Activism for health: An ethical obligation of public health practice

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Abstract

Stagnating progress on public health issues such as child poverty has led to increasing calls for the public health workforce to change their mode of political engagement. This thesis explored one alternative method of political participation that is able to instigate the transformative changes necessary to advance population wellbeing: health activism.

This thesis addressed two questions: ‘Do public health professionals have an ethical obligation to engage in health activism?’, and ‘How can health activism be best conceptualised?’. A literature and theory review revealed support for activism as both an ‘ought’ and ‘can’ of public health practice. The social justice ethical perspective directs public health practitioners to activist engagement on the grounds of ‘love’ and ‘solidarity’. The ‘call to activism’ is further supported by dominant theoretical conceptions of ‘public health’: as a necessarily ‘active’ discipline, in which normative value judgements impart further responsibilities to act.

A theoretical model of activism was developed in which three characteristics distinguish activism from other forms of political participation. First, activism is ‘unconventional’ political participation that, second, challenges the status quo. Third, ongoing reflexive processes are required to identify what unconventional actions will challenge the status quo in a particular context. To ground this theoretical model in the lived experience of current public health practitioners, I conducted nine semi-structured interviews with current members of one public health sub-sector: academics.

Thematic analysis of the interviews revealed support for health activism as an ethical responsibility of the public health workforce, and the general principles of the three-part model of activism. Three pathways to promote activist engagement were suggested: an expansion of the understanding and uptake of the ‘activist identity’, and the establishment of activist networks and an activism-based public health ‘finishing school’.

This thesis provides theoretical and experiential support for framing health activism as an imminent ethical responsibility of public health practice. The need for activism is most clearly seen in situations where conventional practice and political engagement struggle to advance population health. Health activism provides a way for public health professionals to enact the social justice perspective of ‘valuing others’ and utilise the significant power and privilege they possess to effect change.
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List of Abbreviations and Acronyms

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<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AAAP</td>
<td>Auckland action against poverty</td>
</tr>
<tr>
<td>Act-up</td>
<td>AIDS coalition to unleash power</td>
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<tr>
<td>AGC</td>
<td>Autonomous geographies collective</td>
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<tr>
<td>AIDS</td>
<td>Acquired immune deficiency syndrome</td>
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<td>AMA</td>
<td>American medical association</td>
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<td>ASHA</td>
<td>Accredited social health activist</td>
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<td>CPAG</td>
<td>Child poverty action group</td>
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<td>FVHW</td>
<td>Female volunteer health workers</td>
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<td>HIV</td>
<td>Human immunodeficiency virus</td>
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<tr>
<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental organisation</td>
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<tr>
<td>PHANZ</td>
<td>Public Health Association of New Zealand</td>
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<tr>
<td>RSS</td>
<td>Rich site summary</td>
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<td>UNICEF</td>
<td>United Nations International Children's Emergency Fund</td>
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Chapter One: Introduction

1.0 Introduction
In this introductory chapter I problematise the current context of stagnated progress concerning issues of public health concern. Subsequent to that I suggest a pathway to the achievement of transformative social change: the proliferation of health activism by the public health workforce. I provide an overview of my methodological approach; an explanation of my research questions, scope and outcomes of interest; describe the context from which my research questions arose; and identify the research gap I seek to fill. I close with an overall guide to the thesis.

1.1 Activism for health
Stagnating progress on issues such as child poverty has elicited strong criticism of the current approach to public health practice. Benatar argues that public health professionals have become “‘tame counters of events’ rather than professionals ‘doing’ anything to improve public health” ([1], p.198). Potvin [2] describes the situation as an indication of public health’s ‘fragile commitment’ to equity, exemplified by the 20 year gap between the initial commitment to equity expressed in the Ottawa Charter [3] and subsequent actions made on the issue [4]. What we need, she contends, is “less talk, fewer reports, and more action” ([2], p.4). Indeed, the lack of progress on issues such as climate change, inequity and child poverty has seen a surge of public health practitioners calling for a modification to the standard toolkit of public health political engagement [5-14].

The involvement of health professionals in ‘politics’ is not without debate. A recent open letter in the Lancet that encouraged the medical profession to speak and act out against the Israeli “massacre and destruction of Gaza” ([15], p.398) elicited sharp criticism of the mixing of politics and medical journals [16]. Yet McKee, Mackenback and Allebeck acknowledge the complexity of deciding when a publication can be considered ‘political’, and the more overarching matter of deciding the place of politics in medical journals at all [16]. Nonetheless, the political nature of public health and associated health promotion is generally acknowledged [16-20]. Drawing on the work of public health pioneer Rudolf Virchow, Mackenback argues that public health’s ‘biggest idea’ is the necessity of viewing public health action as political action [18]. He writes, “human health and
disease are the embodiment of the successes and failures of society as a whole, and the only way to improve health and reduce disease is by changing society by, therefore, political action” ([18], p.181). Others have similarly argued that even if we tried to get the politics out of public health, we would be “simply fooling ourselves” ([16], p.2) [21].

A subsequent question is thus: what type of political action should public health professionals consider their priority, or indeed an ethical obligation? Expressing his frustration at the lack of public health action on climate change, Peter Tait makes the assessment that:

If the public health community is to be relevant to the management of this set of wicked problems, then we must actively do public health with the degree of response commensurate to what is required ([7], p.5).

Tait’s ‘call to action’ arguably applies to the various ‘wicked problems’ afflicting public health. Within this thesis I will explore health activism as a method of political engagement that, if used by the public health workforce, could successfully instigate transformative processes of change for the benefit of population health.

Varying definitions for activism are available within the broader social science literature. Some authors focus on the aspect of ‘taking action’ against power structures [22], whilst others emphasise that activists are those who build solidarity with society’s marginalised and disenfranchised [23]. Some highlight that activism should not be considered “necessarily a good thing or a bad thing” ([24], p.20) [25] as it can equally be used in support of, as well as against, situations of social injustice and inequity. The potential of activism to be used for the benefit of public health practice and the state of population health [26, 27] has been recognised. In a recently published guide to health activism, Glen Laverack presents health activism as a way to overcome a political environment in which “politicians and corporations are unwilling to share power with the marginalised in society” ([28], p.xiii). An in-depth discussion of the parameters and practice of health activism will be provided in Chapter Three.

Activism has historically been used to advance population health. A notable example is the work of the AIDS coalition to unleash power (Act-up) in the late 1980’s. Act-up

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1 According to convention, I will use the term ‘population health’ to refer to the state of health of the members of a certain population, and ‘public health’ to refer to the actions taken to protect and promote ‘population health’.
utilised activist tactics alongside more traditional forms of advocacy, “street theatre and intimidation on the one hand, detailed position papers and painstaking negotiation on the other” ([29], p.128), to promote the welfare of individuals with HIV/AIDS. The tactical use of activism by Act-up saw tangible results in the improved knowledge of, access to, and research around HIV/AIDS health care options [29, 30]. More recently, Australian medical professionals and students engaged in a coal mine blockade, protesting the negative health impacts of the Maules Creek coal mine in Northwest New South Wales [31]. Four protesters were arrested for failing to comply with police after locking themselves together for four hours and obstructing the workings of the mine. In the local setting of Aotearoa-New Zealand (Aotearoa), a recent example of health activism was the Auckland Action Against Poverty (AAAP) ‘counter-party’ to the Young Nationals ball. Protesting the state of inequality in Aotearoa, AAAP highlighted that the $100 price of attending the ball was more than most families have left after paying rent and power for life’s other necessities such as food [32].

Glen Laverack’s book ‘Health activism: Foundation and Strategies’ provides a comprehensive description of activist tactics alongside tangible historical examples of their use [28, 33]. The purpose of this thesis is not to replicate this overview or conduct in-depth case studies to illustrate the effectiveness of this form of political engagement. Rather, I seek to build on Laverack’s work and explore a question not openly addressed in the limited health activism literature: what will galvanise public health professionals to engage in health activism? I propose that the framing of health activism as an ethical obligation of public health practice may hold such cohesive and motivational power. Further, I seek to provide a more comprehensive model of activism that makes clear the core principles and practicalities of the phenomena and addresses observed inconsistencies in the theoretical promotion of its use. In the following sections I will formally frame my research questions and elaborate on how they address extant research gaps.

1.2 Research scope, objectives and outcomes of interest

In this thesis I investigate two research questions:

**Research Question One (RQ1): Do public health professionals have an ethical obligation to engage in health activism?**
Research Question Two (RQ2): How can health activism be best conceptualised?

The objective of RQ1 is to critically explore the case for health activism as an ethical obligation for public health professionals. The objective of RQ2 is to develop and promote the understanding and utilisation of health activism within public health. If health activism is to be framed as an ethical obligation of public health practice, an anticipated outcome of RQ1, practitioners will require guidance on the parameters and practice of this form of political participation. As discussed in Section 1.4, the extant health activism literature is complicated by theoretical incoherence and inconsistencies. An exploration of RQ2 is thus a necessary accompaniment to RQ1.

The development of theoretical and experiential insights into the ethical arguments for, and practical components of, health activism is the intended short-term outcome of this thesis. Methods of literature review and semi-structured interview were chosen to generate that data necessary to fulfil this outcome of ‘theoretical and experiential insights’. Due to the heterogeneous nature of public health as a discipline, interviews were restricted to one public health sub-discipline (academics) to increase the coherence of and avoid over-generalisations in analysis. A specific literature and theoretical review of scholar activism was undertaken to complement and strengthen this focus. A more long-term anticipated outcome of this research is the increased utilisation of health activism by public health professionals. Measurement of this outcome, however, is beyond the scope of this thesis.

1.3 Research approach

It is important to mention the various perspectives I bring to this project, which guided its initial and ongoing development. My work is a product of a post-positivist research approach of “scholarship that makes its biases part of its argument” ([34] as cited in [35], p.259) [36, 37]. More specifically, I subscribe to a constructivist and critical theorist worldview that finds easy expression through Alveeson and Skoldberg’s model of social constructionism [36]. The first two steps of this model establish the ‘mutable’ nature of reality, identifying a particular phenomenon as either unnecessary or changeable. The second two steps of this model entail social critique and confrontation in which said phenomena is problematised and its transformation established as a desirable goal. Notably, the elements of social critique and confrontation are not necessarily a
constructivist occupation, more commonly associated with a critical theorist approach [36]. Alveeson and Skoldberg’s model can thus be viewed as, and will henceforth be referred to as, a ‘critical constructivist’ model and methodological approach.

The four levels of Alveeson and Skoldberg’s critical constructivist model can be identified within this thesis [36]. Reference to my ‘problematisation and critique’ of the current context of stagnated progress in issues of public health concern was contained within Section 1.1. I expand on this in Section 1.4 through a discussion of the pertinent need for health activism in the current socio-political context of Aotearoa. The core task of this thesis, my inquiry into the nature of and ethical responsibilities surrounding health activism, is thus a progression from the initial task of ‘problem identification’ to the identification of potential pathways for transforming such a context of stagnation. More subtly, ‘problematisation and critique’ are contained within my analysis of the current understanding and practice of public health ethics and health activism.

My research approach has also been influenced by my privileged position as a tauuiwi\(^2\) European migrant from Australia. I am aware of the social advantages I have inherited on account of being a descendent of the ‘colonisers’ as opposed to the ‘colonised’. To study and work in the field of public health in Australia or Aotearoa is to bear witness to unacceptable discrepancies in health opportunities and outcomes between the indigenous and non-indigenous populations. As discussed in the following section, my inspiration to pursue the topic of ‘health activism’ grew out of frustration with, and a personal sense of responsibility to do something about, the long-term state of child poverty that disproportionally affects Māori. This project was informed and shaped by early workshops with Māori leadership development groups following a presentation at the 2013 Health Promotion Forum [38]. These workshops granted me access to members of the Māori public health workforce and provided a safe space in which participants helped me understand what activism meant to them. I hope to further acknowledge the content and contribution of these workshops through the co-authorship of a peer-reviewed paper following the submission of this thesis.

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\(^2\) Non-Māori resident of Aotearoa
1.4 Context and contribution

In this section I clarify the relevance and potential contributions of my abovementioned research questions. I do so on three levels: the current socio-political context of Aotearoa, issues specific to public health academics, and the current state of health activism literature.

Child poverty has been a topical issue in Aotearoa since the late 1990s / early 2000s following the introduction of neoliberal market-based socio-economic policies. The embrace of neoliberal philosophy in Aotearoa saw the second largest increase in income inequality in OECD countries, and a dramatic rise in child poverty and related child health problems [39-41]. Despite long-term acknowledgement of child poverty as an issue of public concern, significant levels persist: 260,000 or one in four New Zealand children aged 0–17 years were estimated to be living in relative poverty in 2013 [42]. Of particular public health concern is the unequal burden of child poverty for Māori. Māori are disproportionately represented in the most deprived economic deciles, as well as being significantly more affected by poverty-associated ill-health compared to non-Māori Europeans within the same economic decile [43, 44].

This state of inequity stands in direct breach of both national and international agreements regarding the rights of indigenous peoples [45, 46]. Further, it runs counter to the value of social justice that can be seen as the driving force of public health practice [1, 47, 48] (discussed further in Chapter Two). As Child Poverty Action Group (CPAG) states, “ALL children, irrespective of the status and position of their parent/carer, are entitled to the best possible support from their parent/s and all New Zealand society” ([49] p.3, emphasis in original). The need to rectify child poverty in Aotearoa can thus be framed from two perspectives: the ethical promotion of social justice and equity in general, and the specific promotion of equity of health between Māori and non-Māori according to Te Tiriti o Waitangi. These perspectives can be seen as complementary and inseparable, as described in the Public Health Association of New Zealand’s (PHANZ) Code of Ethical Principles [50].

It is important to acknowledge that this context of stagnation has not occurred in the absence of long-term debate and political engagement in both local and national, public and professional forums [49, 51-58]. The efforts of prominent advocacy group CPAG, whose core membership includes key public health professionals, are particularly notable.
Formed in 1994, CPAG has consistently engaged with local and central government as well as international bodies on the issue of inequity and child poverty [59]. During the period of 2001 to March 2015 CPAG submitted 67 submissions and published numerous peer-reviewed articles, background papers and other publications [60, 61]. They also initiated and persistently engaged in legislative cases against discriminatory welfare programs as well as other awareness-raising events such as post-budget breakfast forums [53, 62-64].

Nonetheless, little progress has been made during the course of CPAGs twenty-year campaign for change. Significantly, international progress on child poverty indicates that this is not because it is an immutable issue. A recent report by UNICEF contrasted the stagnated progress on child poverty in Aotearoa – a 0.4 percent reduction between 2008 and 2014 – with progress made in other countries such as Australia, Finland and Norway who managed to reduce child poverty rates by six, four and three percent respectively during the same period [65]. It is not the task of this thesis to explain the cause of inadequate progress on the front of child poverty, and other issues of long-term public health concern. Rather, having noted this state of stagnation, I suggest a potential pathway to transformative social change: health activism.

It is significant to note the timely discussion of health activism in the context of public health academia. Nicky Hager’s *Dirty Politics* [66] exposed personal attacks on public health academics who challenge ‘Big Business’, such as Doug Sellman and his work on alcohol-related harm. Other public health academics have identified “an apparent systemic approach being used by the tobacco, alcohol and processed food industries in New Zealand to attack prominent public health advocates” ([14], p.505). Boyd Swinburn affirms existing research on government-based efforts to control Australian public health research(ers) [67] with his personal experience of attempts to alter or suppress research reports as well as funding withdrawals at an Australian university – a practice he warns is growing in Aotearoa [68]. This is exemplified by the recent report by Sir Peter Gluckman, the Prime Minister's chief science advisor, which questions the validity of scientists acting as “impassioned advocates for a cause” ([69], p.4). Gluckman also made public comments regarding a potential revision of the Royal Society’s Code of Ethics that would specify acceptable modes of ‘public engagement’ for scientists, eliciting expressions of fear from the scientific community about their ability to liaise with the
media from a point of professional ‘safety’ [70]. Revisions to the Code of Ethics remain unconfirmed.

A public health workforce galvanised by health activism may possess increased capacity to withstand and effectively challenge government and Big Business attempts at censorship. However, a review of the existing health activism literature points to significant shortcomings that require attention before proliferation of this tactic can occur. Laverack’s ‘activist handbook’ is written from the perspective of an impartial observer [28]. Accordingly, his work fails to convey the essence of what motivates engagement in unorthodox measures that not only challenges the norms of society in general, but one’s workplace and colleagues – with the associated potential for repercussions [33]. Overall, theoretical understanding of health activism is lacking. Only two cohesive accounts of ‘health activism’ can be found in the literature [12, 28]. The bulk of health activism literature are peer-reviewed articles of issue-based activism that do not seek to promote the utility of activism to the field of public health as a whole. The majority of articles concern AIDS activism [29, 30, 71-74], with smaller numbers exploring food-based activism [75, 76], mental health activism [77], disability activism [78] and breast-feeding activism [79].

A further shortcoming of this literature is the lack of distinction between ‘activism’ and ‘advocacy’. The terms are frequently used without definition, often interchangeably [79-91]. In some cases, activism is utilised as a catch-all term for all singular or collective ‘actions’ of people or initiatives that target social change [80, 81, 86, 92, 93]. The underdeveloped theory of health activism is further complicated by a paradoxical tone of hesitancy towards engaging in processes of conflict. Laverack’s work contains a strong discourse of caution towards the “risky option” ([28], p.141) of more direct (albeit nonviolent) forms of activism. His hesitant recommendation of the use of activism only “if necessary” (p.137, 142) sits in direct contrast to the accompanying “revolutionary call for action” (p.138) and overall argument for public health professionals to consider activism a viable form of public health action. The overall lack of distinction and definition of terms, and inconsistent messages about the purpose and place of activism renders the health activism literature largely incoherent. This arguably forms an unsuitable foundation from which the understanding and practice of health activism can be promoted. An aim of this thesis, according to RQ2, is thus to make preliminary contributions to strengthening the theoretical basis of health activism.
1.5 Guide to thesis

Chapters Two, Three and Four combine literature review with theory-building in a manner that progressively addresses the questions of ‘why’, ‘what’, and ‘how’ of health activism.

In ‘Chapter Two: Activism as an Ethical Responsibility’ I address the question of why the public health workforce should engage in health activism. I do so by exploring whether activism can be presented as an ethical obligation through a review of public health ethical frameworks and definitions of ‘public health’ itself.

In ‘Chapter Three: Practice and Parameters of Health Activism’ I address the question of ‘what is health activism?’ by presenting a three-point model of activism. I pay particular attention to discussing ways to overcome barriers to activist engagement in light of the restrictive socio-political environment in which public health practitioners currently work.

In ‘Chapter Four: Scholar Activism’ I address the question of ‘how’ to engage in health activism more explicitly by clarifying and contextualising the theories and arguments of Chapters Two and Three in the setting of scholar activism. I explore scholar activism as a way to produce ‘research that matters’ regarding its ability to instigate transformative processes of change, as well as the potential for bringing activism into the classroom setting. Methods to guide and assess the impact of activist scholarship are discussed.

Chapters Five to Seven describe the guiding theory, process and outcomes of my field research. In ‘Chapter Five: Research Methods’ I elaborate on the methodological theories that guided my research approach alongside a description of actual research methods used. In ‘Chapter Six: Thematic Analysis’ I present my thematic analysis of the semi-structured interviews. Analysis is made regarding the themes in and of themselves, and their relationship with the research questions. I draw general conclusions and identify key limitations. In ‘Chapter Seven: Implications’ I discuss the implications of my thematic analysis in light of current literature with regard to how health activism can be framed and promoted to increase public health utilisation.
In ‘Chapter Eight: Research Contribution and Final Conclusions’ I conclude with an assessment of my research contribution and discuss the ‘strategic direction’ it provides for future health activism research and practice.
Chapter Two: Activism as an Ethical Responsibility

2.0 Introduction

‘Public health ethics’ can be considered as both a field of theory and a field of practice [94]. As a field of theory, it seeks to define and understand principles and values that can guide public health action, and as a field of practice it seeks to determine how best to apply such principles and values to decision-making processes. Regarding the former, I have approached this thesis from a methodological perspective that embraces the personal values and principles of the researcher on the research processes and product. I have made my personal aspiration for social justice and equity clear, and the attendant perspective that there is a need for the public health workforce to engage in alternative modes of action if such goals are to be achieved. In this chapter I will establish support for the social justice ethical approach to public health practice, in which the promotion of equity is a core focus.

Regarding public health ethics as a ‘field of practice’, I will describe how the social justice perspective requires the acceptance of certain responsibilities by the public health practitioner. I identify a gap in the literature regarding the nature of such responsibilities, particularly in situations of stagnated social change despite long-term efforts through policies, interventions and government initiatives. I address this gap by presenting health activism as an ethical responsibility of the public health workforce. To begin, I will follow Verweij and Dawson’s advice and look to the characterisation of ‘public health’ itself as the foundation from which to build my justification of health activism as a legitimate – and necessary – form of public health activity [95].

2.1 An ‘active’ field

Contrary to criticism that public health professionals have become “tame counters of events” ([1], p.198), theoretical conceptions of the public health affirm the ‘active’ nature of the field. There exists a specific focus on engagement in ‘collective action’ toward the betterment of population health. Early definitions acknowledge the central role of “organised community efforts” in the activities of public health, “which will ensure to every individual in the community a standard of living adequate for the maintenance of health” ([96], p.30). Acheson describes public health as “the science and art of preventing
disease, prolonging life and promoting health through the *organised efforts of society* ([97], emphasis added). The Institute of Medicine likewise emphasises the qualities of collaboration and action in their definition of public health as “what we, as a society, do collectively to assure the conditions for people to be healthy” ([98], p.19, emphasis added). The affirmation of public health as an ‘active’ as opposed to ‘passive’ discipline has continued in more recent characterisations of the field: public health is seen as “collective action for sustained population-wide health improvement” ([99], p.2084), “collective action aiming at protecting the health—hence welfare—of all”. ([100], p.1), and so on [101, 102].

The expression of normative value judgements in characterisations of public health further supports the necessarily ‘active’ nature of public health. The use of terminology such as ‘assure’ and ‘adequate’ in definitions of public health contain important normative references to ideals public health practitioners must work to actualise. This is exemplified by Whitehead’s frequently cited definition of health inequities as “differences [in health] which are unnecessary and unavoidable but, in addition, *are also considered unfair and unjust*” ([103], p.5, emphasis added). Verweij and Dawson argue that once a particular problem is deemed a ‘public health issue’ there is the subsequent “moral obligation to do something about it” ([95], p.18). Gostin’s definition of public health as “society’s obligation to assure conditions for people’s health” ([104], p.122) directly acknowledges that obligations that arise from normative conceptions of public health practice.

The normative dimension of public health definitions, and the ensuing ethical obligations for action, leads to the important task of determining what is to be considered ‘unfair’ and ‘unjust’ [105]. Further, having framed public health as a discipline not only inclined to action but with accordant obligations or responsibility to act, the question of ‘what type of actions are to be used?’ necessarily arises. Within this thesis I concern myself only with the latter question. It is not the place of this thesis to provide an analysis of how to determine the level of inequity or injustice that warrants public health action. I equally do not address such questions as ‘equity of what?’ or ‘equity in what form?’; I direct the reader to other works which hold these questions as their central focus [106-108]. Rather I am working from the assumption that ‘said issue’, such as the level of child poverty in Aotearoa, has been deemed worthy of public health concern and action. In recognition that there is inequity to resolve, which previous actions have thus far been unable to
significantly amend, I propose an alternative means for gaining transformative change. The prerogative of this thesis is thus to address the question of ‘how’ to achieve social justice and equity, not a question of ‘why’ or ‘what’. Regarding the question of ‘how’, I explore the viability of health activism as the response of public health practitioners to their ethical ‘obligation to act’.

I have presented public health as an ‘active’ field characterised by normative dimensions that contain implicit ‘obligation to act’, specifically in the context of social justice and equity. The next section will discuss at greater length the necessity of taking a social justice ethical approach to public health practice. I will present health activism as an ethical obligation of the public health workforce if the normative values of ‘justice and equity’ are to be achieved in the current context of stagnated political will for change. I will then demonstrate how ethical principles arising from the social justice approach, such as ‘solidarity’, support activist engagement. The application of these principles to the promotion of health activism addresses the current lack of direction regarding the responsibilities of the public health professional when normative policies, processes and initiatives fall short of their intended goal of advancing population health.

2.2 A social justice perspective

To contextualise my argument for a social justice approach to public health ethics, I will provide a brief overview of the historical development of the field. Medical bioethics emerged after World War Two following ethical concerns about the treatment of human participants in medical research and rapid advances in medical technology. It has only been in the last 20 years that efforts have been made to “broaden the scope of ethical analysis in health care” [109] to better accommodate the specifics of public health practice [27, 110-114]. Before this shift in focus, four general ethical principles formed the basis of ethical decision-making in bioethics and public health alike: respect for autonomy, beneficence, nonmaleficence and justice [115]. The principle of beneficence entails maximising benefits and minimising harms to individuals and society at large, whilst nonmaleficence entails the active avoidance of harms [116]. Respect for autonomy can be neatly summed up as the ‘right to self-determination’ in which there is a delicate balance between safeguarding the rights of the individual and the welfare of the ‘common good’ [115]. Various theoretical approaches to ‘justice’ have been taken, which I discuss below.
The need to distinguish public health from medical bioethics arises due to the inability of
the four general ethical principles to adequately guide public health decision-making
processes. Various authors attribute this to the increased ‘complexity’ of public health
due to the greater emphasis placed on social context [26, 27, 115]. As the Nuffield
Council on Bioethics concludes, whilst issues of individual freedoms and self-
determination “remain ethical considerations of public health, they are woven into a
complex fabric, in which many different players have roles and responsibilities” ([27],
p.v). Verweij and Dawson call for the distinction of bioethics and public health ethics on
three different levels [117]. Foremost, they identify a significant difference in scale:
public health aims its interventions and programs at populations, as opposed to
individuals. Secondly, there exists a significant different in focus: public health is
preventive, as opposed to treatment-focused. Lastly, Verweij and Dawson identify the
unique role of the state in the provision of and responsibility for public health services.
On the basis of different scale, focus, role of government and overall ‘social complexity’,
various authors promote the use of other principles, values and rules in the theory and
practice of public health ethics [26, 94, 102, 109, 110, 118]. One such value is social
justice.

The value of social justice embodies the nature of public health as “a social endeavour”
([101], p.158). This sits in contrast to more traditional medical bioethics theories of
justice focused on the rights of the individual. To provide a brief overview of relevant
theories of justice, I will follow the example set by the Nuffield Bioethics Council and
juxtapose the libertarian and communitarian justice frameworks [27]. The libertarian and
communitarian justice frameworks can be seen to reflect the medical bioethics and public
health ethics approaches respectively. The libertarian approach “affirms what are
classically regarded as the ‘natural’ rights of man: life, liberty and property” ([27], p.13)
and minimizes the state’s influence on one’s personal life as much as possible – an
approach ill-fitted with the ‘common good’ and group-level focus of public health. In
contrast, a collectivist approach focuses on the ‘common good’ and effort is made to
ensure “the state’s authority is properly exercised in that it realises the collective will of
the community” ([27], p.14). The social justice ethical perspective can thus be seen to
arise from a communitarian theoretical perspective of justice. The practical implications
of this for public health practice is what Benatar terms a “shift in mindset” from the
traditional biomedical libertarian focus on the individual, to the cultivation in the
individual of “a sense of duty towards the community” ([1], p. 200). Bruce Jennings similarly affirms the necessity of this shift arguing that “public health needs more than the individualistic thinking inherent in the liberal tradition” ([119], p.36).

Indeed, widespread support exists within the global public health community for a social justice ethical framework. The American Public Health Association frames social justice as being at ‘the heart of public health’ [48], a perspective supported by other leading health organisations [109]. Ann Robertson affirms the “historical commitment of public health to social justice” ([120], p.1419): from the work of early figures on the issue of inequitable effects of poor sanitation in England, the Alma Ata ‘Health for all’ initiative [121], to the present-day focus on social determinants of health [3, 47, 122, 123]. In the local setting of Aotearoa, the social justice focus on community, duty and common good provides an amenable framework to uphold and address the context-specific responsibilities and values of public health practice. As mentioned in Chapter One, the indigenous Māori population carry an inequitable burden of disease and poverty as compared to the European non-Māori population [43, 44, 124]. This stands in direct breach of Te Tiriti o Waitangi, that assures ‘Oritetanga’ (Article 3) or equity of outcomes for Māori in all domains [45, 125]. A social justice and equity ethical perspective rightly places emphasis on the need to rectify such inequities.

Accordingly, the social justice perspective has been embraced by the PHANZ in their recently published code of ethical principles, ‘Te Ture Whakaruruhau’ [50]. ‘Te Ture Whakaruruhau’ presents a unique framework for ethical decision making that incorporates both western and Māori perspectives on culturally appropriate ways of knowing and doing in public health practice (see fig 2.1). The two culture-specific sets of guiding principles are reflected in Figure 2.1 by the two top sides of the triangle. These principles are not to be viewed as either separate or equivalent: rather, they “are equally valid in their own right but strongest when interwoven” ([50], p.4). Social justice and equity are key elements of the general principles that comprise the right-hand side of the framework triangle (see fig. 2.1). However, as will be elaborated upon in Section 2.3, the Māori principles hold at their core the essence of social justice. Whanaungatanga, for example, affirms “the value of the collective” and that “people are our wealth” ([50], p.5). This arguably embodies Benatar’s [1] aforementioned social justice ‘mind-set’ that holds as its focus the welfare of the broader community.
A social justice ethical approach to public health practice captures “the twin moral impulses that animate public health: to advance human well-being by improving health and to do so particularly by focusing on the needs of the most disadvantaged” ([126], p.1053). Notably, the social justice ethical framework and its central focus on eradicating inequity aligns with the previously discussed ‘active’ identity of public health. Morgaine and Moore argue, “the values of social justice and equity also imply that inequalities should be addressed” ([127], p.4), which they support with action-affirmative definitions. They frame the practice of social justice as “ensuring that burdens and benefits are shared fairly, and redressing past wrongs” and equity as “a matter of identifying important inequalities amongst groups, and working to reduce these through attention to their underlying causes” ([127], p.3). Kass similarly frames the task of reducing inequities as an “affirmative obligation” ([110], p.1777) of public health practice.

