation.

I intend the framework I have elaborated in chapter five to assist health researchers in becoming more reflexive in regard to the ontological, epistemological and methodological assumptions shaping research endeavours and the politics at stake in propagating risk discourse. As I have emphasized, health promotion has been outpaced by most other social science disciplines in regard to transparent metatheoretical reasoning and debate. Indeed, to make my case for more rigour in health promotion it was necessary to travel beyond health literature to texts from the philosophy of science, critical sociology, anthropology, cultural studies and critical theory. Navigating beyond one's particular paradigm is time consuming and far more unsettling than staying inside, and of course there is the attendant challenge of locating and deciding which frames of reference to incorporate or reject. As Noam Chomsky has observed, "The problem of science is not reductionism, it is unification, which is something quite different. There are different ways of looking at the world. They work to whatever extent they do, we would like to integrate them…" (Cited in Moscovici, 2001, p. 285).

In this dissertation I have chosen to highlight the theoretical contributions of two fields of social science that have resonated with me personally in the context of my media and adolescent health research, and in the subsequent reorientation of my research objectives – Cultural Studies and Institutional Ethnography. No doubt there are other approaches with contributions that merit consideration. I hope this framework assists health researchers to navigate beyond health promotion and consider these other theories, disciplines or ways of knowing as I have done, as such detours will facilitate new insights and expanded resources for interdisciplinary areas like public health to tackle complicated health and social issues. Michael Gard has argued that:

> If we to [sic] have more public effect, we need to be open to understanding
> how other intellectual traditions operate and to use these strategically to speak
> in languages other than those with which we are comfortable; that is we
> should not let the well worn grooves of our own discursive positions inhibit
> our capacity to speak to many different audiences (in Wright, 2009, p. 9).

Forming an interdisciplinary habit of mind is critical if health scholars are to truly preserve the possibility of critique (Stivers, 1993). But of course dabbling in other disciplines does not always guarantee a shift in conceptual orientations:

> ... it's not hard to cite theoretical works, problems, and positions from
> outside our own field. Nor to make brief intellectual excursions into other

domains, to cull good quotes or encapsulate the requisite background on history, economics, gender, or whatever… however, [it] involves taking other projects and questions seriously enough to do the work – theoretical and analytical – required to understand and position specific cultural practices (Nelson et al., 1992, p. 15).

Metatheoretical reasoning can help researchers sift through the mountain of ideas and theory generated in the academy in order to decide what is consistent with one's research objectives, ideas, or discipline. But more importantly they give us the language and terms of reference to articulate the worldview shaping our research texts, as a safeguard for qualifying their material impact in the everyday life. Moran reminds us "that what is studied and taught within universities is always a political question (Moran, 2002, pp. 15-16). "[A]ll research has presumptions about being" (Cruickshank, 2003, p. 119) and the study and treatment of health risk is no exception. Risk has become the central discourse in contemporary health promotion and it has material effects in the world informing how we live, how we behave, how we discipline our bodies, how we parent, and even how we love. And as elaborated in chapter one, insights from Foucault's work on technologies of the self (Foucault, 1988); governmentality via medico-administrative knowledge (Gordon, 1991); biopower (Harwood, 2009); biocitizenship (Halse, 2009), biopedagogies (Harwood, 2009; Burrows, 2009) and the biopedagogical family (Fullagar, 2009) remind us how much is at stake in this new oeuvre of risk, and may represent a way for health promotion research to progress towards deeper analyses of the power and politics of risk discourse in everyday life. As Cruickshank surmises, "We cannot find the finished Truth,

and nor can we step outside the norms of our culture so our beliefs correspond to reality-in-itself, but we can have *progress,* in the sense that *we can improve our ways of going on…* in science, and culture more generally (2003, p. 42, original emphasis).

As I approach the end of the dissertation I have the sense of having journeyed through a battle zone of ideas; the more I have come to "know" about media and adolescent health, health promotion and alternate research paradigms, the more I realize the vastness of what I do not, and the elusiveness of knowledge or novelty at the level of ideas more generally. In his appendix 'On Intellectual Craftsmanship' in The Sociological Imagination, C. W. Mills emphasizes the necessity of using a variety of disciplinary viewpoints and insights from new intellectual fields - of being "soaked in the literature" in order to" locate the opponents and the friends of every available viewpoint" (1959, p. 214). But he also cautions us not to become "too 'soaked'" lest "you may drown in it... Perhaps the point is to know when you ought to read, and when you ought not to" (ibid.). Over the last few years I have experienced this sensation of drowning and my metatheoretical detour and emerging framework was the compass I needed to navigate this intellectual crisis. It has become the touchstone against which I measure the academic arguments or viewpoints I encounter, and via which I have the confidence to reject or incorporate them. Most importantly it is the tool that allows me to locate myself as a health researcher - to carve out a stake and begin.

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    16.

Memorial University of Newfoundland

Student Consent Form

Title: Adolescents & the Media

Researcher: Kelly Monaghan, PhD Candidate, Memorial University

Sponsor: Canadian Institute for Health Research (CIHR)

You have been asked to take part in a research study. Before making this decision I would like to share with you the purpose of the study, along with the possible risks and benefits by way of this consent document. If you choose not to participate in this study you will not be impacted in any way, academically, or otherwise.

Introduction:
Research suggests that the mass media can influence the health beliefs and practices of youth. The exact nature of this relationship is poorly understood. There have been a number of American studies on the media consumption patterns of American adolescents. However, there have been no comparable studies in Canada. This study hopes to redress this research gap by collecting information about the types of media local junior high students engage with and on how they interact with media representations of health, pain and pain management in particular.

Purpose:
The purpose of this study is to investigate your interactions with mass media and the role media plays in shaping your health beliefs and practices regarding pain and pain management.

Description of Study procedures Tests and Time Commitment:
♦ **The in-school questionnaire:** This takes about 40 minutes to complete and will identify the quantity, content, and social context of media exposure to students.

♦ **Media literacy exercise:**
The researcher will return to your class next March to carry out class-based discussion and activities regarding the impact of the mass media in your everyday life. During

this class a collection of media representations of pain will be presented will be presented. Discussions may be audio-taped and transcribed but this audiotape will be subsequently destroyed

Potential Risks/ Discomforts:

No significant risks, discomforts or inconveniences are expected for students who participate in this project beyond the time commitment it will take to complete the questionnaire or class based discussion. There is the possibility you will be shy in revealing ideas or experiences during group discussions or that some media images shown may be particularly uncomfortable or relevant to you. Participation in the study is completely voluntary and you may drop out at any stage. Further you may decide not to answer any question about which you feel uncomfortable. Your replies are confidential and names will not be used.

