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4. Measuring Subjectification: The Reception of Health Education Campaigns and the Evaluation Conundrum

Luc Berlivet

Abstract

The purpose of this chapter is to analyse how, from the 1970s onwards, the organization in charge of planning and implementing health education in France was led to reflect on the true effect on the public of the films, radio messages, posters, etc. it produced. After detailing how a tiny group of 'modernizers' aimed to harness the apparently pervasive power of advertising for the benefit of public health, I explore the difficulties they encountered in their attempt to evaluate their mass media campaigns. Interestingly, the conception of human behaviour and risk taking that underlay the evaluative method which they devised for that purpose strongly echoes some of Michel Foucault's most famous analyses on what he termed 'problematization' and 'subjectification' processes.

Keywords: health education; mass media; films; evaluation; effectiveness; risk; behaviour; problematization; subjectification

An American study has shown that \$1 invested
in prevention can save up to \$25 in medical expenses.

– Annick Morel¹

¹ 'Une enquête américaine a montré qu'un dollar investi dans la prévention peut économiser 25 dollars en dépense de soin.' Morel, *L'information*, p. 3. (Excerpted from a report by the head of IGAS, the general inspectorate for health and social affairs at the Minister of Welfare and Public Health.) All translations by the author unless otherwise stated.

We are working out social images, thus contributing to crafting little by little a new culture of health. This is how we will be able to contribute to the irreversible transformation of health behaviours.
 – Jean-Martin Cohen-Solal²

The atmosphere in the film is warm and relaxed. The two main characters, a woman and man, both equally young and good-looking, are enjoying a meal together. They might be on a date, who knows? What is sure is that they are at the restaurant: a nice, cosy eatery somewhere in the countryside, as attested by the leafy walls outside and the checked red-and-white tablecloth inside. The man picks up the bottle of wine on the table and is about to refill his companion's glass, but she stops him at the very last moment by putting her hand over the glass. She explains the meaning of this gesture by commenting, in a half-serious half-playful tone: *'un verre, ça va, trois verres ... bonjour les dégâts!'*³

The 21-second long film was aired as a commercial on 1 February 1984 in a public-health campaign designed to curb 'excessive drinking' in the general population. One in a series of eight films, it was produced by one of the most successful French advertising agencies of the time for the Comité Français d'Éducation pour la Santé (CFES, French Committee for Health Education). All the films, set in different social contexts (a bar, a cocktail party, etc.), picture a character (male or a female) anxious to avoid drinking too much for their liking, without looking like a ghastly bore, unable to relax and socialize (see, for example, Figure 4.1). In each film, this character finds the perfect way out of their dilemma by making the gesture described above, punctuated by the same words: the signature slogan, crafted as a pseudo-proverb. In the life of the CFES, the 'mass media campaign' proved to be a highlight, one of their most successful campaigns ever. The results of a survey that the Committee commissioned in the wake of the campaign showed that 82 per cent of the public had 'heard' the slogan, while 74 per cent of them

2 Cohen-Solal, 'Intervention'.

3 The slogan was penned by Daniel Robert, a famous French copywriter, to sound like a proverb. A tentative rendering would be: 'One single drink is all right! three drinks ... and you're asking for trouble.' The semiotic impact of the extremely colloquial *'bonjour les dégâts'* was very strong: It allowed for various layers of interpretation by referring both to 'a mess' and some 'harm'. The pseudo-dictum originally proposed by Robert: *'Un verre c'est bon, trois verres c'est con!'*, was so colloquial ('One drink feels good, three drinks ... that's crap!') that CFES' senior staff worried about the reactions to a government-funded communication campaign that used rude words and unashamedly claimed that 'one drink is good'; Berlivet, 'Une santé à risqué'.