The ‘obligation to act’ that arises from a social justice ethical framework is further affirmed by an analysis of related ethical perspectives. The ‘right to health’ ethical approach tasks the public health workforce with ensuring adequate population-wide provision of health services, resources and so forth [128, 129]. One problem with the
rights-based ethical approach is an over-reliance on the ‘tools’ of “declarations, conventions or policies” ([118], p.136). Tools such as the United Nations Declaration of Human Rights possess considerable power to further the goal of human wellbeing, however they are not capable of sparking the necessary change in and of themselves. As Benatar, Daar and Singer argue, the human-rights approach places insufficient focus on the producers and users of the ‘tools’ themselves [118]. If the fulfilment of certain ‘rights’ is to be gained from the relevant socio-political / economic body, there is a need for public health practitioners to accept a certain level of responsibility to ‘act’: “If all claim rights but none are willing to bear duties, rights will not be satisfied. Our ability to enjoy rights is thus determined by our willingness to accept our responsibilities” ([1], p.203).

Notably, philosophers and applied ethicists have been traditionally silent on the issue of equity and justice in health [105, 122]. Whilst the ‘active’ nature of public health is affirmed alongside indications of the need to ‘accept our responsibilities’, explicit specification of such responsibilities is lacking. In the following section, I explore the question of ‘what responsibilities are public health practitioners ethically obliged to bear?’ I will focus on the emerging ethical concept of ‘solidarity’ [130]. In times of ongoing injustice and inequity, I argue that ‘solidarity’ points to the need for activist engagement.

2.3 Social justice in action

‘Solidarity’ has received recent interest in public health literature [100, 115, 130, 131]. The focus of a recent report commissioned by the Nuffield Council on Bioethics, ‘solidarity’ arises out of explorations of social justice, with respect to “how and where the boundary between individual, familial, communal and societal spheres of responsibilities should be drawn” ([130], p.ix). The concept is not yet well-developed due to its general lack of applicability to traditional bioethics discussions centred on individual freedom [100]. Current applications of the idea remain largely biomedical in nature or in the context of promoting community and socialisation, outside the framework of addressing social justice and equity [115, 130, 131]. In this section I seek to explore a new application of ‘solidarity’ to the promotion of health activism as an ethical obligation of the public health workforce.
In their report for the Nuffield Council on Bioethics, Prainsack and Buyx define solidarity as “shared practices reflecting a collective commitment to carry ‘costs’ (financial, social, emotional, or otherwise) to assist others” ([130], p. 46). These ‘shared practices’ can manifest in three ways: at the ‘interpersonal’ or individual level; at a group level where “a particular solidaristic practice at the inter-personal level becomes so normal that it becomes more widely seen as ‘good conduct’ in a given situation” ([130], p.xv); up to formalised commitments of solidarity in contracts or other legal documents. Dawson and Verweij challenge the idea of individual-level solidarity, asking “Why call the willingness and practice of one person to assist one or more other persons ‘solidarity’ and not just altruism or beneficence?” ([100], p.3). However, in his discussion of the civic responsibilities of public health practitioners, Jennings cautions against discounting the impact and reach of individual-level actions, as “change at the social level, in the final analysis, is nothing other than a change in the ways in which individuals experience and live their own social being” ([119], p.37). Indeed, Prainsack and Buyx’s tiered model arguably provides a useful framework to consider how discipline-wide health activism may organically grow from the initial actions of a few.

A central way solidarity promotes health activism is its function to direct practitioners to action. Throughout their seminal report, Prainsack and Buyx repeatedly seek to clarify that solidarity is to be understood “as a practice and not merely as an inner sentiment or an abstract value” ([130], p.xiv, emphasis in original). Krishnamurthy similarly affirms the active nature of solidarity: “solidarity is not merely a feeling. It requires some sort of action” ([131], p.130). Solidarity as action, or activism, is exemplified by the use of the concept in the PHANZ Code of Ethical Conduct [50]. ‘Te Ture Whakaruruhau’ affirms the value of solidarity or ‘standing together’ in both the general principles and Māori principles. Within the Māori principles, ‘whanaungatanga’ and ‘kotahitanga’ specifically convey the ideal of solidarity. ‘Whanaungatanga’ embodies the principle of interdependence and refers to “rights and reciprocal obligations consistent with being a part of a collective” ([50], p.5). ‘Kotahitanga’ further affirms the collective in the manner of ‘unity’: “the achievement of harmony and moving as one” ([50], p.5). The need for solidarity in the form of activism can be seen to arise in situations of inequity and long-term failure of conventional modes of socio-political engagement. What are the ethical options and responsibilities of a health promoter tasked with improving the health of a particular community or population in which institutional structures and processes are a
significant barrier? Or the academic who finds evidence of social injustice but is not tasked or supported by their employer to personally seek redress? A pertinent question is whether their ethical responsibility supercedes adherence to norm-abiding practices. In such situations mounting a challenge to the status quo through activism may be the only way the principles of ‘whanaungatanga’ and ‘kotahitanga’ (and social justice and equity in general) can be upheld or achieved.

Solidarity is also included as a ‘general principle’ of ‘Te Ture Whakaruruhau’. Here it is seen as an affirmation of the “common good and collective interests valuing community” ([50], p.6). The ‘action’ that necessarily follows from such an affirmation can be seen to result from the possession of social capital, which as seen in Figure 2.1 is grouped as a counterpart principle to solidarity. Defined by Putnam, Leonardi, and Nanetti as “features of social organisation, such as trust, norms, and networks, that can improve the efficiency of society by facilitating coordinated actions” ([132], p.167), social capital is utilised by individuals or organisations for individual or collective benefit, though it is not equitably distributed across society [28]. The relation of social capital to solidarity arises from perceived responsibilities to ‘act’ on account of professional positions of power and privilege. Donohoe reasons public health professionals are obliged to accept the responsibility to act in opposition to social justice and equity on the basis of their privileged societal position; their professional training has equipped them with the skills and social networks to act in support of the alleviation of poverty, inequity and so on [128]. Laverack similarly acknowledges that certain society groups, particularly those that are part of professional organisations or institutions such as public health professionals, have great social capital to draw upon to facilitate and support collective action: most importantly trust, cohesiveness and large social networks to mobilise [28]. In this way, solidarity can be seen to motivate activist engagement by the public health workforce.

The work of political scientists Fox Piven and Cloward further clarifies this point [133]. Fox Piven and Cloward refer to the idea of social capital in their acknowledgement of the way those aspects of society not carrying the greatest burden of oppression or persecution can contribute to the transformation of social and power structures for the ‘common good’. The potential for contribution stems from this groups’ possession of the education, relationships and resources to recognise the need for, and subsequently instigate, transformative social change [133]. Indeed, Tilly speculates that the shopkeepers and
artisans of Paris may have sparked the French Revolution [134]: the local leadership positions of this group allowed them to witness to the hardships of society’s oppressed and poor, while the strength of their professional and social relationships enabled the initiation of mass protest in opposition to it. That is, the Parisian shopkeepers and artisans arguably possessed sufficient social capital to identify the need for and subsequently instigate processes of social change. Hobsbawm and Rude propose an analogous role for local artisans in instigating the English farm labourer protests in the early nineteenth century [135]. Significantly, Fox Piven and Cloward [133] attest that activism can have maximal disruptive effects if activists are located in central institutions that play a role in affirming the social and political power relationships of the time. Public health professionals are thus in a prime position for effective action.

An affirmation of both solidarity and activism is also contained within ‘Aroha/charity’, the core value of ‘Te Ture Whakaruruhau’. Aroha is commonly translated as ‘love’, but has wider implications of charity or generosity, the seeking of unity and balance, and an affirmation of abundance for all. In contexts of political and economic constraint in which unity and abundance are challenged, the principle of ‘aroha’ can be seen as a call to action. Further, where conventional pathways of political reform fail, the principle of aroha arguably raises a call for activism. Indeed, Paulo Freire affirms the centrality of ‘love’ to praxis, which in this thesis I take to be synonymous with ‘activism’ (discussed in Chapter Two) [136]. For Freire love is “commitment to others” ([136], p. 70). It provides one with the courage to challenge to the status quo, accepting the potential risks of persecution and harm, in order to better the situation of those living in situations of injustice. Freire’s concept of ‘love’ accords with ‘aroha’ by the way it encapsulates the impetus to work for the preservation or attainment of human dignity. In this way, solidarity can be conceived of as the ‘active arm’ of social justice by way of its commitment to ‘enact’ the social justice commitment to benefit others [130]. Krishnamurthy similarly identifies solidarity as an effective pathway to actualise social justice:

On the one hand, relations of political solidarity help us to develop attitudes that are necessary for a firm commitment to justice. On the other hand, relations of political solidarity are essential in motivating us to engage in mutual cooperation and to make the kinds of sacrifices that are necessitated by justice, ([131], p.138).

Solidarity thus promotes activism on a developmental and motivational level.
Research published contemporaneous with the writing of this thesis supports the application of solidarity to the promotion of health activism. In his discussion of ‘relational liberty’, Jennings frames solidarity as a potentially uncomfortable but necessary prospect for public health professionals if they wish to enact their commitment to social justice.

To be confronted by an occasion of membership and solidarity may seem an imposition unasked for, inconvenient, unwelcome. To be ‘forced’ by this call to solidarity, this call to step up and respond, while it is a diminution of the freedom to be left alone, is at the same time an expansion of our freedom as active moral agents, as citizens or members of communities of many goods, including health, ([137], pp.15-16).

Further, Jennings acknowledges solidarity as a way to enact the public health commitment to collective action: an umbrella term under which activism falls. His positive framing of the ethical obligation to solidarity as an ‘expansion of freedom’ to promote the common good stands in contrast to the aforementioned language of ‘risk, ‘harm’ and ‘sacrifices’ associated with activist engagement. In the following section, I will similarly demonstrate that activism is not an unachievable or undesirable form of public health practice. Having established health activism as an ‘ought’ for public health practitioners, I argue that is also a ‘can’.

2.4 Activism: ‘ought’ and ‘can’
As Beauchamp and Childress state, an ethical framework or theory “is unacceptable if its requirements are so demanding that they probably cannot be satisfied or could be satisfied by only a few extraordinary persons or communities” ([116], p.340). Morgaine and Moore similarly affirm that the ethical argument that we ‘ought’ to do something should only made if we actually ‘can’ [138]. It is significant here to note the important role of the government or state in the development and implementation of public health policy, programmes and interventions [27, 47, 95, 110, 117]. Some authors go so far as to restrict public health activity to state-mandated policy and interventions [139]. From such a perspective, health activism falls outside the scope of public health practice. Other authors affirm a more encompassing view that encompasses community or society-wide efforts to improve population health, as indicated by the definitions discussed in Section
2.2. Nonetheless, existing ethical frameworks largely seek to explore and develop best-practice models regarding government/state engagement on the subject of policy/programme development and implementation. As will be discussed in Chapter Three, activism is defined as political engagement that seeks to challenge the status quo by way of actions that are “beyond what is conventional or routine” ([24], p.19) [12, 28]. In this way, health activism again appears to sit outside the general scope of public health practice.

Childress et al.’s [47] framework of three different types of ‘public’ in public health provides a way to identify where health activism fits within the broad scheme of public health practice. The first ‘public’ of public health is the numerical public, the specific ‘population’ that is the target of any particular public health initiative; the second is the ‘political public’, what the government does to actively ensure population health; and the third public is the ‘communal public’, what people collectively do outside government to affect public health. Childress et al. classify the ‘communal public’ as those who act with “private funds” and thus have “greater freedom” ([47], p.171) to enact public health interventions as they do not require approval from or processes of deliberation with the ‘political public’. The qualification of ‘private funds’, however, may be unnecessarily restrictive. A public health professional employed on a government contract for example, arguably straddles both the ‘political’ and ‘communal’ public domains; this does not entirely preclude, however, the ability to act as part of the ‘communal public’ and oppose government structures and processes that uphold inequity and injustice. The distinction between the political and communal publics is not necessarily black and white, and the ability of those in some way tied to the ‘political public’ to act in opposition to it should not be overlooked.

Indeed, it is the ability of the communal public to act in opposition to the political public that provides the ‘space’ for public health activist engagement. A focus on the capacity of the communal public to advance population health departs from the abovementioned focus on the role of ‘political public’ of the state. This shift in focus is necessary in a context of stagnated political will for change regarding situations of enduring inequity and social justice, such as child poverty in Aotearoa. This was recognised by Salvation Army Social Policy Director Major Campbell Roberts who, following the release of the 2014 ‘State of the Nation’ report [140], observed that New Zealanders need to do more to “convince Government that the elimination of family violence and child poverty should
be a greater priority” [141]. I propose health activism is an effective way for the communal public of public health practitioners to exert sufficient pressure on the ‘political public’ to act on priority issues. In an article promoting climate change activism, Tait affirms my view of activism as a fruitful – and necessary – course of action to “force government to carry out its public health protection responsibility” ([7], p.6).

Moreover, health activism provides a way to overcome the ethical quandary of lending indirect support to social injustice through the absence of action. As community organiser Saul Alinsky notes, “the most unethical of all means is the non-use of any means” ([140], p.26). Whilst solutions to complex situations may not be clear, the Nuffield Council of Bioethics notes that “‘doing nothing’ is an active decision” ([27], p.vi). In situations when it appears the ‘political public’ of the state has chosen to ‘actively do nothing’ to advance the state of population health, the responsibility to initiate necessary processes of change arguably falls to the communal public. Significantly, the American Medical Association (AMA) has shown support for activism in such a context of socio-political stagnation of progress on issues of social injustice and inequity.

Exploring the relation between law and ethics for medical practitioners, the AMA advises that “in general, when physicians believe a law is unjust, they should work to change the law. In exceptional circumstances of unjust laws, ethical responsibilities should supercede legal obligations” [142]. Macaulay explores this scenario of compromised professional responsibilities and the subsequent duty to act within the American context of the legal requirement to refuse care to uninsured patients [143]. Macauley’s problem with the lack of universal health care in America arguably reflects a social justice perspective that actively affirms equity. To ameliorate the ethical dilemma of being a proponent of inequity by refusing care to those in need – going against the professional code of ethics as per the Hippocratic Oath – Macauley calls for doctors to act in solidarity with the poor and bill insured patients with the medical bills of uninsured patients. If conducted on a sufficiently large scale, Macauley argues, the ‘chaos’ of corrupted medical records, spurious insurance claims and so on would be sufficient to impel the American government to provide universal health care.

Macauley’s example affirms the potential of the communal public of public health professionals to utilise their power and privilege to instigate significant processes of change [47, 143]. It also accords with the previous discussion of social capital and the
way it can be ‘mobilised’ for social justice through activist engagement. Nonetheless, Macauley acknowledges that the use of activism to oppose conventional law and order requires the fulfilment of certain prerequisites. Macauley identifies two such preconditions. Drawing on the work of prominent activist Martin Luther King Jr., Macauley argues there must foremost be certainty that the specific issue of contention truly exists, requiring a certain level of “facts to determine whether injustices are alive” ([144], p.73). Supplementary to the need for a sufficient evidence base, Macaulay references renowned philosopher and ethicist John Rawls in his provision that activism should be the second port of call for amends. That is, it should be able to be said “that the normal appeals to the political majority have already been made in good faith and that they have failed” ([145], p.373). Notably, this does not necessitate that all normative avenues for change be explored, simply that attempts have been made to the extent that it would be reasonable to assume further normative pursuits would be a waste of time and resource [145].

The precondition of sufficient ‘evidence to act’ requires further elaboration. Whilst acknowledging the need for a strong grounding in empirical evidence, various authors argue that decisions regarding public health practice – in this case whether to engage in activism or not - cannot be based on evidence alone. Tannahill draws attention to the general hesitancy within public health regarding the utilisation of research for which there is not a strong evidence base [146]. Challenging this, Tannahill argues that setting ‘strong evidence’ as the prerequisite to taking action on public health issues would be an ineffective approach to ensuring the amelioration of health inequalities and overall advancement of population health. Schrecker and Milne complement this perspective arguing that public health policies and interventions are not amenable to the generation of ‘scientific evidence’ as per the typical biomedical randomised control trial on logistical and/or ethical grounds [147]. From this perspective, Tannahill argues for ‘evidence-informed’ public health action, as opposed to ‘evidence-based’ action, where there is a significant role to be played by theory and ethical principles.

Indeed, it would appear that the idea of ‘evidence-based practice’ does not accord with the reality of public health. Jennings argues that, in relation to issues of social injustice and inequity, “these controversies are rarely settled solely [on] the basis of the best available scientific understanding” ([111], p.166). The PHANZ similarly acknowledges that to assure the principle of beneficence is upheld, public health practitioners at times
“must act in a timely way based on incomplete evidence or knowledge” ([50], p.6).
Schrecker and Milne go further to argue that “decisions about when evidence is strong enough to justify inaction, or to render inaction on social determinants of health unjustifiable, cannot be made on scientific grounds” ([147], p.2), but are rather the “stuff” of ethics and politics. Together, these perspectives support the potential and need for a more in-depth ethics-based guide to public health action in which activism is examined as a viable option for public health practice.

Nonetheless, I acknowledge the differential ability of particular public health sectors to engage in health activism – a topic I will explore further in Chapter Three. The New Zealand National Ethics Advisory Committee recently recognised this in their exploration of the ethical principle of ‘do no harm’ in the context of health worker industrial action [148]. Ensuring that patients receive adequate care whilst still engaging in appropriate workplace action when ethical issues arise, for example, is a situation other parts of the public health workforce, such as academics, do not have to contend with. Similarly, the public health workforce employed under government contracts are limited in their ability to speak out directly against the government due to contractual ‘gag clauses’, or significant fear of reprisal should they do so [149]. However, as established in Chapters Two and Three, the different sectors of public health can engage in varying ways and degrees with activities that fall under the activist spectrum. Further, activism itself can be used to challenge the context of constraint in which public health bodies and individuals are actively prevented from challenging policies and processes they perceive to be detrimental to population health.

2.5 Summary and conclusions
In this chapter I have established public health as an ‘active’ field with a normative dimension that drives the public health workforce to actualise the ideals of social equity and justice. Public health is distinguished from biomedicine in part by the unique role the government or state structures play in the development and provision of public health policy and interventions. When the ‘political public’ of the state fails to uphold its end of the bargain to advance population health, public health practitioners are faced with difficult decisions about what course of action they must take to uphold their ethical responsibility for public health protection. Explicit guidance for what the public health
workforce can or should do in these complex situations is lacking in extant literature; a discourse of ‘obligations’ and ‘responsibilities’ is present, but the nature of these is not clear. I have applied the social justice principle of ‘solidarity’ in a way that assists the public health workforce to identify their responsibilities. Health activism can be framed as an ethical obligation of the public health workforce subsequent to the fulfilment of two prerequisites: ‘sufficient’ evidence to support the existence of a problem, and the failure of conventional policies and practices to instigate change.

Health activism provides public health professionals with a way to uphold their ‘commitment to others’ in a state of socio-political constraint and avoid the ethical dilemma of indirectly supporting inequity through the absence of action. Health activism is a means to enact social justice, the core ethic of most public health practice. The role of public health practitioners as the ‘communal public’ of public health able to act independently and in opposition to the ‘political public’ of the state creates a viable space for health activist engagement. Together, these arguments suggest that is both an ‘ought’ and a ‘can’ of public health practice. In the next chapter I will explore the principles and practice of health activism. I further identify potential pathways to increase activist engagement. The model established in Chapter Two will be further clarified and contextualised in Chapter Three by specifically exploring what health activism means and would entail for public health academics.
Chapter Three: Practice and Parameters of Health Activism

3.0 Introduction
If health activism is to be presented as an ethical obligation for the public health workforce, clarity regarding the practice and parameters of activism is needed. In this chapter I review public health and broader social science literature and identify three main characteristics by which activism can be defined. First, activism can be considered as a form of unconventional political participation: actions that sit outside formal systems of political engagement and negotiation, such as electoral politics. Second, activism mounts a challenge to the existing order of social and political relations. The unconventional nature of actions undertaken is posed as a necessary but insufficient factor to the establishment of such a challenge: only certain unconventional actions will challenge the status quo of a particular context. Activism thus requires a third component of ongoing reflexivity to determine which actions will challenge the context-specific socio-political power relations to a degree that sparks processes of change. Throughout the chapter, I discuss the relationship between activism and other forms of political engagement. The greater ability of activism to instigate transformative processes of change is affirmed without discounting the potential benefits of concurrent ‘conventional’ political participation.

3.1 Activism is unconventional
Most broadly, activism can be viewed as a form of political engagement. More specifically, it can be seen to fall under the category of ‘collective action’, a “staggeringly broad array of empirical phenomena: from raising an army to raising a barn… from the food riots of revolutionary France to progressive dinners of charitable New York” (p.128 [150]). Theoretical definitions of ‘public health’, as discussed in Chapter One, acknowledge the central role of ‘collective action’ in the exercise of maintaining and improving population health. What is important to clarify, then, is how activism differs from other forms political participation that fall under the umbrella term of ‘collective action’.

3 Activism can also occur separate from or before, during or after a social movement. In relation to a social movement, acts of activism often run concurrent with an ongoing array of conventional modes of
An initial point of differentiation is to frame activism as ‘unconventional’ as opposed to ‘conventional’ political participation. In the most recent account of health activism, Laverack [28] uses Martin’s definition that emphasises the ‘unconventional’ quality of activism: “action on behalf of a cause, action that goes beyond what is conventional or routine” ([24], p.19). The work of other health scholars clarifies what activism ‘goes beyond’ through a comparison of ‘health activism’ and ‘health advocacy’ [12, 153]. Health activism can be seen to extend beyond the conventional education-based approach of health advocacy, which may serve to support the status quo through lack of opposition to it. The important relationship between the use of unconventional actions and the ability to challenge the status quo will be explored in the following section.

Theorists from the broader social science literature support the differentiation of advocacy and activism along the conventional / unconventional lines. Nicole George is one such theorist, drawing on 30 years of experience in women’s organising and research expertise in gender politics and development studies. George pre-empts potential criticisms of the activism/advocacy differentiation as an “elaborate exercise in hair-splitting” ([154], p.6), arguing it is one with important practical applications. Illustrative of this are the lessons learnt from the institutionalisation of advocacy as the mechanism of political engagement by Fijian non-governmental organisations (NGOs). The favouring of advocacy as opposed to activism by Fijian NGOs has resulted in political engagement that “fails to confront the urgent and often dire economic circumstances faced by many of Fiji’s women” ([154], p.10). George and others [155] working in the NGO sector refer to a context of stifled spontaneity and innovation in which advocacy predominantly occurs due to fear of retribution from government and/or corporate bureaucracy. In this way, George affirms the conclusions of other health theorists regarding the general inability of advocacy to instigate processes of change [153, 156].

The restricted ability of advocacy to promote the cause of social justice and equity is further supported by evidence of active suppression of advocacy by Australian and New Zealand governments. In a recent survey of employees from 153 different community and voluntary sector organisations in Aotearoa, 15 percent reported that their employment...
contracts contained “gag clauses” ([157], p.7) that restricted their ability to engage in public advocacy work [149, 157]. Moreover, 25 percent felt that public debate regarding social problems was actively silenced by the government. Similar findings have been found in Australia [67, 158, 159]. Further, in the absence of contractual ‘bans’ on advocacy, a climate of fear surrounding the use of advocacy was nonetheless present from the perspective that it is “unwise to bite the hand that feeds us” ([158], p.x). Such evidence supports Childress et al.’s aforementioned assessment that those on government contracts are restricted in their ability to challenge the structure of the ‘political public’ to which they are financially tied (Section 2.4) [47]. However, it also points to the need for activism or unconventional modes of political participation on two accounts: first, to challenge the context of constraint in which public health bodies and individuals are actively prevented from addressing policies and processes they see as detrimental to population health; and secondly to challenge situations of social injustice and inequity themselves.

To model the differences perceived between advocacy and activism as (in)effective modes of political participation, George uses the idea of a ‘negotiation scale’ [154]. Advocacy forms the formal and critically-muted end of the negotiation scale: ‘advocates’ are to be seen as “professional pleaders” whose negotiations target “conservatively envisaged goals” ([154], p.3). This approach can thus be regarded as ‘conventional’, working through formalised processes within “recognised circles of political negotiation” ([154], p.6). This conception is supported by Green and Tone’s definition of advocacy as “lobbying those who exercise power by those who have power but who are doing so on behalf of the relatively powerless” ([160], p.45). In contrast, activism forms the confrontational, informal and more autonomous end of the ‘negotiation scale’. ‘Activists’ work towards the achievement of bolder political aspirations than those held by advocates. Activism is unconventional, taking the process of negotiation outside formalised processes and political frameworks. This conventional (advocacy) / unconventional (activism) divide will be utilised throughout this thesis.

A large body of political science literature supports the general scheme of George’s ‘negotiation scale’. Notable is Robert Dalton’s [161] well-established continuum model of political participation, used in several multi-national studies measuring unconventional political participation in western democracies [162-165]. Dalton’s model is based on earlier work by Barnes and Kaase [166] that “created a tradition within the field of
political participation” ([167], p.255). It distinguishes between ‘conventional’ and ‘unconventional’ activities on the grounds of taking a broad definition of ‘political participation’ as “activities aiming to modify the current state of affairs” ([167], p. 253). The implication of this broad definition is significant. It establishes ‘conventional’ political participation to be what other theorists take as the entirety of political participation: those activities directed towards the state [168]. Conventional political participation is thus institutionalised modes of engagement from the most passive tasks of reading or discussing politics, to more active forms of contacting or working for party officials. This arguably reflects George’s advocacy end of the political participation scale that works within formalised political processes and circles of ‘negotiation’ [154]. In contrast, unconventional activities refer to “the use of tactics as petitions, demonstrations, boycotts, rent or tax strikes, unofficial industrial strikes, occupations of buildings, blocking of traffic, damage to property, and personal violence” ([169], p.59). These examples display a variety of ‘targets’ of potential unconventional activities – government, private companies, the general citizen body, private land owners and so on – affirming the breadth of political engagement as being much larger than those actions that (at some level) target political governance structures. This again affirms George’s conception of unconventional activism as confrontational and ‘autonomous’ in its approach.

On the basis of this broad conception of political participation, Dalton developed a continuum model in which the conventional/unconventional divide is demarcated by several thresholds [161]. The first threshold concerns the transition from conventional to unconventional activities, marked by engagement in those activities that are unorthodox by way of beginning to step outside institutionalised forms of political engagement, but are “still within the bounds of accepted democratic norms” ([161], p. 65); for example, petition signing and lawful demonstrations. The three following thresholds mark significant changes or increases in the degree of ‘unconventional’ political participation: the second threshold marks the use of “direct action techniques” ([161], p.65) such as boycotts; the third threshold marks engagement in illegal but nonviolent activities such

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4 For example, Tilly and Tarrow argue that “we enter the realm of politics when we interact with agents of governments, either dealing with them directly or engaging in activities bearing on governmental rights, regulations and interest” (p.5).
as peaceful occupations of buildings; and the fourth threshold marks the introduction of violent\(^5\) forms of political engagement such as injury to person or property.

The clear distinction between conventional and unconventional political participation, or advocacy and activism respectively, highlights the greater ability of the latter to instigate political conflict with the potential for transformative change [154, 161, 166, 167]. As American community organiser Saul Alinsky wrote, “Change means movement. Movement means friction. Only in the frictionless vacuum of a nonexistent abstract world can movement or change occur without that abrasive friction of conflict” ([170], p.21).

The broad definition of political participation as those actions “aiming to modify the current state of affairs” ([167], p. 253) indicates that all forms of participation, conventional or unconventional, involve a certain level of conflict. However, I argue that the central component of the conventional/unconventional divide is the unique potential of unconventional participation to elicit a greater degree of conflict and subsequent impetus for change – what Barnes and Kaase term ‘protest potential’ [166]. Indeed, Quaranta goes so far as to discount the ability of conventional participation to elicit true conflict, presenting ‘conflict’ as a quality unique to unconventional participation alone [167].

The unique capacity of unconventional political participation, or activism, to instigate conflict and challenge the status quo is affirmed by Tilly and Tarrow’s [168] work on ‘contentious politics’. ‘Contention’ is defined as a means of “making claims that bear on someone else’s interests” ([168], p.4); that is, challenging the status quo. Tilly and Tarrow argue that most politics involves little or no contention, in the context of the narrow definition of political engagement as actions solely directed towards the state described above. Non-contentious forms of government-directed political engagement can thus be equated with Barnes and Kaase’s conception of ‘conventional’ and largely electoral-based political participation [166]. Echoing Alinsky’s above-mentioned qualification that change requires conflict, Tilly and Tarrow conclude that change rarely occurs through non-contentious or conventional politics as the establishment of ‘claims that bear on someone else’s interest’ – or conflict – does not occur [168]. The general

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\(^5\) It should be noted that the present author subscribes to principled nonviolence. Accordingly, a model of health activism, or activism in general, that crosses Dalton’s fourth threshold into the realm of violence is in no way promoted; as Dalton himself notes, “the dark side of unconventional politics occurs when citizens pass the fourth threshold and engage in violent behaviour” ([161], p.66). From hereon in references to Dalton’s model will be limited to the first three thresholds.
absence of contention within government-directed political participation is demonstrated by the way people vote, utilise their passports for immigration purposes and take part in national census processes all “without making significant claims on other people” ([168], p.5).

In contrast, Tilly and Tarrow argue that significant political change most frequently occurs through the use of contentious or unconventional politics [168]. The crossing of each threshold of Dalton’s model of political participation can be seen to mark notable increases in the potential to induce conflict [161]. The crossing of threshold three, for example, marks a significant increase in the potential for conflict due to the active flaunting of civil law. Nonetheless, the potential conflict exists even at the level of lawful demonstrations: the use of activities outside of conventional electoral processes constitutes an active expression of dissatisfaction or disregard for formalised or routinely used processes of political redress. It is on account of such active expressions of discontent that unconventional participation is able to make a ‘claim’ on, and thus threaten, existing socio-political power relations [168].

Other authors affirm the greater ability of unconventional actions to instigate socio-political change. Involved in the 1960s American welfare movement, Fox Piven and Cloward counselled against the use of conventional political participation, such as development of various welfare groups, as the primary strategy for garnering change [133]. From their perspective, whilst welfare groups might be able to gain small concessions, they would not be able to generate the political pressures necessary to stimulate change at the national level. Such high-level change, they argue, “depend[s] on mobilising a major political crisis” ([133], p. 283). Significantly, the development of such a political crisis occurs as a function of direct and powerful disruptions to the systems and processes of conventional politics that can only be achieved by acting outside and in opposition to it – through the use of unconventional participation or, for the purpose of this thesis, ‘activism’ [133]. In the terminology of Tilly and Tarrow it is by actively ‘making claims’ on the interests of others, as opposed to working safely within the confines of conventional politics, which causes the disruptions necessary to bring about change [168].