Possible Benefits:

It is hoped this project will also contribute to the media literacy goals of the Eastern School District by helping you reflect on your own personal media usage patterns (in school questionnaire) and its possible association with your health and beliefs (class based activity/ discussion) about pain and pain management in particular.

Liability Statement:

By signing the attached consent form you give U.S. your consent to participate in this study. It tells U.S. that you understand the information about the research study. By signing this form you DO NOT give up your legal rights. The Researchers or agencies involved in this research study still have their legal and professional responsibilities to fulfil.

Questions:

If you have any questions regarding participating in this study you may contact any member of the research team:

- ◆ Kelly Monaghan, Researcher: 579-8093; or kmonaghan@nf.sympatico.ca
- ◆ Dr. Michael Murray, Research Supervisor: 777-6213 or murraym@mun.ca.

Alternatively you can talk to someone who is not involved with the study at all but can advise you on your rights as a study participant. This person can be reached through:
- ◆ Office of the Human Investigation Committee (HIC): 777-6974 or hic@mun.ca

Study Title: Adolescents & The Media: In-school Questionnaire

Name of Principal Investigator:
Kelly Monaghan, PhD Student
Division of Community Health, Faculty of Medicine, Memorial University
(709) 579-8093; kmonaghan@nf.sympatico.ca

To be filled out and signed by student - Please check as appropriate:

◆ The purpose of this questionnaire has been explained to me	[ ]Yes	[ ]No
◆ I have received enough details about the study	[ ]Yes	[ ]No
◆ I have been given a chance to ask questions/ discuss the study	[ ]Yes	[ ]No
◆ I have received satisfactory answers to all of my questions	[ ]Yes	[ ]No
◆ I understand all my responses will be kept confidential	[ ]Yes	[ ]No
◆ I understand my completion of this questionnaire is completely voluntary, and that I may leave blank any section or question I		
wish to, in part or in full	[ ]Yes	[ ]No
◆ I understand I may not complete this questionnaire unless my parent/ guardian has given permission for me to do so		
by signing and submitting the parental consent form	[ ]Yes	[ ]No
◆ I understand I am free to withdraw from the study	[ ]Yes	[ ]No

- At any time
- Without having to give a reason
- Without affecting my student/ school status.

◆ I agree to complete the media questionnaire	[ ]Yes	[ ]No

_____   _____

Signature of student   **Date**

_____   _____

Signature of Witness   **Date**

To be signed by the researcher:

I have explained the purpose of this questionnaire to the best of my ability. I invited questions and gave answers. I believe the participant fully understands what is involved in completing this questionnaire along with any potential risks, and that he or she has freely chosen to be in this study.

_____   _____

Signature of Researcher   **Date**

In-School Media Questionnaire

❑ Rural School   [SchlTyp]
❑ Urban School

SECTIONS:

Section 1: Demographic & Background information
Section 2: Media Vehicles in Home
Section 3: Print Media Use
Section 4: Television Viewing
Section 5: Computer and Internet Usage
Section 6: Other Media Usage

Section 1: Demographic information

1.1   What day of the week is it today? **Choose one answer only** [Day]

      ❑ Monday
      ❑ Tuesday
      ❑ Wednesday
      ❑ Thursday
      ❑ Friday

1.2   Are you a boy or a girl? **Choose one answer only** [Sex]

      ❑ Boy
      ❑ Girl

1.3   What grade are you in? **Choose one answer only** [Grade]

      ❑ Grade 7
      ❑ Grade 8
      ❑ Grade 9

1.4   What curriculum stream are you in? **Choose one answer only** [Stream]

      ❑ English
      ❑ French Immersion

1.5 Which of the following best describes your living situation most of the time? **Choose one answer only [HoUsehld]**

- ☐ Single Parent household, mother
- ☐ Single Parent household, father
- ☐ Two Parent household
- ☐ Other: Describe _____

1.6 What is the highest level of school your mother completed? **Choose one answer only [EducMom]**

- ☐ Did not finish high school
- ☐ Graduated from high school
- ☐ Some school after high school but did not finish/ graduate
- ☐ Graduated from trade or technical college program
- ☐ Graduation from university degree program
- ☐ Completed more school after university graduation (like doctor, lawyer, professor, scientist, etc.)
- ☐ Don't know
- ☐ No one fills the role of mother in my family

1.7 What is the highest level of school your father completed? **Choose one answer only [EducDad]**

- ☐ Did not finish high school
- ☐ Graduated from high school
- ☐ Some school after high school but did not finish/ graduate
- ☐ Graduated from trade or technical college program
- ☐ Graduation from university degree program
- ☐ Completed more school after university graduation (like doctor, lawyer, professor, scientist, etc.)
- ☐ Don't know
- ☐ No one fills the role of father in my family

1.8 How many brothers/ sisters/ step brothers/ step sisters under 18 years of age do you live with most of the time. **Do not count yourself [Sibs]**

Write your answer here: _____

1.9 What grades do you usually get? **Choose one answer only [Marks]**

- ❑ Mostly As (80-100)
- ❑ Mostly As and Bs (70-100)
- ❑ Mostly Bs and Cs (60-79)
- ❑ Mostly Cs and Ds (50-69)
- ❑ Other ___ [MarkSpec] _____

1.10 Is there usually an adult at home when you get home from school most days?
Choose one answer only [Supervsn]

- ❑ Yes
- ❑ No

1.11 How well does each of the following statements describe you? Is each statement a
lot like you, somewhat like you, not much like you or not at all like you? **Circle only
one answer for each statement**

	A lot Like Me	Some what Like Me	Not Much Like Me	Not At All Like Me	Don't Know
I have a lot of friends [Friends]	1	2	3	4	5
I get along well with my parents [HmHarmny]	1	2	3	4	5
I am often bored [Bored]	1	2	3	4	5
I often feel sad and unhappy [Sad]	1	2	3	4	5
I have been happy at school this year [HappySch]	1	2	3	4	5
I get into trouble a lot at school[STrouble]	1	2	3	4	5
I get into trouble a lot at home[HTrouble]	1	2	3	4	5