4.1. A tattooed French biker sitting at a bar drinking beer makes it clear to his friends that he does not want to be served again. Picture from the film *Le bistrot*, part of the 1984 CFES anti-alcoholism campaign 'Un verre ça va...' (source: Santé Publique France).

could quote it (perfectly or approximately).⁴ It has consistently ranked among the 'most successful' French public communication campaigns in surveys published by marketing experts since then.⁵ The campaign also marked a key point in the development of a new approach to health education that aimed to break away from the previous communication strategy, which even French health education professionals deemed to be patronizing. The acceptability of health education in the eyes of the public, the policymakers who funded the CFES, and French health communication experts themselves, was at stake. The top-down approach that they had used since the mid 1970s to 'channel information' on health risks to the public was no longer acceptable; hence, the playful tone of the films and the cheerful punchline. Yet, the rationale behind this aggiornamento, as it was deemed internally, went beyond enhancing the social acceptability of health

4 See SOFRES, *Sondage d'impact de la campagne de prévention de la consommation excessive d'alcool*, May/June 1984, *CFES Archives*; Service Études et Recherches series, p. 15.

5 CSA, 'Les meilleurs slogans'; Saint-Michel, 'Les meilleurs slogans'.

education (admittedly, a crucial objective in its own right), since the stakes included the effectiveness of national, mass-media campaigns, which cost a lot and had required continuous increases in the CFES' budget allocation.

Is health education effective? What is the true impact, if any, of the kind of film mentioned above on the public's health? At a time when evaluation has become an obsession, these (admittedly) difficult questions seem inescapable. In the past decade or so, the rise of Evidence-Based Policy-Making (EBPM) in the wake of Evidence-Based Medicine, first in Europe and North America, and now as a key feature of Global Health programmes, has increased the pressure on public-health organizations to demonstrate the effectiveness, if not the cost-effectiveness, of their interventions. This is no easy task when it comes to health education, where 'Randomized Field Experiments', the so-called 'gold standard' of EBPM for evaluating effectiveness, are not always feasible, nor deemed desirable.⁶ So much ink has been spilled discussing the 'evaluability' (or lack thereof) of public-health policies that the issue is now framed in an objectivist way, which has overshadowed many important questions. First and foremost, the focus on the methods and metrics of evaluation in the ongoing discussion has effectively eclipsed any critical examination of what effectiveness actually means to those in charge of implementing and, in many cases, also evaluating, health education programmes around the world, in profoundly different social and political contexts. To what extent did their conceptions of effectiveness, evidence, evaluation, etc. vary from context to context, and how did they evolve over time? And when, in the first place, did the various kinds of professionals who invented 'health propaganda' (as it was initially widely called) start bothering about the true impact of their interventions? Take the example of Lucien Viborel, arguably France's most prominent 'health propagandist', who he entered the field at the end of the First World War and remained active almost until his death in 1959.⁷ It is striking how little attention was paid to this question in the many books and numerous articles he wrote and edited.⁸ When, then, did preventive healthcare experts start to feel compelled to provide evidence of the impact of their own interventions, and how did that work out in the context in which they worked?

6 For a comprehensive overview of the methodology and a discussion of its strengths and limitations, see Gerber and Green, 'Field Experiments'.

7 For an outline of his approach to cinema as a health propaganda medium, cf. Viborel, 'Introduction'. See also Bonah, 'Health Crusades'; Vignaux, 'L'éducation sanitaire'.

8 See, for example, Viborel, *La technique moderne*; Viborel, *L'éducation sanitaire*.

The main aim of this chapter is to further reflect on the public impact of health education as a means to preserve (human) body capital. It unfolds as a ‘case’ study of the transformation of the French approach, from the late 1970s to the 1990s. This reflection stemmed from the need to move beyond the mere analysis of moving images and their corresponding sounds, and even beyond studying the ‘communication strategies’ implemented by health education agencies, to taking into account the way these agencies themselves have tried to assess the reception and impact of their films, sounds, pictures, etc., on the targeted audience. I start by explaining how the tiny group of officials (a dozen at the most) who had been charged with ‘modernizing’ health education through the intensive (and almost exclusive) use of mass media, back in the mid 1970s, came to be obsessed with the effectuality of their interventions. I then detail the difficulties they encountered in their attempt to produce a meaningful evaluation of something as elusive as the reception of films, radio broadcasts, posters, and health messages. The toolkit they eventually devised, or, more exactly, adapted in order to assess the impact of their ‘nation-wide media campaign’ (as they called it), has proved to be of great interest, as it provides a window into the style of reasoning on ‘risk behaviour’ favoured by French health education specialists over some 20 years. Unravelling the rationale underpinning the technicalities of the evaluation process they designed helps us to understand their partly explicit, and largely implicit, view on human behaviour and the best way to change it. A view that strongly echoes some of Michel Foucault’s most famous analyses on what he termed the ‘problematization’ and ‘subjectification’ processes.