The work of emancipatory educationalist Paulo Freire affirms and develops this idea [136]. Freire similarly uses the example of welfare programmes to support the argument
that ‘conventional’ political participation, far from challenging the status quo, may actually serve to affirm it. Freire frames welfare programmes as a form of “anaesthetic, distracting the oppressed from the true cause of their problems and from the concrete solution of these problems” ([136], p.133). In this way, the work of welfare advocates serves to affirm the socio-political power relations that have produced the ‘problem’ of inequity and injustice that their welfare programs aim to address. Similarly, McConville and Groot attribute social services such as foodbanks with the overall effect of perpetuating broader social structures that reinforce systems of oppression and helplessness by way of framing poverty as a “charity issue” ([171], p.41). Whilst acknowledging their immediate and often life-saving benefits, the authors point to the inability of foodbanks to challenge the socio-politico-economic power structures that have eventuated in the original need for the establishment of such a service. In this way, the provision of ‘conventional’ services such as foodbanks form part of what Giddens describes as “enduring cycles of reproduced relations” ([172], p.131); that is, conventional political participation can perpetuate inequity as a direct result of failing to mount a sufficient challenge to its root cause. This highlights the importance of needing to go beyond providing just a ‘hand out’ to the provision of viable options for a ‘hand up’, as succinctly described in a recent report by Presbyterian Support Otago seeking to change local perspectives on issues of poverty [173].

The above perspectives affirm my central argument that activism, or unconventional means, possesses greater capacity than conventional means to act as a viable pathway to transformative social change. This distinction is elucidated by an examination of two different community organising projects. It is recognised that community development programmes may affirm or exacerbate existing inequalities when grounded in conventional political engagement that does not challenge the status quo [12, 154, 174, 175]. In the absence of direct challenge, conventional political participation may inadvertently affirm neoliberal concepts such as ‘individual responsibility’. Without the subversive analysis that challenges the inequity-affirming notion of ‘individual responsibility’, the promotion of otherwise empowering ideas such as ‘self-reliance’ could undermine the legitimacy of – and thus the motivation to seek and make use of – social safety nets [12, 176]. The Indian ‘Accredited Social Health Activists’ (ASHAs) health promotion initiative is an example of such a problematic community development program [177, 178].
The ASHA system is modelled on international community health worker initiatives. Whilst called ‘activists’, the core work of ASHAs is not to seek changes in the socio-economic factors that bind significant proportions of the Indian population to poverty. Rather, ASHAs primarily promote community involvement in ‘band-aid’ or surface-level health promotion activities such as breast feeding, immunisation and birth control. This form of health promotion practice stands in direct contrast to the textbook ideal that is based on the principle and processes of empowerment, which necessitates the transformation of socio-political power structures [179, 180]. In this way, ASHAs can be seen as an example of neoliberal ‘health promotion as governmentality’: government-mandated health promotion that inspires the masses to conform to a specified health ideal [176, 181]. The harm of this form of health promotion and/or community development is captured by Freire’s more general description of the results of inequitable power structures: “the oppressed are regarded as the pathology of the healthy society, which must therefore adjust these ‘incompetent and lazy’ folk to its own patterns by changing their mentality” ([136], p. 55). Indeed, an evaluation of the ASHA workforce noted its inability to effect widespread social change, and the reproduced inequality experienced by the ASHAs themselves, on account of poor wages, lack of job progression opportunities and so on [177].

In contrast, the Iranian Female Volunteer Health Workers (FVHW) programme can be seen as a model example of unconventional political participation, or health activism [82]. The FVHW program was initiated by the Islamic Regime in 1992 to fulfil its promise of social services to the country’s poor. Utilising a similar model of non-professional on-foot female community workers as the Indian ASHAs, the FVHWs were to provide basic health and family planning services to their neighbours. The FVHW thus held the potential to be another example of neoliberal-informed health promotion that seeks to inspire adherence to existing power relations and structures [176]. However, the Iranian female volunteers subverted their state-mandated role to engage in social mobilisation and consciousness raising. By 2007, the program involved almost 100,000 women across 340 cities or towns and 2,657 villages; a voluntary workforce far exceeding both government expectation and ability to control. In a “context of little public space or democracy” ([82], p.503), the female volunteers utilised their growing influence and respect within local communities to engage in unconventional modes of political participation with relative safety, resulting in the provision of social services that would
not otherwise have been obtained. Indeed, Hoodfar attributes the ability of the FVHWs to instigate transformative change to the generally uncommon occasion of a challenge to the state apparatus, and the particularly unconventional involvement of women in the male-dominated socio-political arena [82].

The above examples demonstrate the ability of unconventional activity, or activism, to provide a ‘hand up’ out of inequity and social injustice through the creation of sufficient conflict with a relevant body or institution. At this point it is important to address the question: ‘do all ‘unconventional’ actions induce conflict sufficient to challenge the current order of socio-political and economic power relations?’ Dalton’s threshold model of political participation, forming the base of my three-point model of activism, does not specify that actions which are ‘unconventional’ necessarily challenge the status quo [161]. I clarify this important point in the following section.

3.2 Activism challenges the status quo

The second quality or function of activism is that it challenges the status quo. Health communication theorist Heather Zoller places this characteristic at the centre of her definition of health activism as:

A challenge to existing orders and power relationships that... are perceived to influence negatively some aspects of health or impede health promotion. Activism involves attempts to change the status quo, including social norms, embedded practices, policies, and power relationships, ([12], pp.360-1).

The quality of challenging the status quo is functionally integral to achieving the purpose of activism: to gain political power and resources in the current economic and political environment where “politicians and corporations are unwilling to share power with the marginalised in society” ([28], preface). The depth to which socio-political leaders will ‘share power’, Fox Piven and Cloward argue, is directly dependent on whether a sufficient threat of “instability and polarisation” ([182], p.173) – or challenge to the status quo – has been established.

The key argument of this section is that the creation of such a ‘threat’ or challenge to the status quo requires careful selection of particular ‘unconventional’ actions from the array
contained within Dalton’s continuum model of political participation [161]. This perspective is supported by the political opportunity or political process literature, which emphasises the importance of ‘context analysis’ for the success of activism and social movements. The “essential insight” (p.125) of political opportunity theory, Meyer argues, is that “activists’ prospects for advancing particular claims, mobilizing supporters, and affecting influence are context-dependent” ([183], p.126). This section seeks to establish the centrality of ‘context’ to the impact of different unconventional forms of political participation. It will be demonstrated that the quality of being ‘unconventional’ is itself insufficient to challenge the status quo and instigate processes of transformative change. The next section correspondingly highlights the importance of analytic processes to determine which subset of unconventional actions hold the greatest potential to fulfil the purpose of activism: the transformation of socio-political power relations.

Most practically, one’s socio-political context determines the tools and resources available for activist engagement. Context explains “why industrial workers protest by striking or slowing down the rhythm of the assembly line, why the unemployed engage in street riots, and why students organise demonstrations, rallies and sit-ins at universities” ([184], p.140). Fox Piven and Cloward affirm this perspective, arguing that opportunities for activism are inherently restricted by ‘institutional life’: “Simply put, people cannot defy institutions to which they have no access, and to which they make no contribution” (p.23, [133]). The political opportunity literature takes this notion further, affirming the influence of context not only on tactics as a result of resources available, but on the strategies utilised and goals that are set [183, 184]. This influence of context can be seen to result from the context-specific state of the ‘political opportunity structure’: the “openings, weak spots, barriers, and resources of the political system itself” ([185], p.158).

The important relationship between the ‘political opportunity structure’ and the influence of unconventional participation is exemplified by the differential impact of petition use by the aforementioned FVHWs [82] and anti-asset sale campaigners in Aotearoa. In the former, a petition initiated by the FVHWs containing the signatures of over 3,000 community members resulted in the Iranian Regime granting concession of public space and resources for a youth development project. In contrast, recent use of petition in Aotearoa garnered little political traction. In a nation-wide campaign calling for an end
to the sale of government assets, a 300,000 strong petition and subsequent citizens-initiated referendum provided insufficient impetus for the government to change its course of action [186]. The purpose here is not to engage in a comparison of these two cases, which would not be possible without an in-depth examination of political context. However, these two examples highlight the moderating influence of context on the outcome of political engagement.

Hoodfar attributes the success of the Iranian initiative is attributable to the unconventional and contextually uncommon use of public solidarity and campaigning – enhanced by the inclusion of women – in relation to the authoritarian Iranian regime [82]. In contrast, petition use is common within Aotearoa: between the 2nd of August 2002 to the 24th of March 2015, 656 petitions have been filed with the New Zealand Parliament [187]. It is arguable that the common use of petitions in Aotearoa weakened the ability of this ‘unconventional’ form of political participation to mount a significant challenge to the status quo. This is indicated by the public acknowledgement of the Government in power that they were prepared to go ahead with asset sales, irrespective of the number of signatures gained, or the referendum result that they were not legally obliged to ratify [186, 188]. Within the framework of contentious politics, it could be said that the petition and referendum did not present a sufficient or credible ‘claim’ against the legitimacy of the Government’s asset sales initiative. The quality of ‘unconventional’ can thus be seen to derive its power to some degree from the context-dependent factor of whether it is also ‘uncommon’.

Community organiser Saul Alinsky echoes this point in his popular reader ‘Rules for Radicals’ [170]. Alinsky’s third ‘rule’ of power tactics is “wherever possible go outside the experience of the enemy” ([170], p.127). Such advice stems from Alinsky’s personal experience of the decreasing utility of activist tactics as a function of the ‘enemy’s’ increasing familiarity with them. The negative consequence of familiarity is the subsequent development of countermeasures that prevent or diffuse the disruptive impact of actions taken. Conversely, tactics uncommon to a particular political context, in which it is unlikely that countermeasures or management procedures have been established, are more likely to mount a significant challenge to the relevant body/social structure and provide the impetus for change.
To come to an understanding of the ‘political opportunity structure’, or what activist tactics will most effectively disrupt the status quo, ongoing processes of critical reflection must occur. The following section will establish reflexivity as the third central component of activism.

### 3.3 Activism requires reflexivity

Reflexivity or the process of critical reflexion is a structured process by which the underlying causes of ‘reality’ can be better understood, thus increasing the likely success of actions taken in order to change it [136, 189, 190]. Conceptions of reflexivity can be seen to stem from Paulo Freire’s original work regarding ‘praxis’⁶: “reflection and action upon the world in order to transform it” ([136], p.33) in which action is specifically directed at oppressive social structures to be transformed. The significance of reflexivity is that it reveals “the causes of reality” ([136], p.112). Reflexivity facilitates a shift from a naïve understanding of reality in which cultural hegemony predominates over social perceptions, to an understanding in which such hegemony is recognised and subsequently problematised. It is only following this shift in perspective that action will be taken to oppose the causes of oppression.

The important advantages gained from reflexivity is affirmed by Gene Sharp, who views reflexivity as an integral responsibility of those willing to take action for social change [189]. The necessity of reflexive engagement stems from its ability to increase the likelihood that the chosen ‘means’ results in the intended ‘ends’. To ensure the appropriate choice of action, “the initial problem, therefore, is conceptual, analytical and strategic” ([189], p. 10). Huish affirms this tactical perspective, framing reflexivity as an essential precautionary step taken to ensure that activism “is not merely a chaotic outpouring into the streets” ([190], p.370). Huish specifically counters the sensationalised notion of activism being ‘spontaneous’ and ‘disorganised’, rather arguing that activism “requires knowledge of tactics, space, place, history and theory” ([190], p. 365).

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⁶ It is important to note here Freire’s personal use of the term ‘activism’: mere action, devoid of critical thought or objective [136]. In light of ‘activism’ being part of everyday language, I have opted to continue to use the term ‘activism’ with the intended meaning of ‘critically informed action’ – thus equating Freire’s praxis with the term ‘activism’ as I am using it within this thesis.
The need for and pathway to gaining such knowledge is modelled in Figure 3.31. To determine which subset of unconventional actions will serve to challenge the status quo, ongoing reflexive processes must occur. As demonstrated by the differential impact of the same tactic in separate socio-political contexts (Section 3.2), reflexivity may be what separates successful and unsuccessful campaigns. Reflexivity is necessarily ongoing as the socio-political context in which actions occur is not static, necessitating the ongoing incorporation of new knowledge of ‘tactics, space, place, history and theory’ into the existing tactical approach. Reflexivity can also be seen as a ‘precautionary measure’ that ensures the unconventional activities chosen to challenge the status quo are ethically justified and logically-sound pathway to social justice and equity. Indeed, The Public Health Leadership Society recognises the role of critical reflection in the discernment of whether actions that sit outside of accepted professional obligations or the bounds of the law are required in ethically challenging situations [191]. In this way, the centrality of reflexivity in my three-point model of activism can be seen to reflect and actively address the ‘complexity’ of public health described in Chapter Two.
Figure 3.11  A three-point model of activism

The larger square represents unconventional political participation as a whole. Within this sits the specific group of actions capable of mounting a challenge to the status quo within the particular socio-political context in which they will occur. Ongoing processes of reflexivity are required to determine which subset of unconventional political actions will successfully challenge the status quo and thus instigate processes of change.
As established in Chapter One, I envisage this research to contribute to the long-term goal of increased activist engagement. However, as succinctly observed by Howard Zinn, “rebellion is only an occasional reaction to suffering in human history; we have infinitely more instances of forbearance to exploitation, and submission to authority, than we have examples of revolt” ([192], p. 16). Having established health activism as an ethical obligation of the public health workforce in Chapter Two, the question of ‘what would increase the likelihood of its utilisation?’ appears pertinent. In light of the abovementioned prevalence of ‘instances of forbearance and submission to authority’, there appears to be a need for “a transformation both of consciousness and of behaviour” ([133], p.3) if engagement with activism is to be achieved. Saul Alinsky affirms the necessity of such transformation on account of his observation that people are unlikely “to step abruptly out of the security of familiar experience; they need a bridge to cross from their own experience to a new way” ([170], p.xxi). One pathway to achieve such transformation is the reflexivity-based process of ‘conscientisation’.

Conscientisation refers to the process of “learning to perceive social, political and economic contradictions, and to take action against the oppressive elements of reality” ([136], p.16). It is the development of ‘critical consciousness’. One way to view the process is the transformation of an individual or collective’s ‘potential power’ into ‘effective power’: that is, the conscious use of one’s power of cooperation or disobedience to actualise particular social or political states of being [189, 193]. Sharp’s theory of ‘potential power’ is based on a pluralistic model of power in which each individual possesses the personal resources to instigate transformative social change. Notably, potential power is not always translated into ‘effective power’; processes of conscientisation may provide an avenue to instigate such transformation.

Fox Piven and Cloward [133] propose a three-step process for the development of critical consciousness. First, that the status quo loses its appearance of legitimacy. Second, a belief in the possibility and legitimate right to change must develop. Lastly, “a new sense of efficacy” ([133], p.4) must be gained; that is, the transformation of an individual’s previous sense of personal helplessness to a belief in their personal capacity to instigate change. The first aspect of Fox Piven and Cloward’s model affirms the important ability of reflexivity to problematise the status quo. Unless the status quo is considered unjust and illegitimate, there exists little possibility for change [194]. The catalytic nature of this first step is encapsulated in the way some have rebranded ‘critical consciousness’ as
‘oppositional consciousness’: a consciousness that opposes or contests the dominant hegemony of the time, thus providing “symbolic blueprints for collective action and social change” ([195], p. 26). In the terminology of ‘contentious politics’, it is only once the governments’ ‘claim to rule’ is questioned that the civic body will begin to consider making their own ‘claim’ to power [168].

Subsequent to the initial ‘transformation of consciousness’ are preliminary ‘transformations of behaviour’. The second and third aspects of Fox Piven and Cloward’s model emphasise the importance of initial acts of disobedience and resistance to the status quo, for both observant bystanders and the agents of activism themselves [133]. In relation to agents of activism, initial engagement in small acts of disobedience or activism can instil a sense of personal efficacy and conviction in the possibility of change [136, 189, 196, 197]. The importance of a sense of self-efficacy for activist engagement is affirmed by other theorists [189, 193, 198]. In a survey of university students Werder found that “faith in one’s own abilities” ([199], p.89) was one of the main predictors of even the most simple pro-social behaviour - recycling. Similarly, Steward, Smith & Denton argue that a key success factor for social movements is activists’ self-image as effective agents of change [200]. Drawing on a case study of a Spanish social movement, Karl-Dieter Opp observed that activist engagement became “less costly when there has been some previous participation. More importantly, the past group success might have been another incentive for participation” ([197], p.97). Affirming the latter two aspects of Fox Piven and Cloward’s [133] model of conscientisation, Figure 3.32 presents “the process of mobilisation” ([197], p.101) in which previous participation in activism increases the likelihood for subsequent action on both an individual and collective level.
Mere observance of activism may also instigate a ‘process of mobilisation’ and the development of ‘critical consciousness’. Tarrow argues that initial acts of disobedience can be a catalyst for ‘ordinary’ cautious bystanders to engage in activism due to the critical reflection it sparks about the need to change the existing socio-political order [151]. Sharp affirms this perspective: “the example of people willing to undergo penalties and hardships for their conscientious dissent may lead increasing numbers of people to think about the issues for the first time” ([189], p.127). This aligns with the first step of Fox Piven and Cloward’s conscientisation model [133]. Further, the experience of activism indirectly reveals the potential for change: “clashes between early challengers and authorities reveal the weak points of the latter and the strengths of the former, inviting even timid social actors to align themselves on one side or another” ([151], p.149). This can be seen as the beginnings of the second step of Fox Piven and Cloward’s conscientisation model described above.

### 3.4 A dual approach: Dissensus theory

In this chapter I have affirmed the unique capacity of activism to initiate transformative processes of change to the benefit of population health. Further, I have indicated the limited capacity of conventional modes of political participation, such as advocacy, to secure significant social change in and of themselves [12, 153, 154, 156]. This argument, however, should not be seen to frame the utilisation of activism as entirely separate from
or mutually exclusive to the use of conventional political participation. I acknowledge the view of dissensus theory that “in order to progress social change, the social milieu requires both extreme and more moderate social strategies” ([201], p.744). Dissensus theory, originating in the work of Fox Piven and Cloward, promotes the particular power of advocacy and activism in tandem [133]. The theory is based on the polarising effect of activism or unconventional political participation, which forces the socio-political gaze to focus on the issue at hand. Advocates, or those working towards processes of change from more conventional means, are thus able to capitalise on this increased attention in various ways [201].

Public health literature affirms the essence of dissensus theory. Labonte and colleagues affirm the ‘polarising’ effect of activism based on six years of professional training workshops with community health practitioners in Canada [156]. Labonte describes how the intensity of public attention generated by activism prevents politicians from being able to address the issue in private ‘in-house’ forums, or side-line it for ‘further research’. In this way, activism renders the particular issue a political priority. The previous ‘conventional’ work of advocates on policy development, program implementation and so on can subsequently be harnessed to attain changes that would not have possible without the ‘push’ from their activist counterparts [201]. Laverack similarly affirms the essence of dissensus theory with the conclusion that “it is the combination of activism, a strong professional lobby and credible scientific evidence that has the best chance of influencing social and political change” ([28], p.143).

Other authors have explored the specific benefits that may arise from the interplay between the ‘extreme’ and more ‘moderate’ bodies or individuals in the pathway to transformative social change. Stuart, Thomas, Donaghue, and Russell use the example of the dynamic relationship between radical conservation group Sea Shepherd and their comparatively conservative counterpart Greenpeace [201]. Ongoing public criticisms of each other’s tactics and heated discussions about the place and definition of violence have generated significant media coverage and public interest in the issue of whaling. In light of the long-term international stalemate regarding action on whaling, Stuart et al. argue that such public drama “may be exactly what is required to facilitate positive social change in this context” ([201], p.744). Whilst not necessary to obtain the abovementioned benefits of advocacy and activism in tandem, Louis highlights that the relationship between the extreme and moderate actors, or activists and advocates, can be one of
cultivated cooperation [87]. It may thus be to the benefit of health activists to cultivate cooperative relationships with their advocate counterparts. Such an approach may be particularly productive from the realistic perspective that any increased in the utilisation of health activism will be a progressive process occurring in the context of ongoing conventional modes of political participation.

3.5 Summary and conclusions

In this chapter I have presented the theoretical underpinnings of a three-point model of activism. Activism is ‘unconventional’, to be distinguished from ‘conventional’ political participation as manifest in electoral politics or other normative interactions with the state. Unconventional political participation effectively instigates processes of change due to the creation of a state of conflict. The ability to actualise the intended goal is arguably relative to the depth of conflict created. Not all unconventional forms of political participation, however, will generate conflict within a given situation. This is the significance of the second two qualities of activism in my model: ongoing processes of critical reflection to determine which subset of unconventional actions will mount a sufficient challenge to the status quo. Thus activism is a dynamic context-bound process strongly influenced by “space, place, history and theory” ([190], p. 365). Tactical accommodation of these factors is necessary if activism is to provide an effective pathway to actualising social justice and equity. Moreover, processes of critical reflection provide the space to determine whether activist tactics are ethically justified according to the principles and prerequisites discussed in Chapter Two.

This chapter provides a strong theoretical understanding of activism to support and inspire the increased utilisation of activism by the public health workforce. I have demonstrated significant multi-faceted theoretical support for activism as an effective pathway to social justice and equity. The three-point model also provides guidance regarding pathways to increase activist engagement. Through structured engagement in processes of conscientisation, “a transformation both of consciousness and of behaviour” ([133], p.3) may be achieved in those initially opposed to, or hesitant about, the use of activism for health. This evidence supplements and strengthens the argument that health activism is an ‘ought and can’ of public health professionals, as discussed in Chapter Two. I will
now explore the utility of this model is through its application to the sub-field of public health scholars.
4.0 Introduction

This chapter clarifies and contextualises the arguments presented in Chapters Two and Three in relation to the sub-sector of public health academics. I will demonstrate that the call to ‘scholar activism’ is grounded in the ethical values of love, social responsibility, solidarity and social justice. The need for scholar activism will be argued from the perspective that it produces ‘research that matters’: research that actively challenges the structures and systems that produce or sustain inequity and injustice. Concordant with the social justice ethical perspective and my critical constructivist methodological approach, scholar activism counters the idea of ‘neutral science’ in which morals and values are able – or desired – to be kept separate from the research process. I will discuss ways by which scholar activists can ensure the production of ‘ethically valid research’ that embraces the personal ‘biases’ of the researcher in a structured, transparent and ideally transformative way. Lastly, I will address the unique place of activism in the classroom setting, in the manner of enacting the third part of my model of activism: conscientisation.

4.1 Research that matters

The potential ethical imperative of scholar activism has been raised within public health literature. A group of interdisciplinary Canadian population health researchers, including one of the field’s most influential theorists and practitioners Ronald Labonte, pose the following question for public health academic: “Is there a moral imperative for the population health researcher-as-advocate/activist?” ([8], p.14). For these authors, the answer is an unambiguous ‘yes’. As discussed in Chapter Two, ethical values affirming social justice and solidarity – in combination with the possession of power and privilege – serve to motivate and arguably oblige scholars to “engage in democratically transformative activism in conjunction with their scholarly careers” ([202], p.616.). In this section I will draw on broader social science literature to explore ethical arguments supporting, and ideological perspectives cautioning against, activist scholarship.
Authors from various social science disciplines justify scholar activism from a social justice perspective. Massey and Barreras equate the production of research that can be used to oppose situations of social injustice and inequity with the normative concern for the production of “rigorous and empirically and methodologically sound research” ([91], p.616). Steinitz and Mishler similarly contend that unless research is utilised to confront social issues, it is not worth doing [203]. This emphasis on ‘research utility’ can be seen to arise from the observed failure of norm-abiding approaches to gain change, and a scepticism that change will be instigated by the powerful organisations and individuals who benefit from systems of inequality [202]. Various authors promote the use of activism as a way to generate “open contestation in public discourse” ([202], p.415) and obtain otherwise unavailable influence on government policy and practice [91, 204, 205]. This perspective affirms the ability of activism to generate sufficient strength and polarity of socio-political debate to necessitate state action on the issue [156, 201], as discussed in Chapter Three (Section 3.4). Overall, the above authors affirm the argument that has been developed throughout Chapters Two and Three: following the failure of conventional political engagement to challenge inequity and social justice, activism provides an alternative pathway to transformative social change.

The ethical principle of ‘love’ or “commitment to others” ([136], p. 70), arguably underpins the call for research that actively works towards the production of social justice. ‘Love’, a form of courage that enables one to work toward social justice and equity without fear of personal repercussions [136] (refer to Chapter Two), is clearly seen within Brantlinger’s presentation of scholar activism [202]. Brantlinger concludes that academia without activism is akin to knowing the existence of a situation in need of help and either being disinterested or insufficiently courageous to do anything about it. The need for scholars to utilise their academic positions of power and privilege for the benefit of the common good has been similarly expressed throughout the literature. Education theorist Colette Cann reasons: “If I am educated and am paid to theorize [sic], I have a higher duty to use my awareness, academic power and privilege to join in solidarity with others to struggle for authentic social change.” ([206], p.557). Development studies scholar Robert Huish argues that academics have a responsibility to engage in activism due to their ease of access to resources: “networks abound, rooms can be booked at little to no cost, and campus societies can assist with fundraising and promotion” ([190], p.369). These examples illustrate that an ethical ‘commitment to others’ directs scholars to
transform their knowledge, power and privilege into a state of active ‘solidarity’ or activism [207]. Potential applications for solidarity in the academic setting will be discussed in the following section.

As indicated in Chapter Two, sufficient ‘evidence to act’ is a prerequisite for ethical activist engagement [143, 144]. In the context of scholar activism, an additional concern is how such evidence is generated. A central argument against activism in the academy arises from the traditional notion of “scholarly distance and objectivity” ([202], p.415). For proponents of traditional scientific empiricism, the lines between politics and science are to be made as distinct as possible to embody the “ideal of neutrality” ([208], p.569). However, the notion of politically neutral research has been extensively challenged and increasingly abandoned due to the perspective that it is “at best unrealizable, and at worst self-deceptive” ([209], p.247) [35, 202, 207, 210]). Paraphrasing an early opponent of ‘neutral research’ Sylvia Tesh, prominent public health figures have requested that public health academics “‘not get the politics out of research’ but to ‘get the politics out of hiding’” ([8], p.14).

‘Apolitical’ research can be seen to possess significant political agency through its affirmation of the prevailing ways of understanding and relating to the world. As discussed in Chapter Two, public health academics must consider the ethical implications of the absence of activist engagement: research may indirectly serve to affirm social injustice and inequity if it is not produced or utilised in a way that directly opposes it. Illustrative is DeMeulenaere and Cann’s reflection on this ethical dilemma in the context of their education research: “If we simply help a few students navigate a purportedly meritocratic system without challenging that system… we might affect the material reality for a few students, but we reinforce the ideological hegemony rooted in the myth of meritocracy” ([206], pp.556-557). This situation can be easily re-framed in the context of health research on inequality. If the research is conducted in a way that does not actively challenge the system enforcing and perpetuating inequality, whilst a few lives might be briefly helped by the intervention or program, the research can be seen to perpetuate the hegemony of inequality by not seeking to address its root cause.

Ellen Brantlinger develops the ethical argument against ‘neutral’ or ‘inactive’ research through the imagery of the researcher as a passive bystander. Brantlinger draws a picture of the unreasonable situation of expecting inaction from those in close proximity or
directly witnessing situations of social injustice: “Why is ‘neutrality’ expected of those who know situations precisely because of studies…is it reasonable that informed people should refrain from activism – to settle for being bystanders in local affairs?” ([202], p.422). Other authors similarly challenge the activism-science divide [91, 211]. The argument for scholar activism is thus grounded in the dual rejection of ‘neutral science’ and affirmation of ethical values of social justice, love and solidarity. As Lather concludes: “Once we recognize that just as there is no neutral education there is no neutral research, we no longer need apologize for unabashedly ideological research and its open commitment to using research to criticize and change the status quo” ([212], p.67).

The case for ‘neutral research’ is also weakened in light of differential acceptance of ‘left’ or ‘right’ politically-oriented research. Fox Piven describes marked differences in professional consequences of engaging in left-leaning research that challenges social hegemony, as compared to right-leaning research that seeks to maintain it: trouble almost exclusively begins for left-leaning researchers who identify with counter-hegemonic ideas and groups that seek to transform the status quo of inequity [25]. Applebaum similarly highlights how commerce academics who promote such practices as venture capitalism are rarely criticised for the political or biased nature of their scholarship [213]. It would thus appear openly political research is tolerated if it affirms the contextually dominant socio-political-economic practices. The selective objection to research that seeks to challenge extant social and power relationships has been described by Massy and Barreras as a problem of ‘narrative fit’ [91]. These authors argue that research that challenges or does not ‘fit’ the dominant narrative is often rejected or discredited for being ‘politicised’, irrespective of sound methodology and robust findings.

Facing such opposition to activist scholarship has associated tolls. Brantlinger expresses the exhaustion that results from choosing to go beyond the conventional and actively engaging in conflict: “At times I long for anonymity, the security of non-involvement, and the sense of belonging that I assume comes from conforming acts, standard research agendas, and quiet minds” ([202], p.415). Activist engagement may also pose barriers to promotion and career development. Academics may be faced with a potential trade-off between “being rewarded by academic peers and contributing to a better world” ([214], p.310) [202]. Craig Calhoun argues that activist engagement is further complicated due to the commodification of academic life: emphasis is placed on the accumulation of academic ‘capital’ such as publications, rather than engagement in socially transformative
research practices (215). Whilst not proposing that scholars deliberately lie or fabricate for professional gain, Calhoun argues that scholars often feel pressured to “betray the calling truly and openly to explore the world” ([215], p.2). In order to build successful careers scholars must ensure there will be sufficient ‘purchasers’ of their academic ‘produce’, and thus approach their research in a way that does not challenge “commonplace understandings of the world” ([215], p.1-2).