1.12 Are you involved in any formal extra curricular activities (e.g. Dancing, Sports,
Martial Arts, chess club, Scouts, Music, Cheerleading, Volunteer activities, Church
groups, etc.)? **Choose one answer only [XtraCurr]**

- ❑ Yes
- ❑ No

If yes, please list the activities/ clubs/ organisations you are involved in:
[XtraSpec] _____

_____

_____

_____

Section 2: Media Access in The Home

2.1 How many of the following items are in your home? **Circle only one answer next to each item**

a) TVs [NoTV]	0	1	2	3	4	5 or more
b) TVs with Cable or Satellite [NoTVC]	0	1	2	3	4	5 or more
c) VCRS [NoVCR]	0	1	2	3	4	5 or more
d) DVD players [NoDVD]	0	1	2	3	4	5 or more
e) CD players [NoCD]	0	1	2	3	4	5 or more
f) MP3 players (e.g. iPod) [NoMP3]	0	1	2	3	4	5 or more
g) Computers [NoComp]	0	1	2	3	4	5 or more
h) Computers with Internet Access [NoCompI]	0	1	2	3	4	5 or more
i) Radios [NoRadio]	0	1	2	3	4	5 or more
j) Video game systems that hook up to TV [NoVGame]	0	1	2	3	4	5 or more

2.2 Do you have any of the following in your bedroom? **Choose only one answer next to each item**

a) TV [BedTV]	☐Yes	No ☐
b) Cable or Satellite TV [BedTVC]	☐Yes	No ☐
c) VCR [BedVCR]	☐Yes	No ☐
d) DVD player [BedDVD]	☐Yes	No ☐
e) CD player [BedCD]	☐Yes	No ☐
f) Mp3 player (e.g. iPod) [BedMP3]	☐Yes	No ☐
g) Computer [BedComp]	☐Yes	No ☐
h) Computer with Internet Access [BedCompI]	☐Yes	No ☐
i) Radio [BedRadio]	☐Yes	No ☐
j) Video game system [BedVGame] that hooks up to TV	☐Yes	No ☐

Section 3: Print Media Use

3.1 Thinking only about yesterday about how much time did you spend looking at or reading any magazines? **Choose one answer only [MagAmt]**

- ❑ None
- ❑ 5 minutes
- ❑ 15 minutes
- ❑ 30minutes
- ❑ 45 minutes
- ❑ 1 hour
- ❑ $1^{1/2}$ hours
- ❑ 2 hours
- ❑ More than 2 hours; Write specific time spent here: _____

3.2 Do you personally have any magazine subscriptions (that is, magazines mailed directly to you at your home)? Do not include magazines that someone else in your family subscribes to. **Choose one answer only [MagSubs]**

- ❑ Yes
- ❑ No

3.3 Please list up to three of your favourite magazines to read:

1) _____ [Mag1] _____
2) _____ [Mag2] _____
3) _____ [Mag3] _____

3.4 Thinking only about yesterday about how much time did you spend looking at or reading any newspapers? **Check one answer only [NewsAmt]**

- ❑ None
- ❑ 5 minutes
- ❑ 15 minutes
- ❑ 30minutes
- ❑ 45 minutes
- ❑ 1 hour
- ❑ $1^{1/2}$ hours
- ❑ 2 hours

☐ More than 2 hours; Write specific time spent here:
_____ [NewsSpec]_____

3.5 When reading a newspaper which sections of it do you usually look at or read?
Choose as many answers as you need [NewsSect]

☐ I do not read any newspapers [nonews]
☐ Local News [locnews]
☐ National News [natnews]
☐ International News [intnews]
☐ Entertainment Section (movies, television, etc) [entnews]
☐ Comics [comics]
☐ Horoscope or advice columns [horoadv]
☐ Sports Section [sportsec]
☐ Fashion Section [fashion]
☐ Youth or Teen Section [teensect]
☐ Other _____ [SectSpec]_____
☐ I Don't know [newsDK]

3.6 Please list up to three of your favourite newspapers to read:
1) __ [NewsPpr1]_____
2) __ [NewsPpr2]_____
3) __ [NewsPpr3]_____

3.7 Thinking only about yesterday about how much time did you spend reading a book
for your own enjoyment (that is, not as part of a homework assignment)? **Check one
answer only** [BookAmt]

☐ None
☐ 5 minutes
☐ 15 minutes
☐ 30 minutes
☐ 45 minutes
☐ 1 hour
☐ $1^{1/2}$ hours
☐ 2 hours
☐ More than 2 hours; Write specific time spent here: _____ [BookSpec]_____

Section 4: Television Viewing

Please note, to help you answer the following questions TV listings for the last week are attached to the end of this questionnaire for your reference.

4.1 Thinking only about yesterday (from the time you woke to the time you went to sleep) about how much time did you spend watching television, including videotaped TV shows but **NOT** other types of videos such as movies? **Check one answer only** [TVAmt]

❑ None

❑ 5 minutes

❑ 30 minutes

❑ 45 minutes

❑ 1 hour

❑ 1$^{1/2}$ hours

❑ 2 hours

❑ More than 2 hours; Write specific time spent here:
___[TAmtSpec]___

4.2 Which of the following best describes how you watched TV programs yesterday?
Choose one answer only [TVHow]

❑ I did not watch any programs yesterday

❑ I mainly watched them alone

❑ I mainly watched them with other people (Check as many as apply):

☐ Parent/ Guardian [TVParent]

☐ Brother/ sister {TVSib]

☐ Friend [TVFriend]

☐ Other__{THowSpec]_____

4.3 If applicable, please list **up to 10** of your favourite television programs that you watch on a regular basis (#1 being your most favourite):

TV Programme	TV channel	Day	Timeslot
1. [TV1Prg]	[TV1Chan]	[TV1Day]	[TV1Time]
2. [TV2Prg]	[TV2Chan]	[TV2Day]	[TV2Time]
3. [TV3Prg]	[TV3Chan]	[TV3Day]	[TV3Time]
4. [TV4Prg]	[TV4Chan]	[TV4Day]	[TV4Time]
5. [TV5Prg]	[TV5Chan]	[TV5Day]	[TV5Time]
6. [TV6Prg]	[TV6Chan]	[TV6Day]	[TV6Time]

