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Managing Uncertainty Through Participation

LOUISE POTVIN

1. Introduction

Participation enjoys a very special status in health promotion discourse. Conceptualised both as a process and a valued outcome, it is often viewed as a defining feature and a key principle of health promotion (Robertson & Minkler, 1994; Rootman, Goodstadt, Potvin & Springett, 2001). Taking advantage of an undisputable position as a cardinal value, the role of participation has rarely been critically examined in relation to health promotion practice and its contribution to public health. The questions regarding the role of participation and how, in practice, practitioners can facilitate and support its emergence, have not been given satisfactory answers. Answers to these crucial questions can only result from a theoretical understanding of what participation entails in terms of action in the social situations of health promotion interventions. Theorizing on the role of participation in health promotion and on the social processes at play when it occurs is a prerequisite to reframing participation as a professional practice rather than as an ideology (see Pelikan, Chapter 6), and to develop appropriate procedures that can foster the conditions for effective participation.

Using social theory, this chapter seeks to shed a fresh light on the notion of participation. Firstly, identifying some of the reasons why the world in which we live is increasingly uncontrollable by scientific means (Giddens, 1990, 1994), this chapter will argue for the necessity of public health to develop a practice of participation as a strategy to manage the uncertainty associated with reflexivity, a characteristic of our contemporary society (see Balbo, Chapter 8). Secondly, expanding upon Callon’s Actors Network Theory we will elaborate a theoretical conception of participation as a process by which groups of heterogeneous actors negotiate their role with regards to a social situation; in so doing these actors actively explore the possible worlds that can be collectively pursued.

2. Public Health and Reflexive Modernity

Public health is the combination of science, practical skills, and values directed to the maintenance and improvement of the health of all the people. It is a set of efforts organised by
society to protect, promote, and restore the people’s health through collective and social action (Last, 1998, p. 6).

Like many authors who attempted to define public health, Last clearly associates public health with the modernist perspective of advancing the human condition through rationality and science to inform public choices and population management (MacKian, Elliott, Busby, et al., 2003). An exemplary endeavour of The Enlightenment, public health rests on the underlying assumption that the association of science and the State through expert knowledge and bureaucracy will yield to a world where disease and death, conceived as failures of nature, are no longer part of the human experience (Fassin, 1996). “Suffering, healing, and dying, which are essentially transitive activities that culture taught each man, are now claimed by technocracy as new areas of policy-making and are treated as malfunctions from which populations ought to be institutionally relieved” (Illich, 1975, p. 132). Although public health can certainly claim to have fulfilled a great deal of this command, its action also generated novel sanitary challenges. Using Giddens and Beck’s critic of modernity, this section explores how these challenges come about.

Over the past 150 years through various interventions, programs and initiatives, public health as an institution has significantly contributed to improving the health of populations and in so doing, built a convincing case for the do-ability of health (see Kickbusch, Chapter 9). In fact, many of the public health achievements, such as the global eradication of smallpox or the reversal of the cardiovascular mortality trend in the 1970’s, are truly spectacular. In health however, as in many other applied sciences, the modernist utopia of creating an orderly world through the application of scientific knowledge has been achieved often at the cost of creating new risks or adverse outcomes. The new realities engineered through scientific and technological progress are also associated with unexpected and undesirable outcomes (Beck, 1992, 2000; Giddens, 1994). Global pollution is the more obvious example of such unintended consequences.

In the health sector, the whole area of work on epidemiological transition shows how public health progress in longevity and disease prevention constantly lead the way to new sanitary challenges that were previously unforeseeable (Frenk, Bobadilla, Stern, et al., 1994). Like the previous transition periods that marked public health history (see Potvin & McQueen, Chapter 2), the third revolution of public health faces many new challenges that result from the successful efforts to control infectious diseases and to prevent chronic diseases; this in turn, limits the generalization of people’s capacity to produce health equally throughout entire populations (see Abel, Chapter 5). The most frequently cited challenges are often associated with people’s social conditions, such as: the increasing health disparities between those at the top of the social hierarchy and those at the bottom; the resurgence of infectious diseases, such as tuberculosis, in low income populations; the emergence of new epidemics due to changes in lifestyle (e.g. heart disease, obesity, diabetes) or outbreaks due to new viruses (e.g. HIV, SARS); the dramatic decrease in life expectancy in Sub-Saharan Africa and Eastern Europe; the population backlash against universal vaccination programs, and many others.