Despite these obstacles, significant support exists for activist scholarship. The central foundation of this is a rejection of research ‘neutrality’ that denies the opportunity and masks the responsibility of the researcher to approach their scholarship in a manner that targets the promotion of the ‘social good’. An ethics of love, solidarity and social justice motivates activist engagement and serves to protect the activist-scholar in the face of adversity. This is captured succinctly in Francis Fox Piven’s reflection on her long-time scholar activist career: “Scholar activists should stop regarding themselves as martyrs. We are activists because of the joy the political gives us, because even when we fail, working to make our society kinder, fairer, more just gives a satisfaction like no other” ([25], p.810). Such a perspective is supported by long-term public health scholar and theorist Ronald Labonte who has made repeated calls for more ‘critical’ and politically-minded public health practice [8, 156, 216]. Together with an interdisciplinary team of public health researchers, Labonte argues that:

The moral and political necessities for social change can become part of our daily work, as much a statement of who we are as of what we do. While the questions and content of our research will always be important, the social processes by which we undertake and act upon the research (including how the questions get framed in the first instance) become equally if not more important, ([8], p.15).

Having established the desire and potential for scholar activism, the next section explores the application of my three-point model of activism to the research setting.

4.2 Radical research

Presentations of scholar activism within the broader social science literature affirm the three-point model of activism presented in Chapter Three: activism as unconventional, a challenge to the status quo, underpinned by ongoing reflexive processes. The first two qualities of activism are clearly contained within Schostak and Schostak’s conception of
scholar activism [217]. For these authors, research becomes ‘activist’ when it goes beyond mere knowledge-production to the point where “it suggests the possible overthrow of a previously stable or at least dominant order of ways of knowing, thinking, believing, acting” ([217], p.1). Nygreen similarly affirms the goal of activist research is beyond that held by traditional scholars focused on mere knowledge-production: scholar activism aims to “intervene—to expose and also disrupt the patterns of inequality and the oppressive, marginalizing practices” ([207], p.2). Other authors also emphasise the need to distinguish between scholarship that is simply framed by a political agenda, and that which actually contributes in some way to social change [202, 206]; it is the latter that is the topic of discussion within this chapter.

Brantlinger’s early model of ‘transformative research’ provides a useful framework to examine how activism applies to the research setting (see table 4.2) [202]. The dichotomy of ‘traditional’ versus ‘transformative’ scholarship establishes the conventional/unconventional divide that separates activism from other forms of political engagement. The ‘unconventional’ nature of transformative scholarship is indicated by the way it ‘contests common knowledge’ and ‘problematises’ the structures and individuals responsible for maintaining the status quo of inequity and oppression. As seen in Figure 4.2, Brantlinger identifies nine areas of consideration to guide the activist-scholar in the method of developing transformative scholarship. The lack of specific direction contained within these areas is significant: the flexibility of the framework acknowledges the need to discern the specific means of unconventional scholarship that will successfully mount a challenge to the status quo – effectively ‘contest common knowledge’ – and subsequently instigate transformative processes of change. In this way, Brantlinger’s framework affirms the importance of ‘context’ as emphasised in the second core element of my presentation of activism.
The third aspect of my model of activism, reflexivity, pervades Brantlinger’s conception of ‘transformative scholarship’. Reflexivity is required to determine the pathways by which one’s research can depart from the ‘traditional’ and become ‘transformative’, according to the nine areas of contemplation (see fig. 4.2). The direction of reflexivity contained within Brantlinger’s model is supported by other theorists: “Reflexivity entails recognition of the impact of the researcher on the research, including the relationship between the researcher’s values and the methodology, research questions, study design and interpretation of findings” ([218], p.308). More generally, Brantlinger’s framework

<table>
<thead>
<tr>
<th>Traditional Scholarship (to be dismissed)</th>
<th>Transformative Scholarship (to be revered)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Research Purposes</strong></td>
<td></td>
</tr>
<tr>
<td>Conservative, reformative</td>
<td>Transformative, emancipatory</td>
</tr>
<tr>
<td>• Sustain the status quo</td>
<td>• Democratize institutions</td>
</tr>
<tr>
<td>• Supposedly “interest free”</td>
<td>• Explicit social/political agenda</td>
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<td></td>
<td></td>
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<tr>
<td><strong>Researcher Motive</strong></td>
<td></td>
</tr>
<tr>
<td>Personal career success</td>
<td>Change oppressive conditions</td>
</tr>
<tr>
<td>• Expected scholarly role</td>
<td>• Genuine concern</td>
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<td></td>
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<tr>
<td><strong>Nature of Research</strong></td>
<td></td>
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<tr>
<td>Technical/“neutral”</td>
<td>Controversial/renegade</td>
</tr>
<tr>
<td>• Traditional methods</td>
<td>• Method integrated with praxis</td>
</tr>
<tr>
<td>• Embedded in knowledge field</td>
<td>• Contests common knowledge</td>
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<td></td>
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<tr>
<td><strong>Position of Scholar in Research Projects</strong></td>
<td></td>
</tr>
<tr>
<td>Distant from subject/sites</td>
<td>Proximate to subjects/sites</td>
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<tr>
<td>• Aloof from affected audiences</td>
<td>• Integrated with affected audiences</td>
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<td></td>
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<tr>
<td><strong>Place of Research in Researcher’s Life</strong></td>
<td></td>
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<tr>
<td>Professional/personal separate</td>
<td>Professional/personal integrated</td>
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<tr>
<td><strong>Direction of Gaze</strong></td>
<td></td>
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<tr>
<td>Outward/downward (at Others)</td>
<td>Inward at peers/upward at elites</td>
</tr>
<tr>
<td>• Externalizing problems</td>
<td>• Problematizing self/superiors</td>
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<td></td>
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<tr>
<td><strong>Dissemination of Results</strong></td>
<td></td>
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<tr>
<td>Scholarly outlets (to peers)</td>
<td>Local venues (impacted audiences)</td>
</tr>
<tr>
<td>• Local disclosure avoided</td>
<td>• Results channeled back to site</td>
</tr>
<tr>
<td></td>
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<tr>
<td><strong>Political Positioning</strong></td>
<td></td>
</tr>
<tr>
<td>Noncommittal, unknown</td>
<td>Explicit, known</td>
</tr>
<tr>
<td>• Neutrality claimed</td>
<td>• Political views admitted</td>
</tr>
<tr>
<td></td>
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<tr>
<td><strong>Exercise of Agency</strong></td>
<td></td>
</tr>
<tr>
<td>Locally passive</td>
<td>Engaged in local praxis</td>
</tr>
</tbody>
</table>
identifies two related but different areas that require individual consideration: how to ensure both the (i) process and (ii) outcome of research is transformative or activist in nature.

Regarding the ‘process’ of research, scholar activism can be seen to be grounded in the activities of negotiation, reciprocity and empowerment of and with the ‘researched’ [35]. For these activities to occur, the activist-scholar must engage in self-reflection to address fundamental questions such as: ‘Who is being researched?’, so that the inclusion of marginalised populations can be prioritised; ‘How is the research being conducted?’, so that the ‘researched’ can be encouraged to participate as equals in the research process; and ‘How is the research being framed?’, so that situations of socio-political disadvantage can be made a key focus of the work [171, 219-221]. By engaging in such critical reflection, the ‘processes’ of research can be maximised in terms of their ability to transform inequity and oppression of their own accord, as distinct from the impact of the overall findings or utility of the research ‘product’ itself.

A similar yet distinct set of reflexive processes are necessary to maximise the impact of the final research ‘product’. Regarding the research product, the direction of self-questioning is focused more on the socio-political environment and research-users than the subjects of research. Massey and Barreras identify key ‘product-focused’ questions:

What types of data best support grass-roots activism or the mission of a nonprofit advocacy/service agency; how can research best be framed to manipulate a particular political landscape and reduce ideological opposition to findings or recommendations; how the demand for objectivity is balanced against the reality of doing research in a political and value-laden context, ([91], p.616).

Overall, Massey and Barreras emphasise the importance of determining and finding ways to improve the ‘persuasive power’ of the final research product. The importance of ‘context’ for health activism, as emphasised in the second aspect of my model of activism, is thus affirmed. Massey and Barreras’ perspective accords with Huish’s conclusion that activism in general, and within the confines of scholarship, “requires knowledge of tactics, space, place, history and theory” ([190], p. 365).

Collaboration with grassroots activists and community groups may facilitate the development of such context-based understanding. The practice of collaboration is an
element contained within, but not explicitly addressed, by Brantlinger’s model of transformative or activist scholarship [202]. The involvement of the ‘researched’ and other community members in the research process is arguably captured under the ‘Position of scholar in research projects’ and ‘Exercise of agency’ (see fig. 4.2). The work of Massey, Barreras and Torruella affirms the way in which academic and grassroots activist collaborations serve to enrich the understanding of ‘tactics, space, place and history’ such that the research ‘product’ of scholar activism is of utmost potency and utility [91, 222]. A prime example of this is the contribution of a grassroots and scholar-activist partnership to the establishment of a needle exchange program in New York City [222].

In the late 1980s, the issue of needle exchange programs was receiving considerable political attention in New York City. AIDS activists and academics promoted needle exchanges as a means to quell the spread of HIV. The police, district attorney’s office and the Black American community opposed the idea for fear that the provision of clean needles would serve to increase overall drug usage. To overcome this stalemate, insights from grassroots activists regarding the choice of research focus was key [222]. Rather than asking ‘if’ needle exchanges worked to reduce the spread of HIV, grassroots activists directed the researchers to ask and thus provide evidence for ‘how’ they worked. Priority was thus placed on demonstrating the use of clean needles, subsequent reduction in re-use of old needles, and that the provision of clean needles did not increase drug usage. The research conducted thus addressed the most politically-charged concerns, allowing those politicians who supported the needle exchange but feared political reprimand to come out in favour of the programme. This example affirms the utility of academic and grassroots collaboration to identify and address the most politically charged concerns.

Collaborations between scholar activists themselves has also been promoted as a way to maximise the impact of activist scholarship. The Autonomous Geographies Collective (AGC), one such collaboration of scholar activists, call for a specific focus on developing coordinated collective efforts of scholar activists to overcome the barriers of individual efforts [223]. Based on personal experience, the AGC argue that “the life of the scholar activist can often be a lonely one, with extremely individualised engagements and a lack of support among fellow academics. One way to counter this is for radical academics to collectively organise, strategise and act” ([223], p.264). The strength of scholar activist networks lie in their ability to: promote shared understandings of the meaning and
obstacles to scholar activism; discuss and develop activist strategies; increase numeric participation in specific actions and campaigns; and lend greater expertise to workplace or societal debates [223].

Ann Lawless’ doctoral thesis supports the utility of scholar activist networks, what she terms a “community of assent” ([221], p.235). The development of strong relationships between scholar activists cross-campus was identified as a way to overcome key threats to the practice and sustainability of scholar activism: isolation and marginalisation. Furthermore, a formalised network of scholar activists will likely cultivate an array of students, academics, general staff and others who are willing to contribute in some way to a particular action or campaign – whether as identifiable ‘activists’ themselves or not. Thus, the ‘community of assent’ need not be solely comprised of activists themselves, as Martin acknowledges in his flower-bed analogy of activism:

> It is useful to think of an ecology of activism, in which a flower or fruit can only exist with the support of nutrients, roots, stems, pollinators, and sunlight… Many people can contribute to making activism effective without necessarily being activists themselves: financial contributors, resource people, teachers, supportive friends and family members, and journalists amongst others, ([24], pp.22-23). The ability of non-activist peers to meaningfully contribute to the method and goal of activism supports the practical utility of ‘dissensus theory’, which recognises the potentially synergistic relationship between activism and advocacy.

Nonetheless, collaboration is not always the best approach to scholar activism, nor is it without obstacles and frustrations [207, 222, 223]. The AGC identify the potentially problematic endeavour of navigating the relationship between the activist-scholar and grass-roots activist, arising in part due to the aforementioned ‘commodification’ of academic life [215] (Section 4.1).

> We could never get away from the fact that this was our ‘job’ and not ‘our immediate struggle’ We always had one eye on the publications, on gathering the data, and on re-telling the stories that were unfolding. Crucially, there is a wider structural point that more politicised and collaborative work with social movements, campaigners and activists can
never easily fit into the rhythms, constraints and priorities of research
council funding, ([223], p.261).

In addition to such logistical and institution-based barriers, Nygreen identifies an ethical
obstacle to activist-scholarship: the potential of reproducing inequitable power relations
[207]. A potentially ‘parasitic’ relationship can develop between the activist-scholar and
research participants: “University-based researchers have compelling material incentives
to do research, but other participants often do not” ([207], p.17). Such criticisms may
likely come from grass-roots activists sceptical of the application of activism to the
academic setting. Such a sentiment is captured by an email exchange between activist-
scholar Jenny Pickerill and grassroots activist friend:

No matter how I look at this project – it just smacks of academics-on-the-
rise from so-called activist backgrounds who are finding a niche for
themselves in academic circles with ‘activist’ kudos… it is actually totally
disgusting for me to see [you]… becoming an ‘expert on the subject’ in
the eyes of the academy, and taking a salary for it, yet operating in a
parasitical relationship to those who are doing the real work and have
made financial/lifestyle sacrifices, ([224], p.482).

It is unlikely that such criticism can be entirely avoided. However by utilising the third
aspect of my model of activism, the potential for valid grounds for criticism can be
attenuated. By engaging in ongoing critical reflection the scholar-activist can examine
and alter their research practice so that it serves to challenge, and not reproduce or
exacerbate, the issue of inequity and injustice at hand.

4.3 Ethically valid research

To overcome the abovementioned obstacles, scholar activists have developed two
different measures of research ‘validity’: catalytic and impact validity. These alternative
measures of validity are not intended to replace traditional concepts of validity, but rather
compliment measures of methodological rigor with a measure of how the research will
practically contribute to society [91]. Catalytic and impact validity can be viewed as
guides to the initiation, assessment and improvement of research that will meaningfully
contribute to the amelioration of social injustice and inequity. Catalytic validity has been
promoted primarily by Patti Lather as a measure of “the degree to which research moves
those it studies to understand the world and the way it is shaped in order for them to
transform it” ([35], p. 152). A central focus is thus placed on the ability of research to instigate processes of conscientisation, such processes ideally leading the participants to activist engagement [212]. Catalytic validity thus focuses most strongly on the third aspect of my model of activism: processes of reflexivity. More specifically, catalytic validity can be seen to work primarily at the ‘process’ level of research with regard to conscientisation, less concerned with the final research ‘product’.

The argument for catalytic validity is based on the recognition of what Lather terms “the reality-altering impact of the research process” ([35], p.272). The seminal work of Brown and Tandon on community experience demonstrated the significant short and long-term effects of interview participation: interviewed participants were more likely to express unconventional and status-quo challenging perspectives in the short-term, and to be more active in community affairs in the long-term as compared to non-interviewed controls [225]. The authors accordingly affirm the potential of the research process to inspire activist engagement. Lather’s concept of catalytic validity directs the researcher to deliberately manipulate the impact of research participation to facilitate the development of critical consciousness and subsequent activism [35]. Recent academic commentary has similarly directed public health researchers to actively manage the inevitable impact of qualitative research on research participants in an ethical manner [218]. In Chapter Two I argued that activist engagement by the ‘communal public’ of the public health workforce accords with core public health principles. This line of reasoning can be applied to the research setting regarding the use of research methods to inspire activist engagement in the broader ‘communal public’ of the research participants themselves.

Notably, Lather requires discernible signs of conscientisation and activism for the fulfilment of catalytic validity. However, McCabe and Holmes argue that the reflexive process often influences participants in subtle ways that lead to long-term and potentially significant change not measurable within the project time-frame [226]. Thus, if no apparent ‘catalytic’ influence of the research process is detectable within the short-term time-frame of a research project, the question of ‘has sufficient time elapsed for effects to be shown?’ may justifiably be considered.

Receiving more recent academic interest is ‘impact validity’, a measure of the utility of research to be utilised as a tool for advocacy or activism [91]. Impact validity centres on enhancing the ‘persuasive power’ of research: its ability to influence the socio-political
environment and incur change. Impact validity thus contains a more explicit focus on research ‘product’ than catalytic validity. Further, it addresses the second two aspects of my model of activism: determining which unconventional actions will most effectively challenge the status quo. Massey and Barreras identify three key aspects in which persuasive power can be maximized: “The strategic choice of research question, having explicit and realistic strategies for using research, and the strategic framing, communicating, and disseminating of findings” ([91], p. 615). These recommendations align closely with that of other authors who promote the need for more activist-oriented research in the social sciences in which the purpose, choice of topic and method of research should be for the amelioration of social problems [214]. Moreover, the ways in which research is communicated requires transformation such that it is appropriately targeted and rendered accessible to grassroots activists, the wider public as well as policy makers. In this way, impact validity “opens up a politics of possibilities” ([227], p.798) in which the ability of research ‘process and product’ to influence others rests on the ability of the research practice to be similarly influenced itself.

The utility of catalytic and impact validity is their provision of both a pathway to conduct, and a method to provide evidence of, ethical and effective activist scholarship. Recognising this, DeMeulenaere and Cann [206] have recently developed a heuristic to assess the impact validity of activist-orientated research. An underlying premise of this assessment is that the actual impact of activist scholarship often differs from that initially intended. The value of the heuristic is not to offer a precise measurement of research impact, but to facilitate an understanding of how and why intended impacts do or do not occur. The assessment does this along three different dimensions: ideological, material and scale. The ideological dimension considers how research challenges or disrupts the prevailing societal hegemony, the development of critical consciousness being the corollary of effective challenges/disruptions. The material dimension is concerned with material differences to which the research has contributed at either the individual or societal level; this could range from increased income to structural change of policies and practices. The scale dimension refers to the actual number of people affected by the research. By measuring and thus understanding these three dimensions, the factors contributing to the success and failure of past work can be analysed; on the basis of insights gained, future work can be improved.
DeMeulenaere and Cann’s ‘ideological dimension’, with its emphasis on measuring critical consciousness, can be seen to encompass the essence of ‘catalytic validity’ [206]. In this way, impact validity incorporates the catalytic validity focus on ‘processes’ into a broader measure that also emphasises the outcomes and ‘research product’ of activist scholarship. By doing so, the measure of impact validity provides a more encompassing measure of and guide to activist scholarship that addresses fears expressed within the literature regarding catalytic validity. Notable is Brantlinger’s concern for the undesirable potential for research to spark the development of critical consciousness in the absence of supportive changes occurring within the wider socio-political context, which would enable such conscientisation to bear fruit [202]. The result of this would be an affirmation of the social structure in which the researched are the ‘losers’ for whom some form of compensatory intervention has been given, whilst the already privileged researchers reap the benefits of wealth and prestige from their study of social inequity. In such a situation “whether purposely or inadvertently, a consequence of research is recolonization of the oppressed for dominant class purposes” ([202], p.420) [207, 224]. Within DeMeulenaere and Cann’s ‘Impact Framework’, the material and scale dimensions serve to guide the development of scholar activism that avoids such unethical reproductions of inequitable power relations [206].

The material and scale dimensions of the Impact Framework provide a way to plan, and afterwards assess, how to achieve the goal of ethical, equity-promoting research. The ‘material dimension’ guides researchers to consider and logically assess the impact of their research on the material circumstances of the researched. The ‘scale’ dimension deepens this analysis by indicating the potential ‘reach’ of such changes. In this way, impact validity may serve to counter what Nygreen terms the tendency of scholar activists to ‘romanticise’ their work, attributing greater impact to a modest project than what has actually occurred [207]. Patai attributes such romantic ‘inflation’ of research impact to activists scholars recognition of their relative power and privilege: “Perhaps conscience-stricken [sic] by the realization of their own privilege, many intellectuals today... pretend that whenever they write an article they are ‘doing politics’” ([228], pp.67–68). DeMeulenaere and Cann’s impact validity heuristic provides a way in which to realistically assess the true scope of research impact, on the level of both research process and ‘product’ [206].
Public health academics are able to maximise their contribution to social transformation by using impact validity as a guide to the development and ongoing assessment of activist scholarship. The Impact Framework provides a way for the activist-scholar to demonstrate the ethically and professionally-sound nature of their research process and product. Increased documentation of the utility of such tools appears to be the next step required to increase the quality and quantity of activist scholarship by public health academics.

4.4 Teaching activism

In addition to activism applied to research, scholar activism can manifest in the form of teaching activism. Academic discussion of teaching activism in the university setting centres on the purpose of higher education [190, 229-231]. Proponents of teaching activism appear to come from a social justice ethical perspective. Echoing the line of reasoning discussed in Chapter Two, the literature demonstrates how a social justice ethical perspective directs individuals toward ‘active solidarity’, ways to translate or enact theoretical principles.

What is the point of academic work? What is (or should be) the university’s role in public life? As teachers and researchers in diverse disciplines, what can and should we contribute to struggles for justice? How can academics and other intellectual workers participate in broader struggles for social justice? How do we ‘teach to transgress’?, ([229], p.312).

Within her field political science, Kiernan speaks of the need to “do more than teach about politics…we want to teach for politics” ([231], p.187). This distinction serves to highlight the goal of ‘teaching activism’: to go beyond the provision of mere knowledge about certain issues, to the provision of skills and tools that will enable students to be active agents of social change.

The university setting has been identified as an ideal environment for the exploration and practice of activism. Giroux argues that the university “is one of the few public spaces left where students can learn the power of questioning authority, recover the ideals of engaged citizenship, reaffirm the importance of the public good, and expand their capacities to make a difference” ([230], p.450). A leading figure in the bourgeoning area
of ‘teaching activism’ is social geographer and international development theorist Robert Huish. Huish promotes an understanding of activism akin to Heather Zoller’s [12] presentation of activism as an effective form of ‘health communication’. Huish argues that the teaching and practice of activism in the university setting is not an exercise in pushing “a particular moral slant, but rather as a tactical means of communication and organisation in order to achieve public engagement and political change” ([190], p.370). Huish goes further to affirm the idea of teaching activism as a form of ‘civic’ communication and engagement, which he sees as an important role and responsibility of being an academic.

However, Huish speaks to the contradictions placed on the relationship of academics to the ‘public realm’ as a consequence of the increasing corporatisation of university institutions [190]. Echoing Calhoun’s [215] aforementioned assessment (Section 4.1), Huish attributes the increasing tensions that exist between scholars’ professional and civic roles to the corporate commodification of academic life:

Are academics still permitted to be public intellectuals and to teach students methods of engaging the public good? Or are professors relegated to narrow research and teaching interests that are deemed practical and synonymous to the values of corporations and governments? ([190], p.366).

Huish cites the great opposition he faced to the introduction of his ‘Development and Activism’ paper at Dalhousie University in 2012 as evidence of this civic/professional divide. The main point of contention was the fifteen percent grade allocation to student’s successful organisation and performance of a legal public protest. Interestingly, Huish encountered opposition from both ‘left’ and ‘right’ leaning academic peers. Those on the ‘right’ criticised the paper for the unsuitability of activism within the university setting. Those on the ‘left’ argued that activism couldn’t be taught, labelling Huish’s method as prescriptive and unable to capture the personal motivations, morals and passions that drive one to take up the activist cause. Huish acknowledges that activism as formulated and operationalised within his course does not encompass all ‘understandings’ of activism [190]. However, the central objective of his class is to provide students with experiential knowledge of their – and all citizens’ – “capacity to challenge authority rather than to conform to it” ([190], p.366).
Reference to Brantlinger’s ‘transformative scholarship’ framework helps to illuminate the nature and benefit of Huish’s approach [202] (refer to Section 4.2). According to the framework’s divide between the ‘process’ and ‘product’ of activism, Huish’s method of teaching activism embraces the ‘process’ of conscientisation more than the ‘product’ of definitive social change. Huish acknowledges the limited ‘protest potential’ or transformative impact of the ‘protest practicum’. To ensure the university had insufficient grounds to discount the practicum as an acceptable form of teaching, Huish required students to liaise and register their activities with local police, and only engage in actions that are legal and ‘above board’. Whilst limited in transformative impact, the practicum nonetheless facilitates experiential knowledge of unconventional political participation: as according to Dalton’s model, student engagement in a legal public protest crosses the first threshold from conventional to unconventional action [161]. To supplement this, Huish theoretically explored the power and practice of more contentious forms of activism within the classroom, where their presentation cannot be reasonably suppressed.

The teaching of activism can be seen to focus on the third aspect of my model of activism in which process of conscientisation can be utilised to increases activist utilisation. The perspectives of authors such as Huish [190], Giroux [230] and Kiernan [231] reflect Sharp’s aforementioned idea of transforming ‘potential’ to ‘effective’ power: utilising teaching methods to rouse an inherent capacity within students to be effective agents of social change [189]. In this ‘arousal’ of inner potential, and subsequent willingness to utilise it, Kiernan emphasises the importance of moving beyond the theoretical: “Deep learning, active learning, lifelong learning and transferable skills in truth rely on praxis” ([231], p.187). Here we come back to the idea of ‘praxis’, as equated with ‘activism’ in this thesis: “reflection and action upon the world in order to transform it” ([136], p.33). In the context of teaching activism, Kiernan emphasises that processes of reflection must take place in conjunction with action.

This is where the work of Huish and Kiernan, which accords with the three-point model of activism as presented in this thesis, largely departs from other efforts to promote activism within the field of health. Various academics have grappled with how to incorporate advocacy and activism within the field of clinical medicine [232-234]. However these short-term programs, one consisting of 100 contact hours over the course of a month and the other comprising only four sessions, maintain engagement with activism at a primarily theoretical level. Further, the conflation of advocacy and activism
by these authors highlights the overall need for greater clarification regarding the theoretical and practical meanings of these terms. Nonetheless, the efforts of such groups indicate an appetite in public health to go beyond the current mode of political engagement and seek alternative means to bring about transformative change.

4.5 Summary and conclusions

Health activism can be effectively applied to public health scholarship. Scholar activism produces ‘research that matters’: research that actively challenges systems and structures that uphold social injustice and inequity. Activist scholarship can occur on two different, although not separate, levels: research process and research product. The former equates the importance of processes of conscientisation with that given to more traditional research outcomes or outputs, such as peer-reviewed publications. The research ‘product’ can be rendered activist through consideration of research ‘utility’: can the research outputs be used by community groups, grassroots activists, politicians and other related bodies in their campaigns for social justice and equity? The activist-scholar can draw on impact validity frameworks during research development and assessment to determine and maximise the way their research practically contributes to society. Impact validity does not replace traditional notions of validity. Rather, it provides insights into how research challenges the prevailing societal hegemony and to what degree it may incur changes to political policy and practice. The activist-scholar can also teach activism. The classroom provides a forum for conscientisation that equips students with the knowledge, skills and tools to act as agents of social change. The future of public health activist-scholarship arguably resides in increased awareness and discussion of the method and benefit of past and potential examples of activism for health.
Chapter Five: Research Methods

5.0 Introduction
This chapter will describe the methodological theory that guides my research approach alongside a description of actual research methods used. Particular emphasis has been placed on establishing and determining the practical implications of my critical constructivist methodological position, described in Chapter One.

5.1 Study design and methodological perspective
The critical constructivist methodological perspective is grounded in ‘social critique and confrontation’ and holds transformative social change as its goal [36] (see Chapter One). Fuelling this methodological approach is a relativistic ontological perspective that rejects the existence of a singular independent ‘truth’ that can be identified through ‘methodologically sound’ research. Rather, it affirms the ‘complexity’ of society’s social fabric [35, 235]. As Rich argues, “there is no ‘the truth’, [nor] ‘a truth’ – truth is not one thing, or even a system. It is an increasing complexity” ([236], p. 187). Similarly, Kendall argues that “research is a process of constructing knowledge; this process is not value-neutral or free from dynamics of power that determine what knowledge counts” ([218], p.308). In this way, the researcher cannot entirely be divorced from the research results as “all knowledge claims on reality are partial by dint of their inherent social construction” ([8], p.10). Lather affirms this view, stating that “there is no neutral research” ([35], p.257), and encourages an embrace of social critique as the foundation from which research is grown.

The specific ‘complexity’ held at the core of this thesis is the various understandings of ‘activism’ and its potential application to public health practice. To reflect and embrace such ‘complexity’, qualitative methodology was chosen. My research questions (Chapter One) are explicitly explorative and seek to address two identified research gaps: (i) a limited theoretical understanding of health activism, alongside a dearth of (ii) experiential knowledge from health activists within extant health activism literature. Qualitative research methods allow the exploration of new themes and issues, which would be precluded by constructing the research around a pre-determined hypothesis [237]. A dual approach in which theoretical insights could be clarified and compared with the lived
experience of current practitioners was seen to address the research gaps in a way that reflects the ‘complexity’ of socially constructed understandings and multiple ‘truths’ of reality. Research methods of a literature and theory review in combination with semi-structured interviews was thus chosen.

Further, as will be explained in subsequent sections, I sought to actively involve public health practitioners in my exploration of activism and its relationship with public health practice. Importantly, my (re)construction of a theory of health activism was not an attempt to develop an inflexible static construct; the existence of multiple conceptions and ‘realities’ of health activism is acknowledged. The existence of multiple ‘realities’ or perspectives of one phenomena, however, does not negate the task of building a common language and model of health activism. A common model of activism arguably strengthens the foundation from which it can be promoted, and provides a framework into which subsequent ‘truths’ and perspectives can be critically reviewed and potentially incorporated. The development of a ‘co-constructed’ model of health activism reflects the critical-constructivist nature of this research that seeks to both problematise a particular phenomenon (here, social inequity and the current understanding/practice of health activism) and to further seek pathways by which to transform it. As Sherman concludes, “equipped with a more accurate theory, which better explains society’s most basic practices and the ideologies that support them, the critical theorist is better able to determine how to act for the sake of promoting justice, freedom and happiness” ([238], p.578).

The following sections describe research methods undertaken, alongside discussions of guiding methodological theory.

5.2 Literature review

I conducted the initial literature search during March-April 2014. Web of Science, ProQuest Social Science, ProQuest Health & Medical Complete, Informit, Informit: Humanities & Social Sciences Collection, CINAHL and Google Scholar were searched using ten main keyword combinations: ‘health activism’; ‘health AND activism’, ‘social activism AND health’; ‘collective action’; ‘civil disobedience’; ‘activis* collective action’; ‘advocacy activis*’; ‘academic scholar activis*’; ‘praxis activis*’; ‘praxis advocacy’. I subscribed to RSS feeds for the most successful search terms and databases:
‘health activism’, ‘activis* collective action’ and ‘civil disobedience’ in the Web of Science Core Collection.