7. [TV7Prg]	[TV7Chan]	[TV7Day]	[TV7Time]
8. [TV8Prg]	[TV8Chan]	[TV8Day]	[TV8Time]
9. [TV9Prg]	[TV9Chan]	[TV9Day]	[TV9Time]
10. [TV10Prg]	[TV10Chan]	[TV10Day]	[TV10Time]

4.4 How often is a TV usually on in your home (even if no one is watching)? **Choose one answer only** [TVOn]

- ❑ Most of the time
- ❑ Some of the time
- ❑ A little bit of the time
- ❑ Never
- ❑ I don't know

4.5 In your home is the TV usually on during mealtimes? **Choose one answer only** [TVMeals]

- ❑ Yes, the TV is Usually on during meals
- ❑ No, the TV is not Usually on during meals
- ❑ I don't know

4.6 Does your family have any rules about television watching at your home (e.g. such as time limits)? **Choose one answer only** [TVRules]

- ❑ Yes my family has rules about watching TV
- ❑ No my family does not have any rules about watching TV

Section 5: Computer & Internet Usage

5.1 Thinking only about yesterday (from the time you woke to the time you went to sleep) about how much time did you spend using a computer in total? **Choose one answer only** [CompAmt]

- ❑ None
- ❑ 5 minutes
- ❑ 15 minutes
- ❑ 30 minutes
- ❑ 45 minutes
- ❑ 1 hour

- ☐ $1^{1/2}$ hours
- ☐ 2 hours
- ☐ More than 2 hours; Write total time spent here:
  _____[CAmtSpec]_____

5.2 Thinking only about yesterday/ this past Friday/ this past Saturday how much time did you spend using the computer for school related work? **Choose one answer only** [CWrkAmt]

☐ None
☐ 5 minutes
☐ 15 minutes
☐ 30 minutes
☐ 45 minutes
☐ 1 hour
☐ $1^{1/2}$ hours
☐ 2 hours
☐ More than 2 hours; Write total time spent here:
  ___ [CWrkSpec] _____

5.3 Thinking only about yesterday/ this past Friday/this past Saturday how much time did you spend using the computer for personal enjoyment? **Choose one answer only** [CPersAmt]

☐ None
☐ 5 minutes
☐ 15 minutes
☐ 30 minutes
☐ 45 minutes
☐ 1 hour
☐ $1^{1/2}$ hours
☐ 2 hours
☐ More than 2 hours; Write total time spent here: ___ [CPerSpec] ___

5.4 Does your family have any rules about computer usage at your home (e.g. time limits)? **Choose one answer only** [ComRules]

☐ Yes my family has rules about Using the computer
☐ No my family does not have any rules about Using the computer

5.5 Which of the following best describes how you used the computer yesterday/ this past Friday/ this past Saturday? **Choose one answer only** [CompHow]

- ❑ I did not Use the computer yesterday/ this past Friday/ this past Saturday
- ❑ I mainly Used the computer alone
- ❑ I mainly Used the computer with someone else (Check as many as apply):
  - ❑ Parent/ Guardian]CParent]
  - ❑ Brother/ sister [CSibs]
  - ❑ Friend [CFriend]
  - ❑ Other___[CHowSpec]_____

5.6 Thinking only about yesterday/ this past Friday/ this past Saturday how much time did you spend using the computer to check and answer emails? **Choose one answer only** [EmailAmt]

- ❑ None
- ❑ 5 minutes
- ❑ 15 minutes
- ❑ 30 minutes
- ❑ 45 minutes
- ❑ 1 hour
- ❑ $1^{1/2}$ hours
- ❑ 2 hours
- ❑ More than 2 hours; Write total time spent here: ___[EmlSpec]___

5.7 Thinking only about yesterday/ this past Friday/ this past Saturday how much time did you spend using Instant Messenger programs (e.g. ICQ, MSN)? **Choose one answer only** [MessAmt]

- ❑ None
- ❑ 5 minutes
- ❑ 15 minutes
- ❑ 30 minutes
- ❑ 45 minutes
- ❑ 1 hour
- ❑ $1^{1/2}$ hours
- ❑ 2 hours
- ❑ More than 2 hours; Write total time spent here: _____[MessSpec]_____

5.8 Thinking only about yesterday/ this past Friday/ this past Saturday how much time did you spend using the computer to download music, movies, and/or TV shows? **Choose one answer only** [DownAmt]

- ❑ None
- ❑ 5 minutes
- ❑ 15 minutes
- ❑ 30 minutes
- ❑ 45 minutes
- ❑ 1 hour
- ❑ $1^{1/2}$ hours
- ❑ 2 hours
- ❑ More than 2 hours; Write total time spent here:
      [DownSpec]

5.9 Thinking only about yesterday/ this past Friday/ this past Saturday how much time did you spend using the computer to visit online journal sites (blogging)? **Choose one answer only** [JrnlAmt]

- ❑ None
- ❑ 5 minutes
- ❑ 15 minutes
- ❑ 30 minutes
- ❑ 45 minutes
- ❑ 1 hour
- ❑ $1^{1/2}$ hours
- ❑ 2 hours
- ❑ More than 2 hours; Write total time spent here:
      [JrnlSpec]

5.10 Thinking only about yesterday/ this past Friday/ this past Saturday how much time did you spend using the computer to surf/ visit other web sites? **Choose one answer only** [SurfAmt]

- ❑ None
- ❑ 5 minutes
- ❑ 15 minutes
- ❑ 30 minutes
- ❑ 45 minutes

- ❏ 1 hour
- ❏ $1^{1/2}$ hours
- ❏ 2 hours
- ❏ More than 2 hours; Write total time spent here:
     [SurfSpec]

5.11 What types of websites did you visit yesterday/ this past Friday/ this past Saturday?
Choose as many answers as you need [SiteType]

- ❏ I did not visit any websites yesterday/this past Friday/ this past Saturday [WSnone]
- ❏ Entertainment (TV Movies Music, Celebrities) [EntWS]
- ❏ Family or Children [FamilyWS]
- ❏ Gaming [GamingWS]
- ❏ Hobbies or Groups [HobbyWS]
- ❏ News [NewsWS]
- ❏ Search Engines [SearchWS]
- ❏ Research or Information or Computer Support [InfoWS]
- ❏ Relationships or Lifestyles [RelatWS]
- ❏ Shopping [ShopWS]
- ❏ Health [HealthWS]
- ❏ Fitness or Sports [SportWS]
- ❏ Something Else: Write topic here: _____ [STypSpec]
- ❏ Don't Know [DKWSTyp]