‘Modernizing’ Health Education: The Lure of Advertising

The first French health education campaign that attempted to harness the alleged informative power of the ‘mass-media’ (the umbrella term used at the time for television and, to a lesser extent, radio) was launched on 1 October 1976 as part of a broader anti-smoking policy.⁹ The experience was deemed so successful that it opened the way to a long series of *grandes campagnes nationales d’éducation pour la santé* (‘large-scale national health education campaigns’), as they came to be called. French policymakers all

9 The campaign was conceived as the second stage of a policy framework, which had started to be implemented three months earlier, with the enactment (on 9 July 1976) of a law banning smoking in most public places and a ban on tobacco advertising; see Berlivet, ‘Une santé à risqué’; Padioleau, ‘La lutte contre’.

agreed that this mix of short films and brief radio messages broadcast in commercial slots, as well as billboard posters, had proved to be the only real tool available to them to reduce the human and economic burden induced by a wide range of '*comportements à risques*' ('risk behaviour'), such as smoking, drinking in excess, unhealthy diet, lack of exercise, etc. This uncritical faith in the power of 'mass-media' was certainly neither specific to France nor limited to the domain of public health. From road safety to the prevention of energy waste, through health education, the 1970s saw the development, in Western industrialized countries, of media campaigns aimed to persuade the public to modify a wide range of 'behaviour'.¹⁰ What was perhaps specific to France, however, was that, between 1976 and 2002, public-health media campaigns remained the province of a single organization, the Comité Français d'Éducation pour la Santé ('French Committee for Health Education').¹¹ The CFES had been established in 1945 as the 'French Committee of Sanitary Education', with the mission to take over and 'modernize' the 'propaganda work' that had been undertaken by the 'Office National d'hygiène sociale' ('National Bureau of Social Hygiene') since its inception in 1924.¹² However, it was marred by a long period of institutional instability and budgetary misery, which ended in the early 1970s only after a reorganization process that included the renaming of the Committee in 1971. The old-fashioned, bureaucratic-sounding 'sanitary education' was dropped, for the purportedly more appealing 'health education'. In any case, until the mid 1970s, health education in France amounted largely to the publication of a magazine: *La santé de l'homme* ('Human health');¹³ the publication and dissemination of booklets, brochures, and posters; and the organization of lecture tours at primary and high schools across the country, which sometimes included

10 Although this new kind of public policy drew a lot of public attention and attracted significant amounts of public money, analyses of this development by historians and social scientists are still relatively scarce. On the French case, see: Ollivier-Yaniv, *L'état communicant*; Berlivet, 'Une biopolitique'.

11 The CFES lost its *de facto* monopoly on mass-media health education campaigns between 1989 and 1994, when a specific organization was established to implement Acquired Immune Deficiency Syndrome (AIDS) prevention campaigns. From 1976, The Committee launched a series of 'national media campaigns' on: smoking (1976); the risks of a sedentary lifestyle (1977); improving the social integration of the disabled (1977); dental health (1978); alcohol abuse, 1984); the risk factors for cardiovascular diseases (1984); the hazards of illegal drugs (1986); AIDS (1987); domestic accidents (1990); 'the appropriate uses of pharmaceuticals' (1991); and advocating Measles, Mumps, and Rubella (MMR) vaccination (1993) and hepatitis B vaccination (1995).