The reference lists of retrieved articles and books were also searched for relevant texts and located where possible. Key journals relevant to the field of health activism were identified and individually searched using the keywords of ‘health activism’, ‘activism’, ‘protest’, ‘collective action’, ‘civil disobedience’, and ‘praxis’:

1. Critical Public Health
2. American Journal of Public Health
3. Global Health Promotion
4. Health Promotion International
5. Australian and New Zealand Journal of Public Health
6. Social Movement Studies: Journal of Social, Cultural and Political Protest
7. Public Health Ethics

Subscription was also made to the email alerts for each of these journals, so that relevant articles could be reviewed with ease on an ongoing basis.

5.3 Qualitative interviewing

As Paton simply states, “we interview people to find out from them those things we cannot directly observe” ([239], p.340). The absence of past and present health activists’ perspectives on the theory and practice of health activism is an identified research gap [33]. Interviews provided a method to elicit such views that cannot be obtained through mere ‘observation’. A semi-structured interview format was chosen as “it keeps the interactions focused while allowing individual perspectives and experience to emerge” ([239], p.344). Further, the naturalist and dialogue-focused method of semi-structured interviews is the traditional approach of critical theorists/constructivists [240].

I chose to limit the scope of my sample to one sub-field of public health: public health scholars. This was intended to increase the coherence of insights obtained from interview analysis and avoid the potential for over-generalisation. The focus on public health scholars was chosen for various reasons, most simply due to my position as an academic-in-training. This research process provided an opportunity for personal reflection and
exploration for how I may render an academic career activist in nature. Further, the choice of this sub-field removed potential power-differentials that could occur during the interview process, a particular concern of the critical constructivist approach [215]. I considered the potential reproduction of classist perspectives to be reduced through the choice of highly trained public health academics, as compared to community health workers who may not share a similar level of academic training or socio-economic background to myself. Arguably, the power-relationship advantaged my academic participants in view of my position as a young student. I considered this to have potential benefits regarding comfortable disclosure of personal and potentially controversial perspectives.

My research aims to address the research gap of an absence of lived experience able to impart the “ihi (spiritual power) that drives activists to pursue social justice and social change” ([33], p.98) and subsequently inspire other practitioners in the field to take up the activist cause. Nonetheless, in my exploration of whether activism can be framed as an ethical obligation of the public health workforce, the perspective of public health practitioners who don’t identify as activists is of equal importance. Indeed, by gauging a broad perspective on the issue, a better understanding of the context within which health activism is to be promoted can be gained. To access this variety of perspectives, I used purposive sampling on two levels: activist-identification and ethnicity.

To access the ‘insider’ activist perspective, I searched the public health departments of universities in Aotearoa to identify those scholars who publically disclosed their activist identity. Disclosure took the form of activist-identification in their biographical and/or research interest description on their university webpage, or in the context of activist-identified research articles or conference proceedings. Whilst academics who don’t publically identify as activist may still engage in activist scholarship, this method was seen to capture those most likely to engage in activism and the strong perspective of those comfortable with the activist label. This accords with Patton’s assessment that “the logic and power of purposeful sampling derive from the emphasis on in-depth understanding” ([239], p.46).

I sought to ensure sufficient voice was given to Māori public health academics considering the disproportionate burden of inequity carried by Māori, and thus the increased pertinence of health activism and pathways to change for Māori communities.
I aimed for a sample in which Māori and non-Māori perspectives would be equally weighted, akin to the approach of ensuring ‘Mana Whakamārama’ or ‘equal explanatory power’ [241]. Nonetheless, I was not able to reach this balance due to lack of participant availability for interview, and the short-time frame of the research process. Nonetheless, one third of my sample identified as Māori, a proportion double that of the population level.

Recruitment began in July 2014. Category B ethics approval was obtained from the University of Otago Human Ethics Committee (Appendix C). Potential participants were initially contacted via email with an invitation to participate in the study that included an attached information sheet (Appendix A), consent form (Appendix B), and notice that I would contact them via phone in the next couple of days to enquire about their decision. Consent was considered to be given upon return of a signed consent sheet. Participants chose the interview setting. Seven were conducted in the participant’s university office, one in a café and one via Skype.

The choice of sample size in qualitative enquiry is complicated by restricted time-frames and funding [242]. The number of participants was chosen in light of this thesis’ short timeframe and participant availability. Whilst the ideal of ‘saturation’ may not have been achieved, few new ideas or topics arose during the lattermost interviews. Participant demographics are described in Table 5.3.

<table>
<thead>
<tr>
<th>Code</th>
<th>Sex</th>
<th>Ethnicity</th>
<th>Public activist identification</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>Female</td>
<td>NZ European</td>
<td>No</td>
</tr>
<tr>
<td>P2</td>
<td>Female</td>
<td>NZ European</td>
<td>Yes</td>
</tr>
<tr>
<td>P3</td>
<td>Female</td>
<td>NZ European</td>
<td>No</td>
</tr>
<tr>
<td>P4</td>
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<td>Yes</td>
</tr>
<tr>
<td>P5</td>
<td>Female</td>
<td>Māori</td>
<td>No</td>
</tr>
<tr>
<td>P6</td>
<td>Female</td>
<td>Māori</td>
<td>Yes</td>
</tr>
<tr>
<td>P7</td>
<td>Female</td>
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<td>Yes</td>
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<td>P8</td>
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<td>NZ European</td>
<td>No</td>
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<tr>
<td>P9</td>
<td>Male</td>
<td>NZ European</td>
<td>No</td>
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</tbody>
</table>
Interviews were audio-recorded and transcribed. The interview guide (Appendix D) was based on the literature and theory review in conjunction with feedback from two practice interviews (P3; P8). These ‘practice’ participants provided feedback on the perceived relevance and framing of questions, as well as style of interviewing. Feedback was positive and did not significantly alter the preliminary interview guide. Due to this, and the pertinence of their perspectives, these participants’ were included in the final analysis.

A flexible interview process that ensured the same “basic lines of enquiry” ([239], p.343) were used across interviews was favoured over the rigid sequencing of questions. Patton argues that changes in the sequencing of questions can reduce “the comparability of responses” ([239], p.349). However from a critical constructivist perspective in which no discernible ‘truth’ exists, but rather affirms the ‘constructed’ representation of reality produced by the research process, the question of ‘comparability’ was not seen to be of great importance [35, 236].

5.4 Research validity

Having taken the ontological perspective that “research is a process of constructing knowledge” ([218], p.308), the task of undertaking such ‘construction’ in a scientifically valid manner is of great concern [243]. Important here are epistemological considerations: assumptions and beliefs regarding the relationship between the ‘knower’ and the ‘known’ [240]. Both critical theory and constructivism come from a transactional/subjectivist epistemological perspective, in which the researcher cannot be separated from knowledge production. This perspectives represents what Hesse describes as an “epistemological break” ([209], p.196) from the positivist notion of researcher neutrality and objectivity. Schratz and Walker frame the influence of the researcher on the researched from the perspective that the ‘personal’ is inextricably linked to the ‘scientific’ nature of research [244]. That is, one’s personal motivation to engage in research necessarily influences the ‘scientific’ practice of research itself.

Lincoln, Lynham and Guba describe different manifestations of the influence of the researcher on the ‘researched’ and subsequent ‘research product’ relevant to the critical constructivist approach of this thesis [240]. One manifestation is the critical theorist “transformative intellectual” ([240], p.99) who directs the nature of knowledge
reconstruction. The ‘transformative intellectual’ ideally aspires for conscientisation, empowerment and self-initiated activist engagement to result from the research process. Within the scope of this thesis, such aspirations were deemed unattainable. The approach I have taken aligns more closely with the constructivist approach of the researcher as “passionate participant” ([240], p.99) of knowledge reconstruction. The research objectives of this thesis arguably constitute the preliminary stages of knowledge (re)construction from which targeted and informed interventions can be designed to increase the motivation and skills for activist engagement. Nonetheless, it is hoped that the present research will serve as a form of ‘catalyst’ for the increased engagement in health activism, albeit the measurement of such an impact is beyond the reach of this project.

It is a matter of research validity that the researcher’s influence on knowledge production is sufficiently held in check so that the various ‘realities’ of the researched are conveyed and represented in a manner that is not “managed and manipulated” ([245], p.35). Steps must be taken to protect the ‘researched’ from “the researcher's own enthusiasms” ([35], p.268). A concern for the management and manipulation of knowledge can be seen as a prime concern of critical and constructivist research as illustrated by the emphasis within both traditions on the co-construction of knowledge. Heron argues that those being researched “have a moral right to participate in decisions that claim to generate knowledge about them” ([245], p.34). Cornstock affirms this view, arguing for the need to ensure research methods include steps that provide “a corrective to the investigator's preconceptions regarding the subjects' life-world and experiences” ([246], p.38.). I will now discuss two different approaches to enacting such participation and ‘correctives’, ‘transformative’ and ‘transactional’ research validity, drawing on Cho and Trent’s insightful critique of the two [243]. I will then explain how I have applied these authors’ recommendations to achieve ‘holistic reflexive validity’ that maximises the benefits of both approaches whilst avoiding their limitations.

Transactional validity centres on methods by which “misunderstandings can be adjusted and thus fixed” ([243], p.322). In the context of qualitative interviews, the primary source of misunderstandings arise at the level of interpretation of meanings; I discuss misunderstandings at the level of interview transcription in the following section. The technique of ‘member checking’, providing participants with an opportunity to engage with and provide feedback on preliminary interpretations of data, is “the most crucial
technique for establishing credibility” ([247], p.314) within the transactional validity approach. The transactional validity priority is thus making sure participants’ “realities correspond with the interpretations brought forth by the researchers” ([243], p.322). One problem with this approach arises from an apparent ‘tick-box’ approach to research validity: that validity can be assured by member validation alone [243]. Another can be seen to arise from its loose adherence to a constructivist methodological perspective. The emphasis in transactional validity to come to agreement on a single valid ‘truth’ contradicts the constructivist perspective that “researchers’ construction of realities will inevitably be reconstructions, interpretations” ([243], p.323). Acknowledging this limitation, Lincoln and Guba frame the method of member checking as a means to validity through the establishment of ‘credibility’ by means of reaching consensus regarding co-constructed meanings [247].

The transformative validity approach holds more strongly to a constructivist perspective. It affirms that “meanings are social constructions and multiple perspectives on a topic yield multiple meanings... In this respect, validity is not so much something that can be achieved solely by way of certain techniques” ([243], p.324). Rather, transformational validity is found in evidence of critical consciousness and the subsequent engagement in political action. The ‘catalytic validity’ approach described in Chapter Four is a model example of the transformational validity [243]. A potential problem with this approach, however, is allowing sufficient time frames during which conscientisation can naturally develop and bear the subsequent ‘fruit’ of activism [226]. The transformational method entails significant commitments of time and resource that may not be possible for all research projects. Illustrative of this is Lather’s recommendation of three key tasks to maximise the “negotiation of meaning” ([35], p.266) between the researcher and researched, and subsequent conscientisation and activism when using the investigative tool of interviews:

(i) That interviews are dialogue-focused with an emphasis on self-disclosure on the part of the interviewer as a means to ensure reciprocity;
(ii) with sequential interviewing and potential focus groups to enhance collaboration and depth of understanding;
(iii) including a level of collaboration regarding data analysis and the drawing of research conclusions, at least with a subsample of participants.
Whilst these are comprehensive ideals to work towards, such recommendations are arguably beyond what was possible in short-term projects such as my year-long research thesis.

To bridge the gap between the loose adherence of transactional validity to the constructivist research approach, and the potentially unachievable goals of transformational validity, Cho and Trent propose a ‘validity as process’ approach [243]. This approach:

…can be equated with a reflective journal that makes transparent the subjective process now made explicit for research consumers. This opens up validity and necessitates explicit attention to the inclusion of validity considerations throughout the inquiry. This process view moves the concept from an application of ‘the right criteria at the right time’ to a process of ‘thinking out loud’ about researcher concerns, safeguards, and contradictions continually. In other words, validity becomes ever present and recursive as opposed to either a ‘step’ in a linear sequence or an over-reliance on subjectivity, ([243], p.327).

A ‘validity as process’ approach has thus been taken in this thesis. Foremost this involved ‘reflexive member checks’. This differs from a transactional validity approach to member checking in that it involves an ongoing process of “backward and forward confirmation…to illuminate a better representation of the lived experience of the participants being studied” ([243], p.332). This method negates the idea that misunderstandings can necessarily be ‘fixed’, but that a shared understanding, a true co-construction of meaning can be realised. Reflexive member checking can be seen to align with what Seale terms ‘strong’ as opposed to ‘weak’ member validation: strong forms seek to engage in processes to improve or discuss the account made, as opposed to simply ‘confirming’ the existing version [248].

‘Validity as process’ also involves “critical reflexivity of self”, where research is conducted “in a way that challenges the researcher to be able to come across something unknown” ([243], p.332). This reflects the views of other qualitative researchers influenced by critical theory, in which ‘analysis of the self’ is viewed as an integral part of reflexivity [215, 249]. ‘Critical reflexivity of the self’ and ‘validity as process’ can be seen to reflect one of the four levels of reflexivity contained in Calhoun’s model of critical
social theory [215]. Calhoun directs researchers to engage in a process of self-reflection to identify “the historical and cultural conditions (both social and personal) on which the theorists’ own intellectual activity depends” ([215], p.35). Miller and Crabtree similarly see reflexivity as involving the researcher drawing on and acknowledging the influence of their life experience and ‘cultural milieu’ ([249], p.130) on the analytic process. In this regard, I note my personal situation as a tauwi scholar-in-training, a highly privileged social position within the context of marked ethnic inequality in Aotearoa. Accordingly, there existed the potential to reproduce various social norms based on racist, classist and colonial perspectives. This potential has been attenuated through measures taken to privilege Māori voice in my participant sample as well as through consultation with members of the Māori public health workforce conducted during the early stages of this thesis (see Chapter One, Section 1.3).

Lastly, Cho and Trent call for the “redefinition of the status quo” ascertained by evidence that participants “differently perceive and impact the world in which they live” ([243], p.332). Measurement of whether participants’ perception of their world changed as a result of the research process was not held as a research outcome of this master’s thesis. Nonetheless, the interview forum provided an opportunity to engage participants in a process of reflection on the theoretical basis of their perception of the world, and discuss perspectives that provided alternatives to it. The following sections describe how I applied the abovementioned theory to my data analysis process.

5.5 Thematic analysis
Debate exists within the literature regarding the status of thematic analysis as an analytic method in and of itself, [250] or as a tool to be used across different methods or within major analytic traditions [251, 252]. I have taken Braun and Clarke’s view of thematic analysis as “a method in its own right” ([250], p.78). Thematic analysis is independent of any specific theory or epistemology and can be adapted flexibly to both the essentialist/positivist or constructivist scientific approaches: “Thematic analysis can be a method that works both to reflect the reality and to unpick or unravel the surface of ‘reality’” ([250], p.81) and the various ‘shades of grey’ that sit between these two ‘poles’ of scientific thought. Thematic analysis appeared particularly amenable to the critical constructivist approach of this thesis, allowing the socio-political and historical context
or ‘reality’ of the participants to be captured, whilst also allowing room to discern how such ‘realities’ were being broken down or actively upheld.

Thematic analysis also provides an ‘accessible’ form of qualitative analysis for early career researchers such as myself, as compared to the methodological rigour and time-commitments required by approaches such as grounded theory [250]. Despite the flexibility of thematic analysis, it is important to counter accusations that it is an approach in which ‘anything goes’ [253]. The validity of thematic analysis as a research method relies upon open disclosure of the researcher’s epistemological and ontological perspectives [250, 254]. As Braun and Clarke acknowledge, “any theoretical framework carries with it a number of assumptions about the nature of the data… a good thematic analysis will make this transparent” ([250], p.81). Effort has been made to address the nature and implications of my epistemological and ontological perspectives in the preceding sections of this chapter.

Further, it is necessary that the process of thematic coding and analysis is made explicit and thereby open to review for those seeking to utilise, compare or scrutinise the research conducted [255]. I chose to follow Braun and Clarke’s six-phase guide to thematic analysis (see fig. 5.4), an approach that has been widely utilised throughout the social sciences [250]. A detailed explanation of the process of my thematic analysis will be given according to the Braun and Clarke’s 6-phase guide. Discussion is first required, however, about the nature of what constitutes a ‘theme’. A ‘theme’ can be considered a “patterned response or meaning within the data set” ([250], p.82, emphasis in original). There are no explicit rules for what constitutes a sufficient or significant ‘pattern’. Some authors use a quasi-quantitative approach and justify a theme on the grounds that a particular idea or issue is raised by a ‘majority’ or certain ‘quota’ of participants. This approach assumes “a theme really existed in the data” ([250], p.83, emphasis in original), the use of proportion and prevalence appealing to our sense of scientific justification about the conclusions drawn. I have not taken this approach, but rather identified themes in an inductive and deductive way.
Debate exists regarding the level at which literature should be utilised in the interactive analysis of data [250]. Within this thesis, the majority of literature and theory-building work was conducted prior to the interview process, the literature thus guiding questions asked and the interpretation of responses. Whilst some argue this limits the scope of interpretation, I support the view that “engagement with literature can enhance your analysis by sensitising you to the more subtle features of the data” ([250], p.86) [256]. From this perspective, I utilised a combined inductive/deductive approach to thematic analysis. Themes were developed inductively through the identification of patterns across interviews, without reference to the research questions or guiding literature. They were also developed deductively by relating the observed patterns back to the perspectives and theories present within the literature.

Boyatzis identifies two further levels at which thematic analysis occurs: semantic/explicit and latent/interpretive [251]. The semantic/explicit approach supplements a description of interview data with an interpretation of significance based on extant literature. In contrast, the latent/interpretive approach attempts to understand the underlying assumptions or perspectives contained within the explicit data set [250]. The latent thematic analysis approach thus involves analysis in the initial step of thematic coding – a level of interpretation not present within semantic thematic analysis. This extra level of theorising arises from and acknowledges an existing theoretical perspective or body of literature that has shaped the research processes and will be used to guide the interpretation of the ‘new’ body of data. A latent or interpretive approach to thematic analysis has accordingly been taken in this thesis.

### Table 5.4 Phases of thematic analysis, original from (p.87, [250])

<table>
<thead>
<tr>
<th>Phase</th>
<th>Description of the process</th>
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<tbody>
<tr>
<td>1. Familiarizing yourself with your data:</td>
<td>Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.</td>
</tr>
<tr>
<td>2. Generating initial codes:</td>
<td>Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.</td>
</tr>
<tr>
<td>3. Searching for themes:</td>
<td>Collating codes into potential themes, gathering all data relevant to each potential theme.</td>
</tr>
<tr>
<td>4. Reviewing themes:</td>
<td>Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic ‘map’ of the analysis.</td>
</tr>
<tr>
<td>5. Defining and naming themes:</td>
<td>Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.</td>
</tr>
<tr>
<td>6. Producing the report:</td>
<td>The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.</td>
</tr>
</tbody>
</table>
I chose to forgo the process of ‘inter-rater reliability’ regarding the generation of codes and subsequent themes. The use of inter-rater reliability in the context of qualitative research is contested [257, 258]. Armstrong, Gosling, Weinman, and Marteau argue that its application in qualitative research is “limited by the processes inherent in qualitative data analysis… all analysis is a form of interpretation and interpretation involves a dialogue between researcher and the data in which the researcher’s own views have important effects” ([257], p.605). This perspective accords with my critical constructivist approach. Nonetheless, the coherence of my coding and thematic mapping was checked by my academic supervisors using the thematic frame construction in which themes and sub-themes are defined and supported by illustrative quotations (Appendix G).

I will now describe the process of my thematic analysis according to Braun and Clarke’s [250] six-phase thematic analysis framework. By doing so, I hope to fulfil in part Cho and Trent’s ideal of ‘validity as process’ by making “transparent the subjective process… explicit for research consumers” ([243], p.327).

**Phase One: familiarising yourself with your data**

Notes were taken throughout, and reflections were written following each interview. This process documented the most salient ideas as well as important expressions of emotion not detectable from an audio recording. I also reflected on observed patterns or discrepancies across interviews as they were progressively conducted [239]. These notes provided valuable insights that were used in phases two through four.

I personally transcribed the interviews according to the perspective that it provides an opportunity for data immersion integral to interpretive qualitative methodology [259, 260]. Repeated reading of, listening to and checking the transcription against the audio recordings for accuracy ‘sensitised’ me to the data, enabling the discernment of subtle concerns and their implications. Notes were taken during transcription regarding potential themes to be considered during later phases of analysis.

The first of two levels of what Lather terms the “negotiation of meaning” ([35], p.266), or ‘reflexive member checking’ according to Cho and Trent [243], were undertaken in this phase. Various approaches to the transcription process exist, some authors emphasising the interpretive nature of transcription in which words are not simply put on
a page, but a particular ‘meaning’ is created [250, 260, 261]. Such things as the choice of punctuation can greatly alter the meaning that is conveyed by one set of particular words [261]. To ensure that intended meanings were not misconstrued through poor choices of punctuation and so on, initial transcriptions were sent back to participants for correction. Further, this process of member validation provided participants with an opportunity to highlight any areas of transcription that they no longer wished to be used due to the information being too personal, or having changed their opinion on the matter. Out of the nine participants, four responded to the invitation for member validation: P1, P3, P5, P8. Corrections given were made only at the level of punctuation and the clarification of inaudible sections of the recording.

**Phase 2: Generating initial codes**

I systematically coded each interview transcript. Two revisions of the coding process were conducted to ensure codes were identified consistently across the data set. NVivo was used to assist the coding process. I followed Braun and Clarke’s advice to code as extensively as possible [250]. This approach ensures potential themes that sit outside the researcher’s personal or literature-based expectations are not ruled out during the early phase of the analytic process. Thirty codes were generated (Appendix E).

**Phase 3-5: Searching for, reviewing, defining and naming themes**

I organised the codes into “theme-piles” ([250], p.89). This involved exploring and experimenting with the relationships between codes to identify the ‘golden thread(s)’ that will be the focus of subsequent analysis and discussion. Attride-Stirling’s technique of ‘thematic networks’ or ‘thematic mapping’ was utilised, where theme development is assisted through the creation of “web-like illustrations (networks) that summarise the main themes constituting a piece of text” ([255], p.37). Attride-Stirling argues the technique:

> enables a methodical systematization of textual data, facilitates the disclosure of each step in the analytic process, aids the organization of an analysis and its presentation, and allows a sensitive, insightful and rich exploration of a text’s overt structures and underlying patterns, ([255], p.37).

The process assisted in my goal of research validity through enhanced transparency.
I developed four draft thematic networks (Appendix F) before coming to the final thematic map. This process included reviewing all the coded extracts to determine their ‘fit’ with the theme under which they had been classified. Patton’s criteria of internal homogeneity and external heterogeneity were used to assist the revision and refinement of themes [239]. This criteria insures that whilst themes present a coherent picture, they have sound grounds for differentiation.

I finalised the thematic map and overall thematic coding process by defining each major theme and sub-theme, and identifying the key data extracts that reflect the key ‘essence’ of each (Appendix G). This process provided a second ‘check’ regarding the principles of internal homogeneity and external heterogeneity at the thematic level, as well as further refinements occurring at the level of the data extracts themselves, where meanings or inferences drawn from the extracts did not appear to fit the literal words on the page. A larger sample of exemplifying quotations are available in Appendix G than referenced in Chapter Six to provide greater transparency regarding the validity of the theme-development process.

**Phase 6: Producing the report**

Chapters Six and Seven comprise the outcome of this phase. Chapter Six presents the thematic analysis of the interviews in which insights are related back to the research questions. Chapter Seven covers the subsequent task of relating insights drawn to extant theory and literature.

I conducted a second level of ‘reflexive member checking’ by inviting a subset of participants to review an initial draft of Chapter Six [243]. Participants were asked to comment on the representation of their own perspective, as well as the overall picture being built. The subset of participants (P2, P5, P6, P9) was chosen to provide equitable ‘voice’ for both identified ‘scholar activists’ and those who did not subscribe to the activist label. A secondary attempt to privilege Māori voice in this research was also made by ensuring half of the participant subset identified as Māori.

This secondary member checking provided an opportunity for knowledge co-construction. Providing participants with an opportunity to check and contribute to my analysis of their words accords with the critical theorist perspective that:
Thematic investigation is only justified to the extent that it returns to the people what truly belongs to them; to the extent that it represents, not an attempt to learn about the people, but to come to know with them the reality which challenges them, ([136], p.91).

Further, this measure provided an avenue towards fulfilling Cho and Trent’s call for the “redefinition of the status quo” ([243], p.332) that involves processes of conscientisation and subsequent activism. Freire describes the co-investigation of thematics as a pathway to conscientisation in which direct involvement in the research processes may inspire participants to “take possession of that reality” ([136], p.87) they have helped to create through subsequent activist engagement. I discuss the results of this process in Chapter Six.

5.6 Limitations
The results of qualitative research are context-based and thus not generalisable [262]. Nonetheless, through careful description of the context in which the research is conducted, the results can be interpreted in such a way that they are transferable to other contexts [262]. I discuss potential applications of the insights drawn from my research in Chapter Seven.

I was not able to engage in a rigorous process of knowledge co-construction in this thesis. The reflexive member-checking undertaken was more transactional than transformative and involved minimal ‘back and forth’ of ideas and revisions that Cho and Trent recommend [243]. The need for large and long-term forums for the co-construction of a theory of health activism is highlighted by this limitation. I discuss the potential for creating such forums in Chapter Seven.

Nonetheless, my method of data collection and analysis has arguably fulfilled Cho and Trent’s more general principle of reflexive member checking in which the researcher is challenged “to come across something unknown” ([243], p.332). The interview process provided the space for participants to challenge and qualify the principles and practical implications of my three-point model of activism, as described in Chapter Six. I discuss the way I have interpreted these perspectives with regard to the promotion and practice of public health activism in Chapters Seven and Eight.
5.7 Summary and conclusions

A dual approach of literature review and qualitative interviewing was used to address my research questions of ‘Do public health professionals have an ethical obligation to engage in health activism?’ and ‘How can health activism be best conceptualised?’. By doing so, my research contributes theoretical and experiential insights to the limited body of health activism literature. Research validity was approached according to Cho and Trent’s principle of ‘validity as process’, in which transparency of the guiding methodological theory and engagement with processes of reflexivity are key [243]. The critical constructivist methodological perspective is evident in my use and method of thematic analysis: an interpretive approach involving levels of member validation and knowledge co-construction. I present the initial findings of the thematic analysis in the following chapter.
Chapter Six: Thematic Analysis

6.0 Introduction
In this chapter I present my thematic analysis of the semi-structured interviews conducted with nine public health academics. As described in Chapter Five, the analytic process was both inductive and deductive: analysis is made in regard to the themes in and of themselves, as well as their relationship to my research questions. I discuss the implications of this analysis in relation to extant theory and literature in the following chapter.

6.1 Overview and undercurrents
My thematic analysis generated three main themes and fourteen sub-themes (see fig. 6.1). Each will be discussed in turn. Further, I identified two undercurrents that, whilst not qualifying as themes in and of themselves, affirm the utility of my research to current public health practice and professionals.

The first undercurrent was ‘politics’. Several participants affirmed a need for the public health workforce to engage with ‘politics’ due to the shared goal of establishing the socio-political causes and conditions to ensure population-wide health and wellbeing. The political engagement required is both ‘big and little p’: the ‘politics’ of politicians and political parties, and engagement with political issues in a de-centralised manner, respectively.

Our work is political, as public health people. We’re trying to change people’s behaviours, trying to change environment, trying to change policy and some people are trying to overthrow the whole system which you know good on them. Hopefully they’ll do better than the current system. (P2)

Personal recognition of the political nature of public health often sparked efforts to communicate and engender such a perspective in colleagues and students.

So I guess [my work] is political and that I deliberately put politics back into it. I think a lot of students, a lot of people – apathetic type of people – tend to think of politics as who’s the latest PM [Prime Minister] or voting or parties, but life is political. I see it that way so I try and bring
that into my work, that life is political. If we want to address these social
determinants of health which public health researchers, psychologists,
sociologists, we’re all concerned with that, then we have to acknowledge
that, the political nature of things like poverty. (P6)

The ‘what’, ‘how’ and further elaborations on the ‘why’ of political engagement will be
discussed in themes ‘What is activism’, ‘Practical considerations’ and ‘Ethical
obligations’ respectively.

The second undercurrent identified was ‘unexplored questions’. The interview process
initiated a discussion of ideas and topics with which some participants were not familiar.

Yea I’m not sure about that, I’m not sure about [activism as an ethical
obligation]. I haven’t thought about it like that before. Which seems a bit
naughty but I guess, yea, I guess it is. (P3)

I don’t really know [how to define activism]. But um… I…. hopefully
there’s no right answer (laughs). (P5)

The interview process seemed to take participants into ‘uncharted territory’ due to a
lack of identification with or personal use of key terms of reference.

I know, coz I’ve never been asked this question before, it’s, I found it quite
challenging coz I don’t use that term [activism]. (P9)

The undercurrent of ‘unexplored questions’ suggests a need to generate greater public
health discussion regarding the various options for political participation. The utility of
such discussions was indicated by participants who expressed appreciation of the
reflexive and exploratory interview process. I explore this further in subthemes
‘Conscientisation’ (under ‘What is Activism?’) and ‘Training and Documentation’
(under ‘Practical Considerations’). I will now discuss the themes and respective sub-
themes in turn.
Figure 6.1. Final thematic map, showing three main themes (coloured diamonds), fourteen related subthemes (ovals), and two undercurrents (triangles) identified across interviews.
6.2 ‘What is activism?’

This theme reflects participants’ exploration of what activism means for them as public health professionals, what it would look like in practice, and issues surrounding identification with the term. This has been captured under four separate subthemes, as seen in Figure 6.2.

![Figure 6.2 Map of theme ‘What is activism?’ and related subthemes](image)

**Figure 6.2 Map of theme ‘What is activism?’ and related subthemes**

**Change and the status quo**

The subtheme ‘Change and the Status Quo’ captures what participants presented as the ‘essence’ of activism: posing a challenge to the status quo with the objective of initiating some form of change. ‘Activism’ and ‘advocacy’ were terms of reference used to discuss the way activism can be conceptualised as a form of political engagement. These terms were seen by participants as separate, although interrelated, forms of political participation. Activism was distinguished on account of the specific way it targets change and social transformation.