5.12 If applicable, please list up to five websites you visit on a regular basis:

Name of Website	Website Address (URL)
1.Website1	Site1URL
1.Website2	Site2URL
1.Website3	Site3URL
1.Website4	Site4URL
1.Website5	Site5URL

5.13 Thinking only about yesterday/ this past Friday/ this past Saturday how much time did you spend using the computer to visit chat rooms? **Choose one answer only** [ChatAmt]

- ❑ None
- ❑ 5 minutes
- ❑ 15 minutes
- ❑ 30 minutes
- ❑ 45 minutes
- ❑ 1 hour
- ❑ $1^{1/2}$ hours
- ❑ 2 hours
- ❑ More than 2 hours; Write total time spent here:
  ___[ChatSpec]___

5.14 If applicable, what were the topics of the chat rooms that you visited yesterday/ this past Friday/ this past Saturday? Choose as many answers as you need [ChatType]

- ❑ I did not visit any chat rooms yesterday/this past Friday/ this past Saturday [ChatNone]
- ❑ Entertainment (TV Movies Music, Celebrities) [ChatEnt]
- ❑ Family or Children [ChatFam]
- ❑ Gaming [ChatGame]
- ❑ Hobbies or Groups [ChatHob]
- ❑ News [ChatNews]
- ❑ Relationships or Lifestyles [ChatRel]
- ❑ Shopping [ChatShop]
- ❑ Health [ChatHlth]
- ❑ Fitness or Sports {ChatFit]
- ❑ Something Else: *Write topic here:* __[CTypSpec]_____
- ❑ Don't Know [DKCRTyp]

5.15 If applicable, please list up to five chat rooms you visit on a regular basis:

Name of Chat room	Internet Address
1. [ChatRm1]	[Chat1URL]
2. [ChatRm2]	[Chat2URL]
3. [ChatRm3]	[Chat3URL]
4. [ChatRm4]	[Chat4URL]
5. [ChatRm5]	[Chat5URL]

5.16 Thinking only about yesterday/ this past Friday/ this past Saturday how much time did you spend using the computer to play CD ROM or Online computer games? **Choose one answer only [CGameAmt]**

❑ None
❑ 5 minutes
❑ 15 minutes
❑ 30 minutes
❑ 45 minutes
❑ 1 hour
❑ $1^{1/2}$ hours
❑ 2 hours
❑ *More than 2 hours; Write total time spent here:*
   _____ **[CGmeSpec]**_____

5.17 If applicable, please list up to five CD Rom or Online Computer games you play on a regular basis:

Name of Game	Internet Address (if applicable)
1. CGame1	CGme1URL
2. CGame2	CGme2URL
3. CGame3	CGme3URL
4. CGame1	CGme4URL
5. CGame4	CGme5URL

Section 6: Other Media Usage

Videos/ DVDS/ Cinema

6.1 Thinking only about yesterday/ this past Friday/ this past Saturday how much time
     did you spend watching videos or DVDs (not including TV shows that were taped)?
     Choose one answer only [VDVDAmt]

- ❏ None
- ❏ 5 minutes
- ❏ 15 minutes
- ❏ 30 minutes
- ❏ 45 minutes
- ❏ 1 hour
- ❏ 1$^{1/2}$ hours
- ❏ 2 hours
- ❏ More than 2 hours; Write total time spent here:
     __[VDVDSpec]_____

6.2 If applicable, please list up to three videos or DVDs that you most recently watched:

1) ____[VDVD1]_____
2) ____[VDVD2]_____
3) ____[VDVD3]_____

6.3 Thinking only about yesterday/ this past Friday/ this past Saturday how many movies
did you watch at a movie theatre? **Choose one answer only** [MovieAmt]

- ❏ None
- ❏ One movie
- ❏ Two movie
- ❏ More than two movies; Write how many movies here:
     __[MAmtSpec]_____

6.4 If applicable, please list up to three movies that you most recently watched at the
     cinema:

1. _ [Movie1]_____
2. _ [Movie2]_____
3. _ [Movie3]_____

6.5 What types of videos/ DVDs/ Movies do you most like to watch? **Choose as many answers as you need** [MovieTyp]

- ☐ None [MoviNone]
- ☐ Action [MoviAct]
- ☐ Comedy [MoviCom]
- ☐ Drama [MoviDram]
- ☐ Family or Children [MoviFam]
- ☐ Fitness [MoviFit]
- ☐ Horror [MoviHor]
- ☐ Romance [MoviRoma]
- ☐ Science Fiction [MoviScFi]
- ☐ Music Videos [MoviMVid]
- ☐ Something Else - Write answer here:
     [MTypSpec]_____
- ☐ Don't Know [DKMTyp]

Video Games

6.6 Thinking only about yesterday/ this past Friday/ this past Saturday about how much time did you spend playing video games (Do not include time spent playing games on a computer)? **Check one answer only** [VGameAmt]

- ☐ None
- ☐ 5 minutes
- ☐ 15 minutes
- ☐ 30 minutes
- ☐ 45 minutes
- ☐ 1 hour
- ☐ $1^{1/2}$ hours
- ☐ 2 hours
- ☐ More than 2 hours; Write total time spent here:
     _____ [VGmeSpec]

6.7 Yesterday/ this past Friday/ this past Saturday did you mainly play video games alone or with other people? **Choose one answer only [VGameHow]**

☐ I did not play video games yesterday

☐ I played mainly alone

☐ I played mostly with other people (Check as many as apply):

    [Parent/ Guardian ☐VGParent]

    [Brother/ Sister ☐VGSibs]

    [Friend ☐VGFriend]

    [Other ☐VGHwSpec]_____

6.8 What types of video games do you most like to play? **Choose as many answers as you need [VGType]**

☐ I don't play video games [VGNone]

☐ Action or Combat *(e.g. Doom, Duke Nukem)* [VGAct]

☐ Adventure *(e.g. Bladerunner, Tomb Raider, Titanic)* [VGAdv]

☐ Classic Games, Gambling, Puzzles or Logic *(e.g. Battle Chess 4000, Solitaire, Word Grid)* [VGClassic]

☐ Reflex *(e.g. Pulse, Quirks, Tetris)* [VGReflex]

☐ Role Playing, Interactive Fiction or Fantasy *(e.g. Ultimate VII, King's Quest VII)* [VGRole]

☐ Simulation or Strategic Planning *(e.g. X-Wing, Sim City, Transport Tycoon)* [VGSimul]

☐ Sports or Competition *(e.g. NBA live, PGA Golf, Need for Speed)* [VgmSport]

☐ Something Else Write Answer Here: __[GTypSpec]_____

☐ Don't Know [DKVGTyp]

6.9 If applicable, please list the names of up to three of the video games you most recently played:

Video game Name	Game system (e.g. PS2; Game cube, etc)
1. [VGame1]	[VGme1Sys]
2. [VGame2]	[VGme2Sys]
3. [VGame3]	[VGme3Sys]

Audio Media

People often listen to the radio, albums, tapes, CDs, or MP3s while they are doing other things like eating, getting dressed, homework, Using the computer, walking, riding a car or bus, etc.)

6.10 Thinking only about yesterday/ this past Friday/ this past Saturday, about how much total time did you spend listening to the radio? **Choose one answer only [RadioAmt]**

- ❑ None
- ❑ 5 minutes
- ❑ 15 minutes
- ❑ 30 minutes
- ❑ 45 minutes
- ❑ 1 hour
- ❑ $1^{1/2}$ hours
- ❑ 2 hours
- ❑ More than 2 hours; Write total time spent here: ___[RadSpec]_____

6.11 When listening to the radio what type of broadcasts are you interested in listening to? **Choose as many answers as you need [RadioTyp]**

- ❑ Music [RadioMUS]
- ❑ News [RadioNws]
- ❑ Radio Talk Shows [RadioTlk]
- ❑ Other ____[RTypSpec]_____
- ❑ I Don't know [DKRadTyp]

6.12 If applicable, please list up to three of your favourite radio stations:
1) ____[RadStn1]_____
2) ____[RadStn2]_____
3) ____[RadStn3]_____

6.13 If applicable, please list up to three of your favourite radio programs:

Name Radio Program	Radio Station	Time Slot
1. [RPrg1]	[RPrg1Stn]	[RPrg1Tme]
2. [RPrg2]	[RPrg2Stn]	[RPrg2Tme]
3. [RPrg3]	[RPrg3Stn]	[RPrg3Tme]

6.14 Thinking only about yesterday/ this past Friday/ this past Saturday, about how much total time did you spend listening albums, CDs, MP3s or taped music? **Choose one answer only [RcrdAmt]**

❏ None

❏ 5 minutes

❏ 15 minutes

❏ 30 minutes

❏ 45 minutes

❏ 1 hour

❏ $1^{1/2}$ hours

❏ 2 hours

❏ More than 2 hours; Write total time spent here: _____ [RcrdSpec]

6.15 What type of music do you generally most like to listen to (on radio, albums, tapes, or CDs)? **Choose as many answers as you need [MusicTyp]**

❏ I do not listen to music [MU.S.None]

❏ Classic Rock [MClsRock]

❏ Alternative Rock [MAltRock]

❏ Soft Rock [MsftRock]

❏ Top 40 Rock [MTop40]

❏ Classical [MClscal]

❏ Country [MCountry]

❏ Hard Rock or Metal [MHrdRock]

❏ Rap or Hip Hop {MRap]

❏ Rave or Techno [MRave]

❏ Reggae [MReggae]

❏ Ska or Punk [MPunk]

❏ Jazz or Blues [MJazz]

❏ Rhythm & Blues/ Soul [MR&B]

❏ Gospel or Christian Music [MGospel]

❏ Something Else _____ [MTypSpec]

❏ I Don't Know [DKMU.S.Typ]

May 12, 2004

Reference #04.80

Ms. K. Monaghan
C/o Dr. M. Murray
Community Health
Faculty of Medicine
Health Sciences Centre

Dear Ms. Monaghan:

This will acknowledge your correspondence dated April 16, wherein you clarify issues and provide a revised consent form for your research study entitled **"Adolescents & the media: media representations of pain and pain management"**.

At the meeting held on **April 15, 2004**, the initial review date of this study, the Human Investigation Committee (HIC) agreed that the response and revised consent form could be reviewed by the Co-Chairs and, if found acceptable, full approval of the study be granted.

The Co-Chairs of the HIC reviewed your correspondence, approved the revised consent form and, under the direction of the Committee, granted *full approval* of your research study. This will be reported to the full Human Investigation Committee, for their information at the meeting scheduled for **May 13, 2004**.

Full approval has been granted for one year.

For a hospital-based study, it is **your responsibility to seek the necessary approval from the Health Care Corporation of St. John's and/or other hospital boards as appropriate**.

This Research Ethics Board (the HIC) has reviewed and approved the application and consent form for the study which is to be conducted by you as the qualified investigator named above at the specified study site. This approval and the views of this Research Ethics Board have been documented in writing. In addition, please be advised that the Human Investigation Committee currently operates according to the Tri-Council Policy Statement and applicable laws and regulations.

Notwithstanding the approval of the HIC, the primary responsibility for the ethical conduct of the investigation remains with you.

We wish you every success with your study.

Sincerely,

John D. Harnett, MD, FRCPC   Richard S. Neuman, PhD
Co-Chair   Co-Chair
Human Investigation Committee   Human Investigation Committee

JDH;RSN\jjm

C   Dr. C. Loomis, Vice-President (Research), MUN
        Mr. W. Miller, Director of Planning & Research, HCCSJ

QUANTITATIVE MEDIA SURVEY
PARENTAL CONSENT FORM

2005-09-13

Dear Parent/ Guardian:

My name is Kelly Monaghan and I am a PhD student in Community Health within Memorial University's Faculty of Medicine. I will be conducting a research project within [SCHOOL NAME] during the 2004-2005 school year and I would like to share its details with you should your child/ ward wish to participate in the study. The official title of this study is Adolescents & the Media

Student participation in this research involves a two-fold commitment from students. Firstly it requires the completion of an in-school media questionnaire. Secondly he or she will be invited to participate in a lunchtime or after school media literacy exercise to be held with a sample of students from each participating school. Details on the purpose of the study, along with specifics of the questionnaire and focus groups are outlined in more detail in the 'consent to take part in health research' information sheet, which follows.