*Activism is more about trying to change the system or change the community or. I don’t know I kinda think advocacy is more about support. Than perhaps activism is about change. Or fighting for change.* (P5)

*But I think [activism]’s about, (pause), challenging injustice. And, if you’re not challenging injustice you’re endorsing the status quo... Advocacy is trying to give a voice. And it’s not necessarily – for some people it’s about transformation, some people it’s not.* (P2)
That’s hard… I guess, there’s sort of, there’s many levels to activism. (Pause). Obviously there’s an incentive to act as a change agent. (P6)

Participants grounded the idea of activism in the practice of working for change in a way that challenges the status quo. Engaging in political participation that does not challenge the current order of things was seen to provide indirect affirmation of the status quo. Accordingly, one’s work may become “part of the problem” (P4) by virtue of a lack of active opposition to it.

To prevent one’s work becoming ‘part of the problem’, however, does not necessitate large-scale public displays of discontent – what one participant described as the “placard waving semantic kind of association” (P9) of activism. Participants affirmed the central quality of activism as the goal of change, rather than its manifestation as a particular course of publically visible protest.

[Activism]’s a spectrum of things and a lot of range of tools that you use in different circumstances. Because I mean really you want to achieve a change, you don’t want to just be out there being seen you know like jumping around on the streets for no purpose you know what I mean; you know you’re doing it for a reason, (laughs) not promoting yourself. (P8)

Rather, small efforts to challenge the status quo are equally deserving of the ‘activism’ label. An example provided was the seemingly innocuous, yet potentially life changing, activity of creating alternative pathways of access to university education for Māori and Pacific youth. Participants’ discussion of the variety of ways and varying degrees of subtlety by which to mount a challenge to the status quo will be discussed further under the theme of ‘Practical Considerations’.

A spectrum of engagement

The variable nature of activism and its relationship with other forms of political engagement was discussed by participants with reference to a ‘spectrum’ of political activity.

[Activism] is a massive spectrum of activity ranging from more active participation in accepted democratic processes like making submissions and making oral submissions to, you know through kind of peaceful protest
through you know civil disobedience through all the way through to terrorism. (P3)

Within this spectrum, ‘advocacy’ appeared to be placed at one end and ‘activism’ at the other.

Whilst affirming that both advocacy and activism work towards the provision of socio-political or economic help and support, a difference in impact on the existing social structure was noted.

I guess advocacy for me tends to be more about... working within the already established system or policies for example and advocating for people or groups of people within those structures. Maybe. That’s probably more down that end. And activism is more about trying to change the system or change the community or. I don’t know I kinda think advocacy is more about support. (P5)

The advocacy end of the spectrum was seen to generally affirm the status quo by working within existing socio-political structures, whilst actions at the activist end of the scale were seen to increasingly challenge the status quo by working outside of them. This perspective arguably renders advocacy a method of political engagement working in opposition to both the method of activism and its central goal of transformative change.

Nonetheless, participants expressed an apparently paradoxical acceptance and almost ‘embrace’ of all actions along the ‘advocacy/activism’ spectrum. The roots of such an ‘embrace’ will be discussed within the theme ‘Practical Considerations’. Here, the significance of such an acceptance pertains to the utility of a ‘black and white’ definition of activism. Whilst various participants affirmed activism as a distinct form of political engagement, the development of theoretical definitions and models of activism appeared to pale in significance actual political participation – of any type.

Personally I’m not that interested in slicing and dicing it, just wanting to get on with like what are we aiming for, where are we now and what do we need to do to get there? And could we get there NOW? (P2)

The utility of a theoretical construct of activism was thus seen as a function of its contribution to the goal of change.
Conscientisation
Participants’ framing of activism as that which brings about or works towards a change to the status quo emphasises the need for ‘action’. However, the cognitive element of activism was equally acknowledged.

*Activism is...both a state of mind and a state of practice.* (P4)

Activism as a ‘state of mind’ is a necessary preliminary to the ‘state of practice’: to seek change, the need for change must first be recognised. The personal possession of a state of ‘consciousness’ or ‘awareness’, and engagement in processes of ‘conscientisation’ or ‘raising awareness’ with others, were seen as the core quality and activity of activists respectively. The ability of activists to achieve their goal of transformative change was seen by some to be predicated on successful population-wide conscientisation regarding the issue at hand.

*So, I think people work - there’s actually like a science to [activism]. Of moving the population, so part of it is raising awareness... if you said in 1980, we want to have an endgame for tobacco, no one would have believed you. But if you say it in 2012, people go “Oh yea that’s doable”... that’s because they’ve been through those steps of messing with the heads of the population (laughing) and moving the hearts and mind.* (P4)

The process of conscientisation or awareness-raising was specifically affirmed with regard to activism in the classroom. Some participants questioned whether you could ‘teach’ activism, favouring more the idea of ‘modelling it’. Others strongly affirmed the ability to teach activism due the conduciveness of the classroom setting to the process of conscientisation.

*It’s called raising social awareness isn’t it? Teaching activism. Teaching people to be not so apathetic, to look around to question not just what’s happening out there but what’s happening in here as well.* (P6)

The two-fold model of ‘mind and practice’ was repeatedly affirmed: knowledge of the need for activism must be followed up by actual activist engagement fitting to one’s personal and professional capacity. Accordingly, teaching activism involves guiding students towards, and providing them with the skills to engage in, pathways for action.

*Whatever’s been done has restructured their conceptual system or provided them with some skills to go out and work in a way that the*
conventional, that’s not the conventional way… Followed up by – and this is where the behaviourist in me comes out – followed up by the doing. Like it’s not enough to make the cognitive and attitudinal change, you’ve got to follow it up with action. (P9)

Issues of identification

Hesitancy in the use of the ‘activist’ label was repeatedly raised:

*I think probably it already exists but its just people don’t call it activism and that might be for various reasons. Like you know some people, not necessarily the people involved in the activism for example, but others might be turned off or scared by the word ‘activism’. (P5)*

Self-identification with ‘activism’ was highly context-bound. The issue at hand, the workplace environment itself, and the ultimate goal for which one aims may differentially influence whether the use of the term ‘activism’ aids or inhibits the pathway to change.

*You know I use that term [scholar activism]. It really depends it, just using that word can be quite political so it depends what context I’m in... It depends how you want to subvert and transform particular ideas. So it’s about it is subversion and transformation how to use that label. So most people, a lot of my colleagues that I came through are scholar activists but they don’t necessarily use that label in articles. Maybe depends where you’re publishing as well.* (P6)

The need for activist identification was brought into question, particularly in the context of situations in which processes of change are being successfully initiated without being marketed as or placed under the activist label.

However, the utility of widespread use and identification with the term ‘activism’ or ‘health activism’ was strongly advocated by some.

*Let everyone have a go let everyone be a health activist, that’d be good wouldn’t it? It’s a great reframing of what we do.* (P2)

*Hell yea, everyone must be an activist. It’s whether how good you are... So we, everyone’s an activist whether or not they’re holding the hardest line.* (P4)
This inclusivity stemmed from participants’ desire to increase awareness of and include the entire public health workforce in the processes of achieving transformative change – regardless of where they sit on the ‘advocacy-activism’ spectrum. Arguably, such efforts to extend the use of the term constitute a process of activism in itself: a process of conscientisation whereby increased use and identification with the term induces a corresponding increase in the willingness to engage in political participation that challenges the status quo.

The need and utility of expanding the discipline-wide understanding of activism was also affirmed. Promotion of the ‘spectrum’ model of activism was recommended as a way to combat what some perceived to be the commonly held misconception that activism is a limited form of street protest:

If you saw activism as a system then, it’s clearly more various than the initial placard waving semantic kind of association might suggest and I think that if that, my view would be if that comes through in your thesis, that would be brilliant. (P9)

The need to move away from narrow conceptions of activism appeared to be of particular importance in the context of ‘scholar activism’. Discussion around the varied and subtle ways academics can mount serious challenges to the status quo was affirmed as a necessary counterpoint to the distasteful stereotyped image of activism as violent street riots and an outlet for hooliganism.

Summary
The theme ‘What is Activism?’ sets out activism as understood by participants: a form of political engagement aiming to instigate transformative change, characterised by the quality of posing a challenge to existing socio-political or economic power relations. Before action can take place, however, a ‘mental state of activism’ must first develop: the recognition of the need for, and predisposition towards taking, action on a particular issue. In this way, the three qualities of activism contained in my model were generally affirmed by participants: activism as unconventional, a challenge to the status quo, necessarily involving processes of critical reflection. With regard to RQ1, this provides tentative experiential support for my theoretical model as a viable way to frame health activism. Furthermore, participants expressed the need to expand the understanding of
activism in a manner analogous to my theoretical presentation, which challenges the stereotype of activism as a limited form of public protest.

6.3 Practical considerations
This theme presents participants’ responses to questions asked about the actual practice of activism: what is involved, what helps or hinders its utilisation, and how does it fit into public health practice? Six subthemes capture the ‘practical considerations’ of health activism that participants deemed most pressing, as shown in Figure 6.3.

Figure 6.3. Map of theme ‘Practical Considerations’ and related subthemes

Potential for activism
The potential for activism in public health was related to three different levels of context: the historical context of public health as a discipline, the historical context of Aotearoa as a nation state, and the socio-political and issue-specific context of one’s work. There was general agreement that activism forms part of public health history: various participants referred to the story of John Snow taking the handle off a London water pump to prevent the spread of cholera in the mid-1800’s. The historical familiarity of health activism in combination with the observed effectiveness of contemporary social activism led participants to affirm the potential for change in the face of great opposition – and activism as a pathway to achieving it.
But I spose its things like feminism and civil rights campaign and gay rights and things that gives us hope and encouragement... Because it’s been done before. It was quite a rapid pace if you think about social change. And it wasn’t done by people with power and influence. You know we don’t have all those um extra rights or shift in public opinion because government made a decision. (P1)

Similarly, various participants presented the idea that activism forms a significant part of the ‘New Zealander’ identity, grounded in the notion of standing up for people’s rights and dignity. The nation-wide participation in anti-racism Springbok tour protests was given as a prime example. However, the lack of recent engagement in activism was acknowledged. Some participants were unsure of pathways to the invigoration of activist participation. Others argued that the small-scale of New Zealand society provides a unique opportunity to utilise the power and influence of one’s academic position to ‘make a difference’. These points will be elaborated upon in subthemes ‘Training and Documentation’ (see below) and ‘Power and Privilege’ (under ‘Ethical Obligations’) respectively.

The issue-specific context of one’s work further dictated the potential for activism.

I guess with skin cancer, it’s a bit different with that because you don’t go out and demonstrate in the street about skin cancers, it’s all a matter of making of embarrassing people in ministries because they’re not doing anything about it all that’s the thing. Showing the costs that they’re not taking into account, beavering away behind the scenes really trying to get a shift in perceptions in things. (P8)

This example again highlights the importance of expanding the understanding of activism beyond the stereotyped image of disruptive street protest. The influence of context was also felt at a socio-economic level. One participant had engaged in scholar activism by constructing research projects that involved the provision of health-promoting goods. The success of this work was attributed largely to the economically prosperous context in which she could secure industry sponsorship. Significantly, this participant doubted whether such fundraising, and thus the success of their activist scholarship, would be possible in the comparatively constrained present-day economic environment.
Lastly, the potential for teaching activism in the classroom setting was affirmed on account of the educational expectations held by various students, which some participants acknowledged they had held themselves.

*The idea of scholar activism which seems to appeal to some students quite a bit. Coz I think a lot of students coming through do want their education to have a meaningful impact. And as you go along, doing your degree, you get to masters level, start to get indoctrinated, start to get a bit more distance, people start to lose that passion. So it’s kind of a reinvigorating term.* (P6)

The teaching of ‘scholar activism’ thus provided a potential outlet for students’ creative passions that may otherwise be lost during the process of academic training that involves being “enculturated into behaving in normative academic fashion and not rocking the boat.” (P1)

**Working to capacity**

In light of the variable potential for activist engagement, participants presented the idea of ‘working to capacity’: contributing in whatever ways possible, within the specific bounds of one’s situation, to the ‘activist’ cause.

*And then the rest people who can’t be there for whatever reason, they can do incremental. So we, everyone’s an activist whether or not they’re holding the hardest line... they’re all on the kaupapa.* (P4)

*But people just do more or less you know it’s just, people need to take action from their, their sphere of influence and you’ve got different capacity.* (P2)

Such a presentation embodies participants’ aforementioned ‘embrace’ (see ‘What is Activism?’) of all actions on the advocacy/activism spectrum.

This ‘embrace’ appeared to stem from a belief in the cumulative contribution of many.

*But combined, when we come together doing what we can on that activism spectrum with other organisations that are able to do more at civil disobedience end of spectrum and we kind of, we join with then in a particular issue or fight if you like then I think there has been some*
effectiveness there at stopping things from happening or shifting the policy
decisions that are made. (P3)

There was also open recognition that for some, activism was simply a distasteful prospect, a perspective that should be respected.

And I think that’s important too, there’s that almost all these things that I’ve been saying like, have their place. Like policy has its place and activism on the streets with placards. It’s just it doesn’t necessarily suit oneself. (P9)

Service - so critic and conscience is in service...So, it provides you a space. How people fill that space is up to them. (P4)

Nonetheless, most participants expressed the personal appeal of activist engagement.

Significantly, several participants also expressed that it is possible to ‘package’ activism in a way that fulfils professional contracts and responsibilities.

Framed the right way, it’s all framing. Tick the boxes, get the learning outcomes. Change lives. (P2)

Whereas one way to position it as a scholar activist is you try to talk about the community as being, a business term is ‘research end users’. So people who benefit from your research, so having the impact at a national level... so that the university supports my work so that in some way try to alleviate that jarring relationship so I can do what I do without having to give up something. Without having to give up on the communities I passionately advocate for or give up on academia which I love doing. So trying to have both (laughs). (P6)

Such packaging centred on the fulfilment of business-like professional requirements of university contracts in terms of ‘research outputs’ and productivity. The issue of ‘packaging’ returned the discussion to issues of self-identification with the activist label: What was the purpose and potential benefits of labelling oneself and one’s work ‘activist’? The ability of one’s work to successfully subvert and transform situations of injustice and inequity was emphasised over the utilisation of the ‘activist’ label that may only bring professional obstacles and isolation.
The power and need for ‘radical’
Despite the embrace of people’s activities across the range of the political spectrum, there was broad acknowledgement of the need for ‘radical’ actions or activism. This ‘need’ was attributed to the ability of radical activism to initiate change in a climate of stagnation.

Sometimes it’s necessary again for someone to take a [radical] position to move people along....And that moves the middle of the road by saying: ‘Well actually wherever there’s inequality someone’s getting too much. That must mean pākehās are getting too much’. Well that gets headlines. And but what that does is, ten people go ‘Ooh yea that’s an interesting way of looking at it’... And then you get a little shift. You get a BIG reaction over here, coz people don’t like it. But you will get a shift in people thinking ‘Oh well I better’. (P4)

I think sometimes, very extreme and radical forms of activism can feel anti-democratic. And particularly I spose when they involve violence. On the other hand, I don’t mind a bit of property violation. (Laughs). On the other hand those more extreme actions I think can sometime wake people up so that you get a greater democratic response to an issue. So I do think they have a role, a role to play. (P1)

Radical activism was repeatedly attributed with the ability to initiate a controversial shift in attention and energy surrounding the issue at hand; by ‘dragging’ the issue to the forefront of the public’s mind and generating discussion about it, processes of change increased. Moreover, such radical action had utility in setting a benchmark or standard of action – and response – that may facilitate socio-political advancements in the future.

However, radical actions were seen as just one component of a bigger framework of action or activism, in which more subtle forms of subversion and challenges to the status quo are of equal importance to the final goal.

It takes a long time to change anything. What you tend to see is the big marches, the big protests you tend to see that. You don’t see all the hard work going on underneath that or people trying to support those actions. Those protests and those things are incredibly good for bringing attention to public for raising awareness at that level to get people to just start
questioning and from there you can go in, and start subverting. And transforming. (P6)

It should also be noted that for some, such engagement in radical activism was seen as a “necessarily evil” (P9) of the pathway to achieving the goal of population wellbeing; being radical was not necessarily a pleasant experience.

None of us want to - all of us hire a plumber when our toilet gets blocked to do the shit work for us. So how do we hire a plumber? You know in the old days, and this is what caused the whole advocacy debate...ASH [Action on Smoking and Health] was started by the Cancer Society and the Heart Foundation as a ginger group, as a group that could go out there and do hard-out activism. (P4)

The necessity of radical activism was seen to stem from the inability to achieve the goal of wellbeing whilst working within existing socio-political structures and processes. Indeed, one participant came to acknowledge the unintended and previously unrecognised “activist component” (P9) of his work during the interview process: achieving the goal of community wellbeing had necessitated working outside institutional processes of participation to instigate necessary changes.

**Barriers and consequences**

Despite affirmations of the need and potential for health activism, barriers to its utilisation were recognised. The university ‘business model’ was identified as an obstacle to the creation of socially productive research.

I mean all the university really cares about is how much money do you bring in. Well that’s an awfully rude way of saying it because I’m sure that they do care about more than that, but what it looks as if they care about how much research money you bring in, and how many papers you publish, and in what journals you publish them, and how many PhD students do you supervise and do they finish on time. It’s all these sorts of metrics that are to do with academic productivity that are completely divorced from the impact of what you do. (P1)

The productivity focus of universities restricted the ability of academics to pose significant challenges to broader social powers. Professional tools such as ‘performance assessments’ were viewed as incompatible with scholar activism as they were not
constructed to capture – and thus did not support – the methods and outcomes of such an approach.

However, as discussed in ‘Working to Capacity’ above, other participants found the university business model was flexible to the ‘repackaging’ of activism. Indeed, the relative freedom of the university setting was contrasted by some to the lack of freedom in other workplace settings regarding the ability to engage in activism.

*I get called foolish coz it’s so risky that I’ve positioned myself where I have... You know, it'll be interesting if and when I leave the university system whether I’ll ever find work again. But I think, I think that the that um it’s really important kaupapa and as I’ve said publically before, I’m in it to the end.* (P2)

A particular challenge identified was the force of large corporations and their significant lobbying power. One participant commented that the success of her scholar activism was in part due to the way it did not involve being ‘anti’ any particular industry and thus did not have to battle against a powerful lobby group in order for her voice to be heard – in contrast to the situation of those working in anti-alcohol and anti-tobacco areas.

The heterogeneous nature of public health was also identified as a barrier to the occurrence of health activism: “*The thing is... what is a public health professional?*” (P8). The existence of broad and varied pathways into working under the umbrella of ‘public health’ results in a workforce of individuals and sub-professions that may not feel they have a central framework or professional identity around which to gather and collaborate. More generally, fear of the unknown was seen as a barrier to engaging in potentially risky behaviour, despite a recognition of the potential of activism to positively advance a cause.

*There are challenges in that because you can get a reaction against that sort of work which actually is negative you know. It’s quite a tricky thing you don’t know how things are going to go often things don’t go right you can make things worse which is always the worry you don’t really want to do that.* (P8)
Collaboration

Collaboration was identified as a necessary component to successful activism by participants due to its ability to overcome the above-mentioned barriers. Collaboration was seen as a way in which the integrity and sustainability of scholar activism could be supported.

_Because if you stick your head above the parapet people will take a pot shot at you. We have had quite a lot of nasty criticism to deal with and rebut and come back on it’s not a comfortable place to be... But that’s what happens when you do sort of go out there and I suppose it would happen less if more of us did it, or showed a united front. Or defended each other when that happens._ (P1)

_The way we’re gonna do sustainable transformative change is that we do it collectively and we organise collectively – it’s not about individuals._ (P2)

Collaboration was also seen as necessary to overcome the isolation that often resulted from working within the large and high-pressured university environment. For this reason, one participant (P2) is working on the formation of a nation-wide ‘activist scholar’ network as a way to find like-minded individuals and create avenues and forums to come together and pool energy, resources and influence.

However, the need for collaboration was not restricted to the public health / academic setting. Various participants affirmed the need to collaborate with those who may be directly involved in the establishment or continuation of the ‘problem’ one’s work is trying to fix. Collaboration thus served as a means to assist the ‘strategic thinking’ of those whose expertise lay outside the public health domain.

_So we have to work out how not to make people who mightn’t agree with us fully the enemy. So we’ve gotta be careful who the enemy is and don’t paint people into the enemy corner... So activism is actually also about, sometimes it’s about leadership and the discourse of how do you bring people on board... You know, coz you have to move populations through a change that’s big._ (P4)

Collaboration was seen as a way to overcome the ‘othering’ established through the ‘us versus them’ mentality generated in situations of conflict, a way to enhance the likelihood of achieving the end-goal of population wellbeing.
Training and documentation

Whilst the need and enthusiasm for activism was professed by various interviewees, a lack of confidence was equally expressed as to the practical component of ‘how’.

\[ \text{We don’t really know what we’re doing. You know we’re making it up as we go along. We’re not trained in strategy... and sometimes we feel unclear about what’s the best way to do it, and where to spend time and energy. Um. (Pause). Oh well only got one lifetime. (P1)} \]

A need for formal training or assistance in activist strategy was identified, exacerbated by the acknowledged lack of careful documentation of past or present examples of health activism.

\[ \text{So we never learn and so people reinvent and we get new generations of activists and the only way of passing on is kind of oral history on a good day. Which is good but it’s not – we don’t deliberately do succession planning or sharing. Coz I’m part of the treaty movement, the pākehā treaty movement and... I’m blessed to be in groups with people in their 70’s and 80’s. And they’ve been doing the work since the ’60s and ’70s. And so whenever we do something or plan on doing something they go ‘Oh yeah done that before. This is what happened last time’ and we can build on that which is a blessing but if you try and find that story written up it’s not. (P2)} \]

Widespread appeal and utility of ‘activist training’ was envisaged: one participant suggesting the development of an activist-based “finishing school around public health” (P2). Such training was also seen as a way to provide a graduated introduction to ways in which practitioners could challenge the status quo within their respective fields, and foster confidence in the effectiveness and relative safety of activist tactics in a supportive environment.

Summary

The largest of the three core themes, ‘Practical Considerations’ provides insights into the perceived obstacles and pathways to the increased utilisation of health activism. Cultivation of an atmosphere of acceptance and collaboration is necessary to prevent the unnecessary alienation of people or sectors with whom one works. Such an approach
embraces actions from all aspects of the advocacy-activism spectrum whilst still affirming the need for actions at the more radical end to spark processes of transformation. Increased documentation of past and present health activism together with the establishment of formal activist networks and training programmes was seen as a way to promote discipline-wide understandings and utilisation of health activism.

6.4 Ethical obligations
This theme arose from participants’ response to direct inquiries regarding the ethical standing of health activism, as well as participants’ musings regarding their perceived personal and professional ‘obligations to act’. As modelled in Figure 6.4, a sense of ‘valuing others’ underpinned this theme as a whole. Whilst not a separate sub-theme itself, the idea of ‘valuing others’ was the golden thread that linked the developed themes together; indeed, it can be seen as the fundamental reason for participants’ perception of an ‘obligation to act’.

![Figure 6.4. Map of theme ‘Ethical Obligations’ and related subthemes]

**Objectivity and bias**
A sound evidence base was established by various participants as a necessary prerequisite to activist engagement, unsurprising in light of their academic occupation. Evidence, alongside significant engagement in “within-governance structure forms of advocacy”
was seen to establish a base from which one could ‘legitimately’ engage in activism. However, the complexity of integrating a personal value-system with academic work whilst maintaining legitimacy as a scientist was also acknowledged. The use of activist tactics in the academic arena was a potential source of contention between the activist-scholar and their students and peers.

_Sometimes in the student evaluations people think that I’m biased. So I’ve been practicing the art form of putting out the stuff and then rather than saying what is self-evident to me about what the conclusion is based on that, letting them find their own conclusion so that they then have the debate amongst themselves rather than me lead it. But I do my strategic planting here, here and here; and then ask the rhetoric the question and then yea. And that, and that’s been a helpful strategy in making me look less militant._ (P2)

Participants’ ability to manage or disregard accusations of ‘bias’ in their activist work stemmed from personal rejection of the idea of ‘neutral science’.

_It’s your methods that need to be rigorous and objective and bear scrutiny. So, we all study what, our choice of what we do research on is not objective or free of our ideologies our bias, that’s an activist thing in itself. The fact that you’re studying what you’re studying and I’m studying what I’m studying comes from our values and our um and our wish for how we want the world to be so, it starts there. And then I think, there’s also, it’s quite easy to be a reasonably successful academic by never doing anything controversial._ (P1)

It was acknowledged that most academics are motivated by particular personal reasons to work in their chosen field, most likely working with the attainment of certain goals in mind. The key academic responsibility, then, simply lay in the open disclosure of one’s underlying motivation and value-system.

Indeed, the subversion of ‘scientific objectivity’ appeared central to many participants scholar activism. Their activism was established to directly oppose the notion of ‘scientific objectivity’ that frequently underpins insufficient and potentially harmful engagement/contribution of researchers to those who are ‘researched’.
Researchers have a particularly poor relationship with a lot of marginalised communities but they probably see as what they’re doing is good: you know “well if I publish in this journal, and somebody out there will read it and therefore it is a good thing”. But you know what impact are you having outside of that? A lot of the assumptions that’s why I like scholar activism it subverts a lot of those underlying assumptions and like the scientist practitioner model where you are the objective observer. Well actually you’re a human being in a room engaging with another human being. Can we remember that please? (Laughs). Can we show a bit of empathy? So I guess I really like that aspect. (P6)

Activist scholarship was seen to hold at its core a responsibility of researchers to meaningfully contribute to the wellbeing of the ‘researched’.

Power and privilege
Perceived ethical obligations were grounded in the power and privilege of participants’ academic position. The credibility, influence and wealth that comes with university employment engendered a feeling of needing to ‘pay it forward’ to the ‘researched’ without which participants could not have grown successful careers. Significantly, many felt that the university work environment allowed sufficient freedom for the utilisation of activist techniques in order to make such contributions to particular communities and society at large:

> I think academics are in a really good position to use a range of activism tools... and I think we have some obligation, even, to work within that spectrum in ways we feel is possible for ourselves. (P3)

The need to ‘use’ such power and privilege was not only in relation to the communities or populations at the centre of one’s work.

> So I guess I think that, often say those who are in the workforce, not in academia, often don’t have time or the ability or they’re not allowed to necessarily speak up against certain things or become vocal for certain topics or initiatives. I guess they usually have to toe the line of the organisation that they work for, which can often be the government (laughs). And so I think academics have that like freedom mostly in terms of what they can actually say and what they can come out and speak
against what they can write submissions on. So I think we do have more power, or that responsibility I suppose to actually do something and use that freedom to others advantages as well. (P5)

There was a common perception that the academic public health workforce is well-positioned to speak and act on behalf of potentially more constrained sub-disciplines, such as those under government contracts.

**Personal responsibilities**

The strength of such perceived ‘power and privilege’, and the subsequent way in which it manifests as activist engagement, was strongly influenced by particular moments of lived experience that rendered statistics a personal reality.

> And living up North that was incredibly real when we’re in a situation where in the far North there’s a 14.9 life expectancy gap between Māori and non-Māori. And every week there’s preventable deaths so your mates are off at a tangi [funeral]. And so the cost of inaction are vast I formed relationships with tangata whenua there and I’m still accountable for those relationships and I’ve got other relationships that I’m accountable to in my practice and I think of them when I make decisions about what to do and what not to do. (P2)

> I think, well [being Māori]’s probably why I am an activist I suppose. (P6)

For Māori and non-Māori participants’ alike, personal experience of the marked inequity in the quality and length of life for the indigenous Māori population served as a key imperative for activist engagement in their professional life.

For others, their perceived ‘ethical obligations’ were not as straight-forward.

> I think that people, we have to make our own decisions about that. I think each individual needs to think about their own - ethics is always a, it’s not black and white and individuals will need to think and feel their way through that in terms of where they are with it and where the evidence is and how much advocacy has been going on and how much urgency there is... (P3)

Akin to the expressed flexibility regarding the level of necessary activist engagement (see ‘Working to Capacity’), participants discounted a ‘one size fits
all’ approach to the ethical responsibilities to which public health practitioners must subscribe.

**Professional responsibilities and boundaries**

In addition to personal sources of motivation for activist engagement, the obligation to act also arose from workplace contracts and conditions themselves. The responsibility to be a ‘critic and conscience’ of society underpinned several participants’ stance as a scholar activist.

> You know I’m supposed to be one of the people who’s the consciences and critic of society. So that very redolent phrase is one I think about in terms of activism. And so when people say, “Oh, academics never speak out,” then I think they’re not taking on some of their responsibilities. (P7)

> There is actually this old fashioned concept. And you probably see it in most of the strategic plans of universities which is ‘critic and conscience of society’. So it’s an academic role...So it’s necessary. Otherwise you should get your pay docked. (P4)

For others, the lack of a well-developed theory of ‘public health ethics’ stood in the way of a clear understanding of what is ethically required of the public health workforce.

> Yea I’m not sure about that... not necessarily in terms of public health ethics, I’m not quite sure that we’ve articulated that very clearly or loudly what public health ethics are in New Zealand. I think research ethics have been reasonably clearly articulated and medical ethics have been reasonably clearly articulated. And I think activism to a certain extent you know some of those actions on that spectrum definitely fit within those ethical frameworks. Mmm. (P3)

Nonetheless, the potential for activism to enact and fulfil the principles and responsibilities of existing biomedical and public health ethical frameworks such as maleficence/non-maleficence was acknowledged.

A perceived professional responsibility to engage in activism also arose from frustration at the inability of conventional academic processes to significantly advance population health.
Because we've been doing research and publishing peer review papers - nobody reads them you know. I mean a few of your colleagues might but mostly even they don’t read them. They might notice that they came out, maybe they read the abstract. But they don’t. And so we felt we had to try and get that information out there [in the form of a popular science book]. (P1)

So, and, I you know so I mentioned I think the line that I usually say each year: I didn’t just want to describe inequalities coz then I think you are an ‘inequalogist’ in quite a rather perverse way. But I’m actually wanting to do something about it. (P7)

With regard to where the professional obligation for activist engagement stopped, participants’ perspectives diverged. Whilst some advocated that boundaries were necessary to ensure the sustainability of one’s activist engagement, others found the erection of boundaries difficult or unnecessary. Such a divergence may be in part attributed to differences in job security. A tenured professor who acknowledged their state of job-security expressed a lack of concern for boundaries and a willingness to push as hard as possible to achieve particular goals before retirement. This sat in contrast to the expressed difficulty in navigating activist/academic responsibilities and subsequent need to erect boundaries by participants still in the early stages of career development.

Summary
‘Ethical Obligations’ provides insight into the reasons behind why public health practitioners, specifically scholars, engage or refrain from health activism. A rejection of ‘neutral’ science, where one’s values do not influence the choice of topic or methodological approach, was the foundation from which many participants took the further step towards activist engagement. First-hand experience of inequity and injustice alongside a professional context of power and privilege compelled many participants to step outside the norms of their workplace environment and engage in scholar activism.

6.5 Member validation
As described in Chapter Five, four participants were invited to take part in a second-level member validation in which a draft version of this chapter was provided for review. Two participants (P5, P6) confirmed that I had utilised quotations in a way that accurately
represented their views. Further, they affirmed that the analysis across the entire chapter provided a coherent picture that addressed my research questions. They offered no recommendations for alteration.

The two other participants similarly affirmed I had correctly represented their perspectives and provided points for further analysis. P2 recommended I consider including ‘courage’ as one of my themes. The motivating possession, or inhibitive absence, of courage on activist engagement was indicated by various participants during the interview process. Courage was a necessary accompaniment to activism for, as P1 pithily described, “If you stick your head above the parapet people will take a pot shot at you”. However the language of ‘courage’ was not used by other participants, or explicitly identified as a key area for concern – although it was arguably indirectly addressed. As discussed in the sub-theme ‘Collaboration’ (Section 6.3) professional partnerships were seen as one way to overcome expressed hesitancy of engaging in, and bearing the consequences of, activism on one’s own. Further, the recommendations for increased training, education and the development for avenues of professional and public collaboration can be seen as pathways to engender personal and group courage regarding activist engagement.

I chose to maintain participants’ task-focused approach to the promotion of activist engagement than adopt P2’s more emotive approach of the language of ‘courage’. I believe the former indirectly acknowledges the need to instil courage in the public workforce through the call for training, education and networking opportunities. Nonetheless, further clarification on this issue is required. P2 was one of the activist-identified participants. Courage may well be a defining factor contributing to a long-term commitment to activist engagement. The small size of my participant sample, restricted to one subsector of the public health workforce, prevents broad application of the insights generated by my thematic analysis. The need for further investigation into the factors facilitating – and inhibiting – public health activism was affirmed by this participant’s feedback.

Feedback from P9 directed me to reflect on the potential implications of my research. I was questioned as to whether the insights generated would be sufficient to make public health professionals ‘stand up and listen’ to my ‘call to activism’. I will address this
feedback in Chapter Eight as part of my discussion of the potential contributions of my thesis to the field.

6.6 Summary and conclusions
The thematic analysis of the semi-structured interviews affirms the utility of my critical-constructivist methodological approach. Each participant affirmed their own ‘truth’ of activism with the acknowledgement that a single correct definition or conception does not exist. Nonetheless, participants’ concepts of activism generally affirmed the three core qualities of my model of activism, as presented in Chapter Three. Furthermore, many framed activist engagement, in whatever way personally and professionally possible, as an ethical responsibility of the public health workforce in general, and particularly of scholars. Many interviewees affirmed the benefits of a discipline-wide deepening of the understanding and utilisation of activist terminology and tactic. The development of professional training opportunities and activist collaborations were recommended pathways to the promotion of health activism. I discuss the implications of these insights in relation to extant theory and literature in the following chapter.
Chapter Seven: Implications

7.0 Introduction

I have argued for activism to be considered an ethical responsibility of the public health workforce. This argument is based on the practical implications of the public health ethical principles and values of love, solidarity and social justice. I supplemented this argument with an exploration of a three-part theoretical model of activism. According to this model, activism can first of all be considered as ‘unconventional’ forms of political participation that, secondly, challenge the status quo. The third key aspect of activism is ongoing reflexivity that allows the identification of what specific forms of unconventional actions will sufficiently challenge the status quo in a particular context. I clarified this presentation of activism by examining its application in the context of ‘scholar activism’.

My exploration of activism and its ethical underpinnings for public health arose due to frustration at the long-term stagnation in progress on social inequity and injustice, as evidenced by the state of child poverty in Aotearoa [39-42]. The need to remedy social injustice and inequity is enhanced due to the marked ethnic disparities in the burden of inequality [43, 44], which stand in breach of both national and international agreements made regarding the rights of indigenous peoples [45, 46]. The nine participants I interviewed expressed similar frustrations at the current state of social injustice and inequity, and pointed to the need for alternative pathways to instigate transformative change. Furthermore, participants affirmed my argument – albeit with important qualifying conditions – that health activism is an ethical responsibility of the public health workforce.

In this chapter I will discuss the implications of participants’ perspectives on the meaning, ethical basis and potential applications of health activism with reference to existing social science literature. The utility of my model of activism as a way to increase the understanding and utilisation of health activism will accordingly be explored. I will highlight the contribution of my research to the field and conclude with suggestions for future theoretical explorations and practical applications in the following chapter.
7.1 A model of many truths

As described in Chapter Six, many participants already held internal schemas of activism as a form of political participation that is unconventional and challenges the status quo. Accordingly, the first two aspects of my model of activism were affirmed. A potential point of departure, however, was the verity and utility of constructing advocacy and activism as separate and opposing forms of political participation.

The separation of activism and advocacy in my model of activism is based on a distinction between unconventional and conventional forms of political participation respectively [28, 154, 161] (refer to Chapter Three). This distinction has important practical applications: what is conventional is unlikely to challenge the status quo, and if the status quo is not challenged then transformative change is unlikely to occur. The difficulty of conventional political participation such as advocacy to instigate transformative processes of change has been acknowledged throughout the literature [153, 154, 156]. This is exemplified by the current situation of ongoing child poverty in Aotearoa despite persistent and multi-faceted attempts by the public health workforce to convince the government to implement ameliorative measures [49, 51-58, 263]. The to-date inability of conventional means to secure a state of sufficient population health that accords with the values of social justice and equity is the root of my argument for the need for alternative means of political engagement – namely activism.

Many participations conveyed an in-depth grasp of the various ways political participation could manifest. One participant even succinctly described the various thresholds of Dalton’s model of political participation on which the conventional/unconventional divide of my model of activism is based [161].

...[activism] is a massive spectrum of activity ranging from more active participation in accepted democratic processes like making submissions and making oral submissions to, you know through kind of peaceful protest through you know civil disobedience though all the way through to terrorism. (P3)

Nonetheless, the “slicing and dicing” (P2) of political participation into conventional versus unconventional, advocacy versus activism, was not a main concern of many participants – particularly the self-identified activists. What was important for participants was the task of creating change: finding ways to eradicate poverty, inequality, racism, social injustice and so on. Whether you achieved change through a
singular or combined use of advocacy, activism or political participation by any other name was of secondary importance. I discuss the activism ‘in-tandem’ approach further in the following section. Within the particular context of scholar activism, various participants also questioned the need for activist-identification – with the attendant risk of professional and personal penalties – if the goal of change is already being achieved.

Such perspectives provide valuable insights by which the utility of a theoretical framework of activism can be assessed. The need for a theory of activism to accommodate many ‘truths’ of the phenomena is clear [77]. Most participants personally presented or affirmed my presentation of a spectrum of conventional to increasingly unconventional political participation. The specific way advocacy and activism are related to this spectrum, however, differed between participants (Chapter Six). Whilst it would be easy to place emphasis on the small details of difference, the similarities provide greater direction regarding the understanding and practice of activism in the context of public health. One point of consensus is particularly important: the need for radical, unconventional forms of political participation in a context of social injustice and inequity where previous conventional attempts for change have failed. I will now explore the ethical arguments underlying, and practical implications of, participants’ support for health activism in the following section.

7.2 Solidarity from the inside out

Various participants saw activism as an ethical responsibility of public health, both generally and within the specific context of being an ‘activist scholar’. I discuss the implications of this perspective in relation to public health as a whole in this section, and the specific implications for activist scholarship in section 7.3.

Participants’ general affirmation of health activism was defined by the nature of its inclusivity. The promotion of health activism did not demonise those unable or unwilling to engage in more radical forms of activism, nor did it downplay the contributions of advocacy or less-radical forms of activism. Whilst some proposed creative consequences for a complete absence of activist engagement – “you should get your pay docked” (P4) – such consequences did not depend on the scale or degree to which such actions were ‘radical’. The central argument was that public health professionals located themselves
on the activist spectrum *in some way*, to be determined by personal and professional preferences and constraints. Participants’ perspectives thus reflected the principle of dissensus theory in which the utility of conventional modes of political participation is acknowledged, whilst nonetheless recognising the need for more radical modes of engagement to accelerate the path to change [87, 133, 156, 201]. I discuss this further below.

The professional embrace of different capacities for activism reflected a strong sense of ‘internal’ solidarity: activism was seen as a way to pull the field of public health together, not a source of division and dispute. Illustrative of this was activist-identified participants’ lack of willingness to alienate or attack the efforts of their peers who did not subscribe to such a label. They recognised that non-activist peers worked towards the goal of social justice and equity in their own way, within their particular “sphere of influence” (P2). This accords with the political opportunity literature discussed in Chapter Three. As Fox Piven and Cloward state, “simply put, people cannot defy institutions to which they have no access, and to which they make no contribution” ([133], p.23), and whilst one’s ‘sphere of influence’ is not fixed, there are valid restrictions on an individual’s activist potential at any particular point in time. This perspective did not negate the participants’ promotion of a broader use of health activism. Rather, participants conveyed the pragmatic assessment that the total uptake of activism by public health professionals is unrealistic. Thus, the development and maintenance of a discipline-wide cohesion or ‘internal’ sense of solidarity was presented as equally important as the promotion of health activism. As Machenbach pragmatically states in his recent reflection on the politics of public health: “How far should one go? Readers must decide for themselves…” ([18], p.183). Nonetheless, activism will only be considered a viable option if further discussion about its meaning, potential impact, and ethical grounding occurs. Participants’ enthusiasm for developing networking and training opportunities to raise the profile of public health activism will be discussed in the following section.

This internal sense of solidarity can be seen to arise from recognition that without it, efforts to engage in ‘external’ solidarity would not be as effective. It is through the individual and varying contributions of many that the large goal towards which all are arguably aimed will be actualised.
“But combined, when we come together doing what we can on that activism spectrum with other organisations that are able to do more at the civil disobedience end of spectrum and we kind of, we join with then in a particular issue or fight if you like then I think there has been some effectiveness.” (P3)

In this way, there is a need to unite professionals and peers around the idea that everyone is “on the kaupapa” (P2) in their own way. This perspective reflects Martin’s aforementioned (Chapter Four) flowerbed model of activism in which the ‘flower’ of activism is made possible by the contributions of many others who may not fit or wish to subscribe to the ‘activist’ label. Martin’s definition of activism, “action that goes beyond what is conventional or routine” ([24], p.19), explicitly affirms the conventional/unconventional or advocacy/activism divide as contained by my three-point model. However, Martin’s conception of an ‘ecology of activism’ acknowledges that all actions on the overall spectrum may contribute to the outcome of activism itself, or the goal that activism is working towards.

The achievement of external solidarity through a solid core of internal solidarity can also be seen to reflect the essence of the PHANZ Code of Ethical Principles [50], as described in Chapter Two. The internal embrace of peers and colleagues and their activities on the basis of a “unity of purpose and direction” ([50], p.5), no matter where they sit on the advocacy-activism spectrum, is particularly indicated by the Māori principles of the ethical code. Manaakitanga is an expression of “mutual respect”; rangatiratanga a process of “weaving the people together”; whanaungatanga “the principle which binds individuals to the wider group and affirms the value of the collective”; and kotahitanga is “demonstrated through the achievement of harmony and moving as one. All are encouraged to make a contribution…” ([50], all p.5). Equally, these principles serve as guidelines for how a unified field of public health should work alongside other professionals and agents of change for the achievement of social justice and equity.

The value of this combined approach has been recognised in the literature, as expressed in discussions of ‘dissensus theory’ [87, 133, 156, 201]. Benefits arise from the power of activism to generate sufficient public discord and debate and render an issue a political priority. The previous ‘conventional’ work of advocates on policy development, program implementation and so on can be harnessed in the context of increased political attention.
to attain changes that would not have otherwise been possible. In this way, the more conventional actions of advocacy can be embraced as part of the overall ‘reach’ or impact of activism and valued for their potential contribution to the achievement of the final intended goal.

The advocacy and activism ‘in-tandem’ approach has been embraced by key examples of public health activism in Aotearoa. In a recent activity report by activist organisation Auckland Action Against Poverty (AAAP) [264], the tactic of a combined use of conventional and unconventional means for change was made clear. Alongside the real ‘political work’ that involves activist tools of demonstrations and picketing, AAAP engages in conventional political participation such as beneficiary advocacy – an advocacy service that has trained volunteers accompany individuals and families into Work and Income to ensure they gain access to all entitled services and support. The combined approach of working ‘within’ and ‘outside’ or against the system provides various opportunities for people of different skills and willingness to engage in ‘action against poverty’. This approach by AAAP reflects the PHANZ ethical code’s idea of the collective public health workforce moving as one, to varying degrees of capacity, in the same direction towards shared goals [50].

I will now elaborate on how the PHANZ Code of Ethical Principles [50] could be applied in the context of public health activist scholarship in the light of participants’ lived experience and current social science literature.

7.3 Activism applied: activist scholarship

To obtain a coherent perspective on the principles and practice of health activism, I chose to talk to only one of the many sub-fields of public health. By restricting the breadth of my sample I was able to gain a multi-faceted perspective of how activism may be applied to a particular public health setting, as opposed to a surface-level understanding of many. This approach proved useful as recurrent references to sub-field specific ideas, practices and workplace agreements were identifiable across interviews.

Power and privilege was one particular idea or ‘theme’ identified, which various participants felt accompanied their academic positon. Various participants referred to their role as the ‘critic and conscience’ of society, as mandated in some university employment contracts. For some, being a ‘critic and conscience’ was a way to fulfil their
contractual agreement to engage in ‘service – part of the traditional academic triumvirate of teaching, research and service [221, 265, 266]. For many participants, the role of ‘critic and conscience’ was seen as inherently activist. Being a ‘critic and conscience’ necessarily involved finding ways to actively challenge the status quo, which necessitates divergence from conventional modes of scholarly ‘outputs’ such as publishing in peer-reviewed journals that “nobody reads” (P1). These perspectives provide a contextual analysis of where activism fits within scholarship. However, my research question (RQ1) sought to understand the underlying ethical principles that drive activist engagement. On this level, participants clearly conveyed that regardless of a university mandate to be a ‘critic and conscience’ of society, they felt personally and professionally responsible to do so. Ethical principles of valuing others and solidarity underpinned this sense of responsibility.

Participants’ recognition of their position of power and privilege was accompanied by a strong desire to ‘pay it forward’ and act in solidarity with society’s underserved. Participants’ expressed the sentiment of ‘valuing others’ to the point of willingly engaging in actions that may result in personal or professional consequences. This reflects Freire’s conception of ‘love’ or ‘commitment to others’, which he identifies as the driving force behind activist engagement [136]. Further, it reflects the core principle of the PHANZ Code, aroha/charity, without which “none of the principles reach their full potential” ([50], p.5). Analogously, without public health academics’ desire to ‘pay it forward’, activist scholarship cannot arise and the work of public health academics would be restricted in its potential to transform situations of social inequity and injustice. Notably, participants indicated that their ‘commitment to others’ also encompassed a loving acceptance of those who supported the kaupapa but lacked the professional or personal freedom/skills to engage in activism themselves.

The above discussion addresses the ethical principles motivating activist engagement – related, but not equivalent to, the framing of activism as an ethical obligation of public health practice. Regarding the ethical obligation to act, participants’ perspectives aligned with broader social science literature. They affirmed the obligations arising from the possession of significant social capital [28, 128, 133] and the associated need to enact public health principles of beneficence/nomalificence, justice/equity and support the enactment of Te Tiriti o Waitangi in Aotearoa. Significantly, these latter principles form part of the ‘generic principles’ of the PHANZ Code of Ethics [50]. The utility of
furthering the use and application of this framework generally and in the context of health activism is affirmed by my research. As discussed in Section 7.2 above, the way in which individuals choose to personally enact such an obligation for activist scholarship was presented as being necessarily fluid. However, participants identified various pathways by which health activism could be promoted in an inclusive and engaging manner, which I will now discuss.

7.4 Pathways forward: Activist identity, ‘finishing school’ and networks

Whilst participants’ affirmed the ethical obligation of health activism, the need for greater forums of discussion and opportunities for health activist training was raised. I will discuss the potential for creating such forums and opportunities on three levels: an expansion of the understanding and uptake of the ‘activist identity’, and the establishment of scholar activist networks and an activism-based public health ‘finishing school’. While these ideas arose out of discussions with public health scholars, participants supported their discipline-wide application. Notably, participants drew on their previous experience as allied public health professionals in the areas of health promotion, psychology and medicine to ground these general recommendations.

The need to promote and extend the understanding of activism within public health was raised by activist-identified and non-identified participants alike. Activist-identified participants highlighted the inaccessibility of the rich level of knowledge available from past and present health activists due to a lack of documentation. The absence of guidance around activist methodology formed a barrier to the uptake of activist tactics. Participants who did not identify as activist supplemented this insight with a more preliminary problem: use of both activist term and tactic is limited due to unfamiliarity or misconceptions regarding its meaning and application. Based on some personal clarifications gained through the interview process, one participant strongly affirmed that an increased understanding of the meaning and practice of activism would be a most important outcome of this thesis.

The initial task of promoting health activism may thus be the conscientisation of the public health workforce itself. Supporting this, participants who identified as scholar activists indicated that they had spent considerable time exploring the activist ‘state of mind’ before proceeding to engage in the ‘state of practice’. This took the form of in-
depth reflection about their professional standing in society, the power and privilege associated with it, and the obligations that follow. Participants’ experience affirms the importance of the third aspect of my model – reflexivity – and other theorists’ perspectives that activism “requires knowledge of tactics, space, place, history and theory” ([190], p. 365). For those who did not self-identify as activists, the reflexive process of the interview led some participants to affirm that activism could indeed be considered an ethical responsibility. Whether such acknowledgement would lead to future activist engagement is unknown. What is apparent, however, is the power of reflexive processes to inspire enthusiasm for activism and the potential to capture such enthusiasm in a more structured approach to ‘conscientisation’.

I will utilise Fox Piven and Cloward’s [133] aforementioned schema of conscientisation (Chapter Three) to frame participants’ suggested pathways to conscientisation and subsequent activist engagement. One activist-identified participant suggested the expansion of the term ‘health activism’ to encompass all activities that fall under public health practice. I suggest that this ‘reframing’ of public health practice does not target or anticipate the ubiquitous uptake of ‘health activist identity’. As discussed earlier in this chapter, participants recognised that activist engagement does not align with everybody’s personal and professional capacity. Rather, such ‘reframing’ can be seen as a way to confront the public health workforce with an alternative lens regarding the meaning and aim of their work, with the hope that it may spark personal reflection on the nature and need for health activism. This arguably forms the first two stages of Fox Piven and Cloward’s three-step process of conscientisation in which the status quo loses its appearance of legitimacy and a belief in the possibility of and legitimate right to change develops [133].

Another suggestion was the development of an activism-based ‘finishing school’ for public health. The need for leadership training within public health has recently been recognised. Day et al. identified five public-health specific talents that, if fostered in the current and upcoming public health workforce, would help overcome the current inability of public health leaders to significantly influence the political landscape [6]. One such talent was ‘advocating-impacting’: “combining the powers of persuasion, political currency and the ability to take appropriate risks to make the right decisions happen” ([6], p.557) – a talent arguably pointing towards activist engagement. The development of a public health leadership training course and/or ‘finishing school’ grounded in activism
would practically convey the argument that activism is an ethical obligation of public health practice – however the individual chooses to apply such an idea. Such a finishing school would send the clear message that the question of activist engagement should be phrased from the perspective of ‘how’ not ‘if’. An activist finishing school extends beyond the first two stages of conscientisation described above to encompass the third process in which “a new sense of efficacy” ([133], p.4) is developed. This ‘sense of efficacy’ is a cultivated familiarity and confidence with activist methodology: through theoretical and practical training, individuals are led to an initial and increasingly radical utilisation of activist methods [133]. The effectiveness of structured approaches to consciousness-raising has recently been affirmed regarding its ability “to transform the practitioner into an engaged and invested social actor to promote social change” ([267], p.546) [268].

The potential exists to map the effect of such training and discussion forums/programs. Akin to Lather’s [35] notion of catalytic validity, participants could be tracked post-training to determine whether the three steps of the conscientisation process had been fulfilled and if activist engagement had occurred. As others have identified, this would be complicated by the need for long-term time frames [226], but is by no means impossible. The establishment of training and discussion forums/programs and the monitoring of their impact will rest upon initial generation of sufficient human and monetary support. The establishment of activist networks and collaborations may provide an effective way to do this [223]. The necessity of within- and cross-sector collaborations was repeatedly mentioned by participants.

_The way we’re gonna do sustainable transformative change is that we do it collectively and we organise collectively – it’s not about individuals._

(P2)

This perspective is equally supported within the literature, with regard to the ability of collaboration to pool resources and provide multi-faceted expertise that can be mobilised for maximal impact [269-271]. Shelley, Ogedegbe and Elbel [271] affirm the ability of collaborations to limit or halt the inevitable backlash that arises in response to unconventional approaches to public health promotion – backlash that various participants attributed as the cause of personal or peer reticence for activism engagement. As mentioned, one participant is currently involved in the establishment of a nation-wide scholar activist network. Such a network may provide the necessary power and resources
to initiate the development and ongoing success of a public health activism-based ‘finishing school’.

Within the specific context of activist scholarship, the teaching of activism in the university setting can also be viewed as a form of activist ‘finishing school’. Participants affirmed the ability to develop activism as both “a state of mind and a state of practice” (P4) in the classroom setting. This is supported by a burgeoning literature on university-based activism [190, 229-231]. The American Journal of Public Health has also emphasised the need for new and innovative ways to train public health students to be “effective agents for change” ([272], p.S32) able to “have an immediate impact on the workforce” ([273], p.S60). This emphasis recognises that university public health programmes are “a natural training ground for leadership” ([274], p.S11). There is also recognition that the training of new public health leaders capable of being ‘effective agents of social change’ necessitates going beyond “traditional education approaches” ([274], p.S11). This will require a shift in focus from the ‘what’ of public health to innovative considerations of the ‘how’. As established in the literature and theory chapters of this thesis, activism can be viewed as an effective and ethically mandated pathway to transformative change, amenable to the classroom setting. The ‘value’ or ‘impact’ of teaching activism could be illuminated by documenting students’ subsequent engagement with activism. Qualitative analysis could further elucidate what aspects of the teaching process most effectively inspired activist engagement so that they can be harnessed and honed. Whilst the task of following students and documenting their subsequent activist engagement is not easy, it simply requires sufficient resources and long-term vision.

7.5 Summary and conclusions
The place of activism in public health practice arises as a result of the urgent need to address ongoing situations of social injustice and inequity. Although activism is not well defined, the lived experience of current health practitioners accords with broad social science literature regarding three key factors: that activism is unconventional, it challenges the status quo, and involves ongoing processes of reflexivity at all stages of planning, implementation and evaluation. The development and promotion of a ‘theory
of activism’ is viewed by current public health professionals as an important way to increase public health understanding and engagement in health activism. However, participants emphasised that those involved in developing a theory of activism should not lose sight of the ultimate goal of activism: transformative social change. To achieve this goal the promotion of activism should not alienate those personally or professionally unable to associate or engage with the term/tactic. Participants affirmed the need to recognise the value contributions of the public health workforce as a whole, each individual committed to and working towards social justice and equity according to their own capacity.

Nevertheless, this ‘internal’ solidarity that recognises and affirms the contribution of one’s professional peers does not negate the enthusiastic promotion of activism as the most effective pathway forward to social change. Participants proposed three ways to increase the understanding and utilisation of health activism that are supported by the literature: an expansion of the understanding and uptake of the ‘activist identity’, and the establishment of scholar activist networks and an activism-based public health ‘finishing school’. These recommendations would serve to convey and promote the argument that health activism is an ethical obligation of the public health workforce. Further, they would provide the skills and support necessary to engage in this form of political participation according to personal and professional capacity.
Chapter Eight: Research Contribution and Final Conclusions

8.0 Introduction

My exploration of the ethical, theoretical and practical underpinnings of health activism arose out of a desire to find a method that would “galvanise the public health community into action” ([33], p.98). This thesis provides theoretical and experiential support for the framing for activism as an ethical obligation of the public health workforce. Health activism is thus to be approached from the perspective of ‘how’ not ‘if’, where the answer is determined by personal and professional capacity. In this final chapter, I clarify the contribution of my research to the field. One participant, as part of the member validation process, questioned whether my research would be sufficient to make public health professionals ‘stand up and listen’ to my ‘call to activism’. I do not see my thesis providing the impetus to spark widespread uptake of health activism by public health professionals. Rather, I have provided what Came identifies is lacking in current health activism literature: “strategic direction” ([33], p.98).

An initial level of strategic direction has already been discussed with regard to the participants’ recommendations for how to promote the understanding and utilisation of activism. The literature affirms that the ‘call to health activism’ will be strengthened by progress made on these three tasks: an expansion of the understanding and uptake of the ‘activist identity’, and the establishment of scholar activist networks and an activism-based public health ‘finishing school’. Encouragingly, health activists interviewed for this research indicated progress is already underway. I provide further direction in the following sections regarding ways in which to strengthen the theoretical study and promotion of health activism. I will do so with reference to my two research questions.

8.1 Ethically-valid activism

My first research question, ‘Do public health professionals have an ethical obligation to engage in health activism?’ has been affirmatively answered by my research findings. I have provided theoretical and experiential support for the framing of health activism as an ethical obligation of the public health workforce. In addition to this, my exploration
highlighted two areas of ‘strategic direction’ regarding the way public health ethics can promote and guide public health activist engagement.

This thesis provides the first documented exploration of the PHANZs Code of Ethical Principles [50]. I believe the insights gained from my exploration indicate that the current neglect of the code is both a disservice to the efforts of the individuals involved in its development, and to the wider public who would likely benefit from its application. My research conveys the particular utility of the Code in the context of promoting public health activist engagement. The Code theoretically supports the use of health activism as a way to instigate transformative processes of social change in a context where previous public health action has failed (Chapter Two). Further, the Code specifically identifies ‘solidarity’ as a potential pathway to achieve social justice and equity in a way that accords with broader public health ethics literature and the lived experience of current public health practitioners (Chapters Two and Seven). Overall, I believe my research points to the need to address the current lack of published literature documenting the theoretical and practical use of the Code, specifically in the context of health activism.

The second level of ‘strategic direction’ relates to the application of the ethical principle of ‘solidarity’ to the promotion of health activism. Current applications of solidarity remain largely biomedical in nature or in the context of promoting community and socialisation, outside the framework of addressing social justice and equity [115, 130, 131]. My research reflects contemporaneous authors’ interest in applying the principle to encourage public health professionals to enact their commitment to social justice in the form of collective action [137]. Jennings’ promotion of how solidarity provides a way to compel public health professionals to “step up and respond” ([137], p.15) to issues of social injustice echoes my argument for the ‘ethical obligation of activism’. I believe the discussion and promotion of health activism through the language of ‘solidarity’ is a timely and fruitful pathway to increase the understanding and subsequent utilisation of this form of political participation.

8.2 Development of health activism literature

My second research question, ‘How can health activism be best conceptualised?’ aimed to address a limited and incoherent health activism literature. The extant health activism literature is problematic on three accounts: (i) few theoretical explorations of the phenomenon of activism have been published; (ii) the existing theoretical accounts lack
the inspirational and galvanising insights from activists past and present, (iii) and is hindered by tones of caution and risk-aversion and undermines the central argument for “a revolutionary reorientation of the way we work” ([28], preface). As indicated in Chapter Four, I was not able to engage in a rigorous process of knowledge co-construction or conscientisation within the scope of this thesis. Whilst my research makes an initial contribution of lived experience from current health activists to the field, it points to the need for larger and long-term forums for the co-construction of a theory of health activism. Such co-construction would ground the theory and potential utilisation of activism in the practical insights of past and present public health practitioners regarding the factors that facilitate or inhibit activist engagement [33]. This co-construction would also illuminate whether the promotion of activism should be approached from a task-oriented perspective, as I have taken in this thesis, or to use more emotive terminology such as ‘courage’, as recommended by one research participant (refer to Chapter 6, Section 6.5).

Accessible descriptions and analyses of the reasons underlying successes and failure of past campaigns would arguably contribute to levels of confidence in activism as a viable pathway to change. Glenn Laverack’s ‘Health Activism: Foundations and Strategies’ [28] provides a useful overview of health activism, but falls short of painting a picture of activism that is able to “galvanise the public health community into action” ([33], p.98). As Came suggests in her review of the book, the weakness of Laverack’s account can be attributed to his position as a well-informed ‘outsider’: what is needed is the inspiration and power available from the lived experience of health activists themselves [33].

8.3 Final conclusions
This thesis provides theoretical and experiential support for framing health activism as an imminent ethical responsibility of public health practice. Activist engagement is an ethical obligation of public health professionals in situations where conventional practice and political engagement struggle to advance population health. When the ‘political public’ of the state appears to be falling short of its responsibility for public health protection, the responsibility to initiate necessary processes of change arguably falls to the ‘communal public’ of public health practitioners. Health activism enacts the social justice perspective of ‘valuing others’ and utilises the significant power and privilege
public health professionals possess to effect change. Participants interviewed support the development of pathways to promote the understanding and utilisation of ‘activism for health’, such as the establishment of scholar activist networks and an activism-based public health ‘finishing school’. To further develop the theory of health activism, promotion of health activism through the language of ‘solidarity’, increased use of ethical frameworks that support activist engagement, and large-scale co-construction of activist theory is also recommended. From this foundation, an ‘ecology of activism’ will hopefully grow.
References


221. Lawless, A.C., Activism in the Academy: a study of activism in the South Australian higher education workforce 1998-2008, in Division of Education, Arts and Social Science. 2012, University of South Australia: South Australia.


Appendix A: Information Sheet for Participants
Activism for health: a pathway forward in times of economic and political constraint?

INFORMATION SHEET FOR PARTICIPANTS

Thank you for showing an interest in this project. Please read this information sheet carefully before deciding whether or not to participate. If you decide to participate we thank you. If you decide not to take part there will be no disadvantage to you and we thank you for considering our request.

What is the Aim of the Project?