Student participation will be on a voluntary basis only and confidentiality provisions for all responses will be strictly upheld. A summary of the results will also be forwarded to each participating family.

Please read the following information sheet and contact the researcher, the school, or the independent research ethics board (Human Investigation Committee) if you have any questions, concerns, or hesitation about the study or your child/ ward's participation in it. Thank you for considering this research proposal.

Respectfully

Kelly Monaghan
PhD candidate, Community Health
Faculty of Medicine
Memorial University

Title: Adolescents & the Media

Researcher: Kelly Monaghan, PhD Candidate, Memorial University

Sponsor: Canadian Institute for Health Research (CIHR)

Your child/ ward has been asked to take part in a research study and therefore I would like to share with you the purpose of the study, along with the possible risks and benefits for your child/ ward, by way of this information.

Please note that prior to conducting any research I will:

♦ Discuss the study with your child/ ward
♦ Answer your child/ ward's questions
♦ Keep any information which might possibly identify you child/ ward confidential
♦ Be present during the study to address any problems or questions that arise.

If your child/ward chooses not to participate in this study this decision will not impact him/ her in any way, academically or otherwise.

Introduction:

Research suggests that the mass media influences the health beliefs and practices of adolescents. The exact nature of this relationship is poorly understood. There have been a number of American studies on the media habits of American adolescents. However there have been no comparable studies in Canada. This study hopes to redress this research gap by collecting information about the types of media local junior high students engage with and how they interact with media representations of health, pain and pain management.

Purpose:

The purpose of this study is to investigate the extent of students' interactions with mass media and the role mass media plays in shaping adolescents' health beliefs and practices.

Description of Study procedures Tests and Time Commitment:

♦ **The in-school questionnaire**: This takes about 40 minutes to complete and will identify the quantity, content, and social context of media exposure to students.
♦ **Media literacy exercise**:
  Next March the researcher will return to the school in order to carry out class-based discussion and activities regarding the impact of the mass media in the everyday life of adolescents. During this class a collection of media representations of pain will be introduced for analysis. Discussions may be audio-taped and transcribed. Subsequently, the audio-tapes will be destroyed

Potential Risks/ Discomforts:

It is not anticipated that any significant risks, discomforts or inconveniences will be experienced by students who participate in this project, beyond the time commitment it will take to complete the questionnaire or media literacy exercise. There is the possibility your child/ ward may feel shy in terms of revealing their ideas or experiences during group discussions, or that the topic of media representations of pain uncomfortable for him/her. Your child/ ward will be reminded that participation in the study is voluntary and that he or she may drop out at any stage. Further he or she may decide not to answer any question about which they feel uncomfortable. They will also be advised that their replies are confidential.

Possible Benefits:

It is hoped this project will also contribute to the media literacy goals of the Eastern School District of NL by engaging your child/ ward in an examination of their media Usage patterns (in school questionnaire) and its possible association with his/ her health behaviours and beliefs (media literacy exercise).

Questions:

If you have any questions regarding your child/ ward participating in this study you may contact any member of the research team:

♦ Kelly Monaghan, Researcher: 579-8093; 777-8854 or kmonaghan@nf.sympatico.ca
♦ Dr. Michael Murray, Research Supervisor: 777-6213 or murraym@mun.ca.

You may also express any concerns you may have directly to the school administration:
♦ Principal, Telephone number, email address

Alternatively you can talk to someone who is not involved with the study at all but can advise you on your rights as a parent of a study participant. This person can be reached through the Faculty of Medicine's Research Ethics Review Board:
♦ Office of the Human Investigation Committee (HIC): 777-6974 or hic@mun.ca

If for any reason you **DO NOT** want your child/ ward to participate in this study please indicate this by signing the opt-out declaration below, and returning this form to your child/ ward's classroom teacher

---

I **DO NOT** wish my child/ ward, _____,
to participate in this study.
Parent Signature: _____ **Date:** _____

MEDIA LITERACY ACTION-RESEARCH PROJECT
PARENTAL CONSENT FORM

October 19, 2006

Dear parent:

Your child/ ward has been asked to take part in an action research project; however it is up to you to decide whether or not your child/ ward takes part. Before making this decision I would like to share with you the purpose of the study, along with the possible risks and benefits for your child/ ward, by way of this consent document.

Please note that prior to conducting the project I will:
◆ Discuss the study with your child/ ward
◆ Answer your child/ ward's questions
◆ Keep any information which might possibly identify you child/ ward confidential
◆ Be present throughout the project to address problems or questions that arise.

If your child/ward chooses not to participate in this study this decision will not impact him/ her in any way, academically or otherwise.

Liability Statement:

By signing the attached consent form you give us your consent that your child or ward may participate in this project. It tells us that you understand the information about the project I have provided. By signing this form you DO NOT give up your legal rights. The researchers or agencies involved in this research study still have their legal and professional responsibilities to fulfill.

Questions:

If you have any questions regarding your child/ ward participating in this study you may contact any member of the research team:

◆ Kelly Monaghan, Researcher: 579-8093; 743-3728 or kmonaghan@nf.sympatico.ca
◆ Dr. Michael Murray, Research Supervisor: murraym@mun.ca.
◆ Dr. Roberta Hammett, Research Committee Member, Faculty of Education: 737-3402, hammett@mun.ca

Alternatively you can talk to someone who is not involved with the project at all but can advise you on your rights as a parent of a study participant. This person can be reached through:
• Office of the Human Investigation Committee (HIC): 777-6974 or hic@mun.ca

Project: Youth-Led Media Production Project

Subject: Mass Media and Adolescent Health

Project Site: [School Name], [After-School Student Media Group]

Nature: Based on the principals of participatory action research this project will be completely driven by the ideas of the students, resulting in a final product of their design (e.g. documentary, news spot) on the topic of, and relationship between, mass media and adolescent health. This work will be showcased on December 10th, 2006, which is UNICEF's **International Children's Day** of **Broadcasting**. In contrast to typical research, the students involved in this project model are co-researchers who will work in partnership with their student mentors at [school name] (teachers names) and university researcher Kelly Monaghan, PhD candidate, Division of Community Health, Faculty of Medicine, Memorial University.