This thesis will be a qualitative inquiry into the current understanding and practice of health activism from a public health perspective. The project takes a critical perspective that in light of lack of progress on many long-term public health ills, alternative methods for instigating social change need to be considered. Activism for health, or health activism, is a potential pathway forward in times of political and economic constraint. The existing literature regarding health activism, however, is lacking a strong theoretical base: this thesis therefore aims to contribute to the theoretical understanding of health activism.

This contribution will be made by combining an investigation of the existing academic literature of public health and other social science disciplines with the lived experience of current public health professionals, obtained primarily through key stakeholder interviews. The central questions that are intended to be explored are:

(i) What is the current understanding of health activism in public health literature?

(ii) How does this in-discipline understanding compare with that from other social science disciplines?

(iii) What is the current understanding and practice of health activism by current public health professionals in New Zealand?

(iv) Does the current academic understanding of health activism correspond to the view of, and hold utility for, current public health professionals?
The qualitative interviews will form the beginning of a ‘proof of concept’ for any conclusions drawn or questions raised from the literature review. This will provide useful insight into if and how the utilisation of activism for health could proceed in the future.

Target Participants
This thesis will specifically focus on one of the key stakeholder groups in the field of public health, to enhance the depth of understanding that is able to be gained within the short time-frame of this project; public health academics have been chosen as the particular focus group. Approximately 8-12 semi-structured interviews are expected to be conducted.

Koha will be provided as an acknowledgment of participation, and a summarised report of the research findings will be made available to all participants upon completion of the thesis at the end of April 2015.

Your participation
Should you agree to take part in this project, you will be asked to take part in a semi-structured interview that will take between 45 to 90 minutes. Various topic areas will be covered throughout the interview, with space made available to cover other issues as they arise. Such themes will include:

(i) The spectrum of political engagement
(ii) Personal experiences of activism
(iii) Conceptions of power
(iv) Activism as an ethical obligation
(v) Activism in the academy

Please be aware that you may decide not to take part in the project without any disadvantage to yourself.

This project involves an open-questioning technique. Whilst the general line of question will follow the topics of themes above, the precise nature of the questions which will be asked have not been determined in advance, but will depend on the way in which the interview develops. Consequently, although the Department of Preventive and Social Medicine is aware of the general areas to be explored in the interview, the Committee has not been able to review the precise questions to be used.

In the event that the line of questioning does develop in such a way that you feel hesitant or uncomfortable you are reminded of your right to decline to answer any particular question(s).

If desired, every attempt will be made to preserve participant anonymity; changes will be made to points of identification such as participant name, organisation affiliation, area of location and so on in order to ensure confidentiality.
What Data or Information will be collected and what use will be made of it?

Interviews will be audio recorded and subsequently transcribed. Following transcriptions, the audio files will be permanently destroyed. Transcriptions will be returned to participants for member checking.

The data collected will be securely stored in such a way that only R. Llewellyn will be able to gain access to it. Data obtained as a result of the research will be retained for at least 10 years in secure storage. Any personal information held on the participants such as contact details and audio files will be destroyed at the completion of the research even though the data derived from the research will, in most cases, be kept for much longer or possibly indefinitely.

What if Participants have any Questions?

If you have any questions about our project, either now or in the future, please feel free to contact either:-

Rebecca Llewellyn

Dr Richard Egan

Department of Preventive and Social Medicine

Telephone Number 0220154567

03479 7206

University Telephone Number

Email Address brare287@student.otago.ac.nz

Email Address richard.egan@otago.ac.nz

This study has been approved by the Department stated above. However, if you have any concerns about the ethical conduct of the research you may contact the University of Otago Human Ethics Committee through the Human Ethics Committee Administrator (ph 03 479-8256). Any issues you raise will be treated in confidence and investigated and you will be informed of the outcome.
Appendix B: Participant Consent Form
Activism for health: pathways forward in times of economic and political constraint

CONSENT FORM FOR PARTICIPANTS

I have read the Information Sheet concerning this project and understand what it is about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

I know that:-

1. My participation in the project is entirely voluntary;

2. I am free to withdraw from the project at any time without any disadvantage;

3. Personal identifying information such as the interview audio will be destroyed at the conclusion of the project but any raw data on which the results of the project depend will be retained in secure storage for at least ten years;

4. This project involves an open-questioning technique. General topics to be discussed will include:
   (i) The spectrum of political engagement
   (ii) Personal experiences of activism
   (iii) Conceptions of power
   (iv) Activism as an ethical obligation
   (v) Activism in the academy

   The precise nature of the questions which will be asked have not been determined in advance, but will depend on the way in which the interview develops and that in the event that the line of questioning develops in such a way that I feel hesitant or uncomfortable I may decline to answer any particular question(s) and/or may withdraw from the project without any disadvantage of any kind.

5. The results of the project may be published and will be available in the University of Otago Library (Dunedin, New Zealand) but every attempt will be made to preserve my anonymity if desired.

I agree to take part in this project.
Please tick the appropriate box:

☐ I wish to preserve my anonymity
☐ I am happy for my name and other points of personal identification to be used for research purposes

............................................................................. .............................................
(Signature of participant) (Printed Name) 
............................................................................. .............................................
                        (Date)
Appendix C: Category B Ethics Approval
Dr R Egan  
Department of Preventive and Social Medicine  
Dunedin School of Medicine  

11 June 2014

Dear Dr Egan,

I am writing to confirm for you the status of your proposal entitled “Activism for health: a pathway forward in times of economic and political constraint”, which was originally received on May 29, 2014. The Human Ethics Committee’s reference number for this proposal is D14/204.

The above application was Category B and had therefore been considered within the Department or School. The outcome was subsequently reviewed by the University of Otago Human Ethics Committee. The outcome of that consideration was that the proposal was approved.

Approval is for up to three years from the date of HOD Approval. If this project has not been completed within three years of this date, re-approval must be requested. If the nature, consent, location, procedures or personnel of your approved application change, please advise me in writing.

Yours sincerely,

Mr Gary Witte
Appendix D: Interview Guide
1. Do you see your work as political? (How does this affect you? How do you manage this?)

2. How would you define activism?

3. How do you see activism in relation to other forms of political participation like advocacy?

4. Do you think that activism could be pathway forward for public health?

5. Do you see activism relating to your work?

6. Three core functions of academia or the university are commonly acknowledged as teaching, research and community service. Do you think activism fits within the ‘service’ component?

7. Do you think you can teach activism? How?

8. Do you see it within your role to promote political engagement with your students?

9. What do you see as your ethical responsibilities as a scholar? As a teacher?

10. With particularly contentious areas of research – inequality, racism, etc – where does your professional responsibility stop? With publishing?

11. (How) does identifying as Māori affect this sense of responsibility / willingness to engage in activism?

12. Do you have experience of activism? Effects? (on peers, students, family, community?)

13. Do you think there could be power in forming ‘collectives’ or networks of scholar activists to strengthen their power?

14. In the bigger picture, do you see scholars as having significant social power through the use of activism?
Appendix E: Coding List
1. A matter of perspective
2. A range of supportive activities
3. Activism by another name
4. Activism versus advocacy
5. Activism versus supporting the status quo
6. Barriers to activism
7. Bias and objectivity
8. Collaboration
9. Consequences
10. Defining activism
11. Defining advocacy
12. Ethical responsibilities
13. Health activism
14. Motivation for activism
15. Necessary footwork
16. Need for documentation
17. Need for evidence
18. Politics
19. Potential for activism
20. Privileges of academia
21. Profession or personal boundaries
22. Putting people first
23. Scholar activism
24. Subtleties of or subversive activism
25. System failure
26. Teaching activism
27. The need for activism
28. The need for supportive theory
29. The power of being radical
30. Unexplored questions
Appendix F: Thematic Mapping
Appendix G: Thematic Frame Construction
A brief description of each theme, sub-theme with selected exemplifying quotations as developed from iterative coding of interview transcripts.

<table>
<thead>
<tr>
<th>Theme (Definition)</th>
<th>Sub-theme (Definition)</th>
<th>Exemplifying quotations</th>
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<tr>
<td><strong>Politics</strong></td>
<td></td>
<td>So I guess [my work] is political and that I deliberately put politics back into it. I think a lot of students, a lot of people – apathetic type of people – tend to think of politics as who’s the latest PM or voting or parties, but life is political. I see it that way so I try and bring that into my work, that life is political. If we want to address these social determinants of health which public health researchers, psychologists, sociologists, we’re all concerned with that, then we have to acknowledge that, the political nature of things like poverty. (P6)</td>
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<td>Our work is political, as public health people. We’re trying to change people’s behaviours, trying to change environment, trying to change policy and some people are trying to overthrow the whole system which you know good on them. Hopefully they’ll do better than the current system. (P2)</td>
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<tr>
<td><strong>Unexplored Questions</strong></td>
<td>The interview process initiated discussed of ideas and topics previously unexplored</td>
<td>Yea I’m not sure about that, I’m not sure about [activism as an ethical obligation]. I haven’t (cough), I haven’t um thought about it like that before. Which seems a bit naughty but I guess, yea, I guess it is. (P3)</td>
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<td>I don’t really know [how to define activism]. But um… I…. hopefully there’s no right answer (laughs). (P5)</td>
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<td></td>
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<td>I know, coz I’ve never been asked this question before, it’s, I found it quite challenging coz I don’t use that term [activism]. (P9)</td>
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<tr>
<td><strong>What is Activism?</strong></td>
<td>Issues of Identification</td>
<td>I think [scholar activism] probably it already exists but it’s just people don’t call it activism and that might be for various reasons. Like you know some people, not necessarily the people involved in the activism for example, but others might be turned off or scared by the word ‘activism’. (P5)</td>
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<td>Hell yea, everyone must be an activist. It’s whether how good you are… So we, everyone’s an activist whether or not they’re holding the hardest line. (P4)</td>
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<td>be beneficial for the field.</td>
<td>Let everyone have a go let everyone be a health activist, that’d be good wouldn’t it? It’s a great reframing of what we do. (P2) And, I’m not sure I know what activism means for me. And it’s very flavoured by the, my, the era I grew up and went through and possibly still got remnants of. But I don’t know what it means for my children who are 19 and 20. (P4) You know I use that term [scholar activism]. It really depends it, just using that word can be quite political so it depends what context I’m in. In some context it’s a political statement for me to acknowledge that I’m an indigenous psychologist. In other settings it’s a political statement to acknowledge I’m a community psychologist. Sometimes I might be political to say I’m a social psychologist. It depends how you want to subvert and transform particular ideas. So it’s about it is subversion and transformation how to use that label. So most people, a lot of my colleagues that I came through are scholar activists but they don’t necessarily use that label in articles. Maybe depends where you’re publishing as well. (P6) If you saw activism as a system then, it’s clearly more various than the initial placard waving semantic kind of association might suggest and I think that if that, my view would be if that comes through in your thesis, that would be brilliant. (P9)</td>
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<tr>
<td>Change and the Status Quo</td>
<td>And activism is more about trying to change the system or change the community or. I don’t know I kinda think advocacy is more about support. Than perhaps activism is about change. Or fighting for change. (P5) But I think [activism]’s about, (pause), challenging injustice. And, if you’re not challenging injustice you’re endorsing the status quo…Advocacy is trying to give a voice. And it’s not necessarily, for some people it’s about transformation some people it’s not. (P2) You know there’s this other old catch cry ‘if you’re not part of the solution you’re part of the problem’… Yea so activism is um, I guess it’s</td>
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<td>The essence of activism: Posing a challenge to the status quo with the objective of initiating change.</td>
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action, to not accept the status quo... You know, so making changing the status quo in any way is activism. Even if it’s something small, if it’s building alternative pathways. (P4)

That’s hard… I guess, there’s sort of, there’s many levels to activism. (Pause). Obviously there’s an incentive to act as a change agent. (P6)

I: Do you think advocacy challenges the status quo?
S: Ah, it’s the first step I think in challenging the status quo. I guess it’s what a lot academics, that’s our basic level is advocacy.

[Activism]’s a spectrum of things and a lot of range of tools that you use in different circumstances. Because I mean really you want to achieve a change, you don’t want to just be out there being seen you know like jumping around on the streets for no purpose you know what I mean, you know you’re doing it for a reason. (Laughs) not promoting yourself. (P8)

**A spectrum of engagement**
Activism is a spectrum of activities that in their own way contribute, to varying degrees of effectiveness, to the goal of transformative change.

[Activism] is a massive spectrum (laughs) of activity ranging from, ranging from more active participation in accepted democratic processes like making submissions and making oral submissions to, you know through kind of ah peaceful protest through you know civil disobedience though all the way through to terrorism. (P3)

I don’t think I’d necessarily see them as interchangeable. I guess advocacy for me tends to be more about…. the idea not necessarily at an individual level but more working within the already established system or policies for example and advocating for people or groups of people within those structures. Maybe. That’s probably more down that end. And activism is more about trying to change the system or change the community or. I don’t know I kinda thing advocacy is more about support. Than perhaps activism is about change. Or fighting for change. (P5)

And so what um, (pause). What one of my students could do its different to what I could do which is different from what a CEO could do
which is different to what a Palestinian refugee would do. You know it just depends on your motivation and your skills, it's all part of the same whānau. And personally I’m not that interested in slicing and dicing it, just wanting to get on with like what are we aiming for, where are we now and what do we need to do to get there? And could we get there NOW? (P2)

Conscientisation
The action aspect of activism starts with a shift in attitude in the mind: this is where we must start if we are to increase its incidence.

Yes they go forth and maybe that it changes their way of thinking. They that, that whatever’s been done has restructured their conceptual system or provided them with some skills to go out and work in a way that the conventional, that’s not the conventional way. Which is usually the lazy way too… Followed up by, and this is where the behaviourist in me comes out, followed up by the doing. Like it’s not enough to make the cognitive and attitudinal change, you’ve got to follow it up with action. (P9)

So, how do, so I think people work - there’s actually like a science to [activism]. Of moving the population, so part of it is raising awareness. And well, you know so you have to like um – “a quarter of a million NZ children growing up in poverty” that’s beautiful one liner. So Smokefree went through this. What are the one liners so you get a swing in public perception? And then you make you help the people move over to your side. Because if you said in 1980, we want to have an endgame for tobacco, no one would have believed you. But if you say it in 2012, people go “oh yea that’s doable”… that’s because they've been through those steps of um messing with the heads of the population (laughing) and moving the hearts and mind. (P4)

So that’s, the minimum of activism is encouraging voice. So, there’s - activism is um, both a state of mind and a state of practice. Um. So in, for our students we have to encourage their analysis and the practice. And sometimes we don’t go far enough with the practice. Doesn’t mean we should drag them all out protesting.(P4)

It’s called raising social awareness isn’t it? Teaching activism. Teaching people to be not so
### Practical Considerations

**Potential for Activism**  
Environmental, professional and field-specific contexts influence potential for activism. Evidence is a necessary platform from which activism must grow.

**Oh I think. I think um for me and for the community at large in New Zealand certain types of activism are seen as kind of part as being a New Zealander. For example I think you know from the protests against the Springbok tour for example. There’s this, there’s been a history of um New Zealanders seeing themselves as people who will stand up for things. Although you know that may have waned lately. (P3)**

If we know what do and the evidence is good, and we know what to do, and we are harming a whole lot of people with the policies that we’ve got now, then – and we’ve had a really good go at those kind of within-governance structure forms of advocacy – then maybe that’s right, we do need to start building a different approach using different activist tools. (P3)

But I spose its things like feminism and civil rights campaign and gay rights and things that gives us hope and encouragement… Because it’s been done before. It was quite a rapid pace if you think about social change. And it wasn’t done by people with power and influence. You know we don’t have all those um extra rights or shift in public opinion because government made a decision. (P1)

Of course if I’d of been doing it now, raise a million dollars form industry it would be hopeless. So we’re all creatures of our time really, and I’ve probably got a rosier picture than um people who are starting out now for whom it would be very difficult um. (P7)

I guess with skin cancer, it’s a bit different with that because you don’t go out and demonstrate in the street about skin cancers, it’s all a matter of making of embarrassing people in ministries because they’re not doing anything about it all.

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<tr>
<th>Practical Considerations</th>
<th>Potential for Activism</th>
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<tr>
<td>What is involved in carrying out activism, and what obstructs or facilitates its use? What is its place in public health?</td>
<td>Environmental, professional and field-specific contexts influence potential for activism. Evidence is a necessary platform from which activism must grow.</td>
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that’s the thing. Showing the costs that they’re not taking into account, beavering away behind the scenes really trying to get a shift in perceptions in things. (P8)

So, but in terms of whether I um going too far well actually I feel the reverse. I’m you know I’m just in my early 60s and I feel I’ve got another 5 years or so to make a difference and I think the other part of um being a small society that you’re given quite a lot of power to actually provide energy to make it go. (P7)

The idea of scholar activism which seems to appeal to some students quite a bit. Coz I think a lot of students coming through do want their education to have a meaningful impact. And as you go along, doing your degree, you get to masters level, start to get indoctrinated, start to get a bit more distance, people start to lose that passion. So it’s kind of a reinvigorating term. (P6)

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<tr>
<th>Working to capacity</th>
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<td>People work within the specific bounds of their situation, and in their own way can contribute to the ‘activist’ cause. However, it is possible to package activism so that it fulfils professional contracts and responsibilities.</td>
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But combined, when we come together doing what we can on that activism spectrum with other organisations that are able to do more at civil disobedience end of spectrum and we kind of, we join with then in a particular issue or fight if you like then I think there has been some effectiveness there at stopping things from happening or shifting the policy decisions that are made, yea. (P3)

And then the rest people who can’t be there for whatever reason, they can do incremental. So we, everyone’s an activist whether or not they’re holding the hardest line... they’re all on the kaupapa. (P4)

But people just do more or less you know it’s just, people need to take action from their, their sphere of influence and you’ve got different capacity. (P2)

And I think that’s important too, there’s that almost all these things that I’ve been saying like, have their place. Like policy has its place and activism on the streets with placards. It’s just it doesn’t necessarily suit oneself. (P9)
Service, yea. Service - so critic and conscience is in service…So, it provides you a space. How people fill that space is up to them. (P4)

Framed the right way, it’s all framing. Tick the boxes, get the learning outcomes. Change lives. (P2)

Whereas one way to position it as a scholar activist is you try to talk about the community as being, a business term is ‘research end users’. So people who benefit from your research, so having the impact at a national level… so that the university supports my work so that in some way try to alleviate that jarring relationship so I can do what I do without having to give up something. Without having to give up on the communities I passionately advocate for or give up on academia which I love doing. So trying to have both. (Laughs). (P6)

The Power and Need for ‘Radical’
Need for ‘radical’ actions/activism to initiate change in a climate of stagnation, with particular reference to its ability to cause a controversial shift in attention and energy surrounding an issue.

For me the intention has never been activism, the intention has been wellbeing of the communities I work with, which has like defining it your way has an activist component. But you know you can’t work with communities and political process without you know being outside the normal processes. But it’s not the intention, the intention is it that, that’s a sort of necessarily evil if you like, the activism there. (P9)

Oh [activism]’ss necessary. Absolutely, it’s fundamental. Um. (Pause). I guess um. The question, I’m pausing coz the question I’m asking myself is “is it fundamental full stop? Or is it fundamental coz we’ve got inequalities or inequities?” So is activism still necessary if we had the perfect world with perfect health outcomes and equity? Would we still need health activism as part of our job description? And I not quite sure if I’ve thought that through enough yet. (P4)

Sometimes it’s necessary again for someone to take a [radical] position to move people along….And that moves the middle of the road by saying: “Well actually wherever there’s inequality someone’s getting too much. That must mean pākehā’s are getting too much”. Well that gets headlines. And but what that
None of us want to - all of us hire a plumber when our toilet gets blocked to do the shit work for us. So how do we hire a plumber? You know in the old days, and this is what caused the whole advocacy debate, um. ASH [Action on Smoking and Health] was started by the Cancer Society and the Heart Foundation as a ginger group, as a group that could go out there and do hard-out activism. (P4)

It takes a long time to change anything. What you tend to see is the big marches, the big protests you tend to see that. You don’t tend don’t see all the hard work going on underneath that or people trying to support those actions. Those protests and those things are incredibly good for bringing attention to public for rising awareness at that level to get people to just start questioning and from there you can go in, and start subverting. And transforming. (P6)

I think sometimes, very extreme and radical forms of activism can feel anti-democratic. And particularly I spose when they involve violence. On the other hand, I don’t mind a bit of property violation. (Laughs). Um. On the other hand those more extreme actions I think can sometime wake people up so that you get a greater democratic response to an issue. So I do think they have a role, a role to play. (P1)

Sort of waiting for someone else do to it, but we could be doing a lot more from that [activist] regard. And if we did it we would set an example that would be expected every time, we should set a standard that’s expected and um. (Pause). Do you know what I mean? (P4)

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<th>Barriers and Consequences</th>
<th>How to overcome conflict between academic roles and activist</th>
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<td>I get called foolish coz it’s so risky that I’ve positioned myself where I have… You know, it’ll be interesting if and when I leave the university system whether I’ll ever find work again. But I think, I think that the that um it’s really important kaupapa and I’m as I’ve said publically before I’m in it to the end. (P2)</td>
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| **goals? What risks are individuals willing to take? How does the heterogeneous nature of public health affect the potential for activism?** | I mean all the university really cares about is how much money do you bring in. Well that’s an awfully rude way of saying it because I’m sure that they do care about more than that, but what it looks as if they care about how much research money you bring in and how many papers you publish and in what journals you publish them and how many PhD students do you supervise and do they finish on time. It’s all these sorts of metrics that are to do with academic productivity than a completely divorced form impact of what you do. (P1)

Author: Do you think that if you were working in a field like alcohol or tobacco that you would have been less outspoken because you have that kind of third, that other party that’s more, reactive to what you’re saying?

P7: I don’t think I’d be less outspoken but I think I would have been probably less effective. There are challenges in that because you can get a reaction against that sort of work which actually is negative you know. It’s quite a tricky thing you don’t know how things are going to go often things don’t go right you can make things worse which is always the worry you don’t really want to do that. (P8)

The thing is, I also, what is a public health professional? (P8) |
| **Collaboration** Collaboration as both difficult, but a necessary component to successful activism. | Coz like literally you don’t know them like I sometimes find activists at AUT there’s 2000 staff. Um, you know. I teach lots of students I’m trying to do my research so it’s hard to outreach to find them. Because they keep you so busy in the university that it’s hard to have time to have time out to meet the rest of the gang. And as you get, as you coz I’m old in public health I know all the public health people but I’m new to the academic life so I don’t know all the lefty academics. So it’s a bit of a miss[ion]. (P2)

The way we’re gonna do sustainable transformative change is that we do it collectively and we organised collectively it’s not about individuals. (P2) |
Because if you stick your head above the parapet people will take a pot shot at you. We have had quite a lot of nasty criticism to deal with and rebut and come back on it’s not a comfortable place to be… But that’s what happens when you do sort of go out there and I suppose it would happen less if more of us did it, or showed a united front. Or defended each other um when that happens. (P1)

So we have to work out um how not to make people who mightn’t agree with us fully the enemy. So we’ve gotta be careful who the enemy is and don’t paint people into the enemy corner… So activism is actually also about, sometimes it’s about leadership and the discourse of how do you bring people on board… You know, coz you have to move populations through a change that’s big. (P4)

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<th>Training and Documentation</th>
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<tr>
<td>Need for training opportunities as well as documentation of past activism to allow for knowledge and skill transfer.</td>
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So we never learn and so people reinvent and we get new generations of activists and the only way of passing on is kind of oral history on a good day. Which is good but it’s not we don’t deliberately do succession planning or sharing. Coz I’m part of the treaty movement, the pākehā treaty movement and we um. I’m blessed to be in groups with people in their 70’s and 80’s. And they’ve been doing the work since the ‘60s and ‘70s. And so whenever we do something or plan on doing something they go ‘Oh yeah done that before. This is what happened last time’ and we can build on that which is a blessing but if you try and find that story written up it’s not. (P2)

That’s another thing I remember, you forget these things after a few years, probably in the files somewhere. (P8)

There are actions that would create confidence yea, when people do small things and they actually make achievements and that gives people confidence to take on bigger things. Yea I agree that’s one way to do things and you make, take smaller risks perhaps the first and get more confident about what you’re doing. Yes I think that’s a way of working yea. (P8)

Coz for me finishing school around public health, well it’s an ongoing process but working...
Ethical Obligations (Valuing People)
How does the practice of activism sit ethically in regards to public health practice, particularly for scholars?

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<th>Objectivity Bias and Science</th>
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<td>Is science ‘objective’ and bias free? How can academics integrate their value-system into their work whilst maintaining legitimacy as ‘scientists’?</td>
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Sometimes in the student evaluations people think that I’m biased. So I’ve been practicing the art form of putting out the stuff and then rather than saying what is self-evident to me about what the conclusion is based on that, letting them find their own conclusion so that they then have the debate amongst themselves rather than me lead it. But I do my strategic planting here, here and here; and then ask the rhetoric the question and then yea. And that, and that’s been a helpful strategy in making me look less militant. (P2)

It’s your methods that need to be rigorous and objective and bear scrutiny. So, we all study what our choice of what we do research on is not objective or free of our ideologies our bias, that’s an activist thing in itself. The fact that you’re studying what you’re studying and I’m studying what I’m studying comes from our values and our um and our wish for how we want the world to be, it starts there. And then I think, there’s also, it’s quite easy to be a reasonable successful academic by never doing anything controversial. (P1)

Researchers have a particularly poor relationship with a lot of marginalised communities but they probably see as what they’re doing is good: you know “well if I publish in this journal, and somebody out there will read it and therefore it is a good thing”. But you know what impact are you having outside of that? A lot of the assumptions that’s why I like scholar activism it subverts a lot of those underlying assumptions and like the scientist practitioner model where you are the objective observer. Well actually you’re a human being in a room engaging with another
<table>
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<tr>
<th>Power and Privilege</th>
<th>I think academics are in a really good position to use a range of activism tools. Yea… and I think we have some obligation even to work within that spectrum in ways we feel is possible for ourselves. (P3)</th>
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<td>So I guess I think that um, often say those who are in the workforce, not in academia, often don’t have time or the ability or they’re not allowed to necessarily speak up against certain things or. Yea become vocal for certain um topics or initiatives. I guess they usually have to toe the line of the organisation that they work for, which can often be the government but um (laughs). And so I think academics have that like freedom mostly in terms of what they can actually say and what they can come out and speak against what they can write submissions on. So I think we do have more power, or that responsibility I suppose to actually do something and use that freedom to others advantages as well. (P5)</td>
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<tr>
<td>Personal responsibilities and boundaries</td>
<td>I think that people, we have to make our own decisions about that. I think each individual needs to think about their own - ethics is always a, it’s not black and white and individuals will need to think and feel their way through that in terms of where they are with it and where the evidence is and how much advocacy has been going on and how much urgency there is… (P3)</td>
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<td>Lived experience serves as imperative for activist engagement in professional life. The influence of context and notion of ‘boundaries’ discussed.</td>
<td>And living up North that was incredibly real when we’re in a situation where in the far North there’s a 14.9 life expectancy gap between Māori and non-Māori. And every week there’s preventable deaths so your mates are off at a tangi [funeral]. And so the cost of inaction are vast… And people um, I formed relationships with tangata whenua there and I’m still, I’m for me I’m still accountable for those relationships and I’ve got other relationships that I’m accountable to in my practice and I think of them when I make decisions about what to do and what not to do. (P2)</td>
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<td>Well you do have to have boundaries obviously yea. It would be easy to, you won’t be able to</td>
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keep going if you can’t erect boundaries. You have to recognise at the end of the day there’s so much you can do, but that doesn’t meant giving up either. (P6)

I think, well [being Māori]’s probably why I am an activist I suppose. (P6)

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<th>Professional responsibilities and boundaries</th>
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<tr>
<td>Academic work contracts, power and privilege of the position, and public health ethics mandates activist engagement.</td>
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Yea I’m not sure about that… not necessarily in terms of public health ethics, I’m not quite sure that we’ve articulated that very clearly or loudly what public health ethics are in New Zealand. I think research ethics have been reasonably clearly articulated and medical ethics have been reasonably clearly articulated. And I think activism to a certain extent you know some of those actions on that spectrum definitely fit within those ethical frameworks. Mmm. (P3)

You know I’m supposed to be one of the people who’s the consciences and critic of society. So that very redolent phrase is one I think about in terms of activism. And so if when people say oh I’ve, oh academics never speak out then I think they’re not taking on some of their responsibilities. (P7)

There is actually this old fashioned concept. And you probably see it in most of the strategic plans of universities which is ‘critic and conscience of society’. So it’s an academic role….So it’s necessary. Otherwise you should get your pay docked. (P4)

Self-critique, is an ethical obligation. Um. Sit down with cup of tea or glass of wine at the end of the day and say ‘did we do good today? Is the world a better place? If not, did I put in a brick in the foundations?’ Um. Um. Is it [activism] an ethical imperative? (Pause). I’d like to say yes. But I don’t know if it’s um, (pause). Could get me depressed if I go own this track. (P4)

Because we've been doing research and publishing peer review papers - nobody reads them you know. I mean a few of your colleagues might but mostly even they don’t read them. They might notice that they came out, maybe they read the abstract. But they don’t. Um. And so we felt we had to try and get that
| information out there [in the form of a popular science book]. (P1)
So, and, I you know so I mentioned I think the line that I usually say each year: I didn’t just want to describe inequalities coz then I think you are an ‘inequalogist’ in quite a rather perverse way. But I’m actually wanting to do something about it. (P7) |
Dedication

May all beings everywhere,
Plagued by sufferings of body and mind,
Obtain an ocean of happiness and joy
By virtue of my merits.

May no living creature suffer,
Commit evil or ever fall ill.
May no one be afraid or belittled,
With a mind weighed down by depression.

May the blind see forms
And the deaf hear sounds.
May those whose bodies are worn with toil
Be restored on finding repose.

May the naked find clothing,
The hungry find food.
May the thirsty find water
And delicious drinks.

May the poor find wealth,
Those weak with sorrow find joy.
May the forlorn find hope,
Constant happiness and prosperity.

May there be timely rains
And bountiful harvests.
May all medicines be effective
And wholesome prayers bear fruit.

May all who are sick and ill
Quickly be freed from their ailments.
Whatever diseases there are in the world,
May they never occur again.

May the frightened cease to be afraid
And those bound be freed.
May the powerless find power
And may people think of benefiting each other.