Ownership: The final project product is the property of the students and [school]. The researcher will only share results with broader academic community with the explicit permission of students and mentors involved.

Project Risks: There are no risks anticipated in association with your child/ wards participation in this project. The responsibilities and activities mirror what they normally do as a member of the [media] enrichment group; only the topic they will explore reflects the research nature of the project.

Project Benefits: Goals of the project include the building of media literacy skills along with awareness of the possible connections between adolescent health and the mass media.

Project Evaluation: Success will be assessed through reflexive analysis of the production process through the Use of production meetings/ focus groups and end of project interviews with participants. To aid recall and increase the quality of this analysis these meetings/ focus groups and interviews may be audio recorded.

Confidentiality: The anonymity of your child/ wards participation in this project will be protected as thoroughly as possible. Pseudonyms for students will be used in any academic setting the project is detailed, such as in journal publications or conference presentations. The one limitation to participant anonymity is that the students' production will be possibly aired by local media outlets on December 10th - International day of children's broadcasting and academic presentations of dissertation research. The identity and participation of your child may in this way be publicized, particularly if the students' refer to one another by name in the production.

Consent Signature Page

Study Title: Adolescents & The Media: Media Production Project

Name of Principal Investigator:
Kelly Monaghan, PhD Candidate
Division of Community Health, Faculty of Medicine
Memorial University
(709) 579-8093; kmonaghan@nf.sympatico.ca

To be filled out and signed by parent; please check as appropriate:

- I have read this consent form and information sheet   [ ]Yes [ ]No
- I have received enough details about the project   [ ]Yes [ ]No
- I have been given the means to discuss the project   [ ]Yes [ ]No
- I have received satisfactory answers to all of my questions   [ ]Yes [ ]No
- I understand my child/ ward is free to withdraw from the project at any time, without having to give a reason, and without it affecting his/ her student status.   [ ]Yes [ ]No
- I grant permission for my child/ ward to participate   [ ]Yes [ ]No
- I grant permission for my child/ ward to participate in interview/ focus group/ production discussions to evaluate the project   [ ]Yes [ ]No
- I grant permission for the audio recording of my child's participation in these discussions   [ ]Yes [ ]No

_____   _____
Signature of Parent/ Guardian   **Date**

_____   _____
Signature of Researcher   **Date**

APPENDIX D – MEDIA AND YOUTH VIDEO PRODUCTION

Introduction: This year the Department of Education began a healthy and active living initiative targeted at students across the province. A recent study has shown that students use a significant amount of time consuming mass media. Is the mass media affecting everybody's health, resulting in illness, obesity and many health problems? Through this documentary we hope to shed some light on these issues, as they affect us and our friends every day.

1. *[typing across computer screen]* How does mass media affect our health?

Student interviewee: If I see a commercial, on like say McDonald's or something, I want what they had on the commercial.

Narrator 1: The average child watches 10,00 food advertisements per year on television. Most are for junk food or fast food. Only 2% are for fruits vegetables or beans. *[video footage of school cafeteria at lunch time with close-ups on takeout meals – KFC, McDonald's]*. Advertisements for junk food and fast food can also be seen in movies, magazines, stores, Internet, and even schools *[stills shots of print advertisements for fast food, and Coca cola vending machine in school]*.

Narrator 2: Canadian statistics indicate that more than 6 million people between 20-64 years of age are overweight and another 2.8 million are obese. Together they represent 47% of the Canadian adult population. In 1998-99 the overweight and obesity rates among children for ages 2-11 years old were 37% and 18% respectively compared to 35% and 15% for adults. *[camera shots or students at computer stations, bar graph of obesity rates, body shots of morbidly obese bodies, bucket of KFC chicken]*

2. *[typing across computer screen]* Are people addicted to the Internet?

Student interviewee: Well I don't go out half as much anymore as I spend all my time on my computer and listening to music.

Narrator 1: Do parents have any rules about Internet usage? Do they teach their children to excerise caution and regulate how much time they spend with electronics? The problem is most parents don't. According to the Kaiser Survery in the In the United States only 23% of 7-12 graders say their family has rules about computer activity. 17% say they have restrictions on time they play with videogames *[video footage of youth in bedroom alone on computer with daylight fading into darkness]*

Class Discussion footage: *Student#1*: Like when you watch TV, determines on what you watch and when you watch it and when you can do other things.

Teacher: OK so what determines what you watch?

Student#1: the channels and like determines on what you can watch and what you can get from each channel

student #2: they show you these merchandise and they say oh if you wear this you'll be cool and you'll look good so then you go out and you buy it just because

Narrator 2: How much time you spend in front of a TV, Video, computer screen is important because these activities have been linked to obesity, attention problems and poor grades. *[camera shots of cellphone, computer screens, young person holding head in obvious distress, failing report card]* A study was done in 2005 in four schools in the Eastern School District. These schools were C, T, B, A. The survey was conducted in grade 7-9 only. The average time spent with media per day for the total population was 5 hours and 27 minutes *[still shots of Eastern School District Logo, four schools, and text summary of the study data]*

3. *[typing across computer screen]* How is the media affecting our body image?

Student interviewee: It makes me feel like weird around like other people cause its really superficial and they're fake and they make other people feel bad about themselves cause they think that they should be… look like what they look like when all these models are fake and not real and they're hiding behind makeup and stuff like that

Narrator 2: Today's youth, particularly girls get mixed messages from media. They are bombarded daily with advertisements for junk food and fast food on televisions and magazines. Yet the same magazines and television shows that serve up these ads also create the waif look by portraying pencil thin models. *[images of models, fashion products magazine cover shots]*

Narrator 1: Whether it is models that wear a size two or movie stars with exceptional curves beauty pressures are everywhere. And when young girls find it hard to keep up low self-esteem can take over, and lead to introversion, a withdrawal from normal life and a waste of potential. *[music videos, magazine shots]*

Narrator 2: The majority of girls on all the popular television shows are tall, really skinny and the typical super model – hot sexy woman, not the geeky down to earth girl. When you put girls that look that way on TV it makes a lot of girls feel really self-conscious about their looks. Girls with lower self-esteems want to look beautiful so that they'll get a barrage of compliments and hope their self-esteem goes up *[stills of teenage girls, in obvious states of depression]*

Conclusion: Does mass media affect out health? No one really knows for sure, different people have different opinions but in the end we all must decide for ourselves. You be the judge.