12 See Lévy, 'L'éducation'; CFESS, *Au service*.

13 On the history of this health education journal established in 1942 by a physician, Pierre Delore, which became the CFES' home journal in the 1950s, see: von Bueltingsloewen, 'Retour sur les origines'.

the screening of brief 'educational' films.¹⁴ Experiments in the use of 'audio-visual means of communication' were carried out with the cooperation of the Office de radiodiffusion television française (ORTF, the then state radio and television monopoly), although questions were raised regarding the impact, if any, of such brief 'information programmes' aired on the only available television channel, that staged ritualistic conversations between a journalist and a medical doctor (often from the CFES) on various health problems.¹⁵ A plan to use puppets as a means to reach and communicate health messages to children was made public in 1973, although it is difficult to assess the extent to which it was implemented, if at all.¹⁶

Planning and implementing the pioneer 1976 anti-smoking mass-media campaign was clearly not something on the same scale as touring two puppet masters across French primary schools. In order to facilitate the scaling up, Simone Veil hired Michel Le Net, deputy director of the road safety agency, at the time the only public organization in France with any experience in large-scale public communication.¹⁷ Veil also secured massive increases in the CFES' budget: from 2.5 million francs in 1974 to 28.2 million five years later (a 1,028 per cent increase over the period), in order to cover the costs of audiovisual content (no one ever considered that the CFES could produce films or radio messages on their own) and advertising time/space. Together with his expertise in public communication, Le Net brought to health education his hyper-rationalist vision of human agency, not entirely uncommon in the *milieu* of the French state engineers who partially constituted the public-service elite to which he belonged.¹⁸ As set

14 A physician by training, former Member of Parliament and former government minister, Aujoulat, headed both the CFES and the International Union for Health Education at the time; Aujoulat and Leclainche, 'La promotion'.

15 Entitled '*Je voudrais savoir ...*' ('I would like to know ...'), the 10-minute-long programme (funded by CNAM-TS, the main social security fund) was broadcast just after lunchtime on a weekday (usually on Tuesdays). The TV ratings were apparently very low. See Danzon, 'Le médecin', p. 154.

16 The announcement was made on France Inter, a public radio programme, in July 1973: <http://www.ina.fr/audio/PHF08004709/inter-actualites-de-19h00-du-13-juillet-1973-audio.html>, accessed 5 January 2018.

17 Le Net had been in charge of pioneering road safety media campaigns since 1973, the year when the inaugural campaign was launched to make it known to the public that a new law had made seat belts compulsory (in the front seats); Decreton, 'Les trois temps'.

18 Le Net, an 'Ingénieur des ponts et chaussées' (the state corps of civil engineers) by training, strongly believed that it was his 'scientific mind' that proved to be both the key to his success and what would later turn critics against him: 'The road safety world is an engineers' world [...] there's a background of engineers, that is, scientists, that is, rational people. But medics did not think like that', 'Le milieu de la sécurité routière c'est un milieu d'ingénieurs [...] la toile de

out in a preparatory report he drafted in the summer of 1976, the rational management of mass communication lay in a set of statistical indicators that were to be carefully reported on a single chart:

The objective of this management chart [*tableau de bord*] is to monitor the evolution of the public's knowledge, ideas, and behaviour as regards smoking. It displays the shape of the mortality and morbidity curves which are linked to the use of tobacco products.¹⁹

In Le Net's rather simple, perhaps simplistic view, the difference between *prosper hoc* and *post hoc* values of the indicators would provide a precise measure of the impact of the campaign.

Unravelling the Social Fabric of Risk Behaviour: From Engineering Thinking to Social Psychology

The first of the two surveys (supposed to reveal baseline public opinion on smoking) was run in September 1976 by professional pollsters, on behalf of the CFES. The campaign proper was launched on 1 October and lasted until 30 November. During these 61 days, nine different films (20 seconds long each) were broadcast 87 times altogether on France's two existing TV channels (Télévision Française 1 and Antenne 2, both of which were part of the state-owned Office National de Radiodiffusion-Télévision Française). At the same time, 18 different oral messages (20 seconds long, on average) were aired 330 times overall on all the radio stations (either publicly or privately

fond était une toile d'ingénieurs, donc de scientifiques, donc de rationnels. Mais les médecins ne pensaient pas comme ça'; Berlivet, 'Une santé à risque'.

19 'Ce tableau de bord a pour objectif de suivre l'évolution des connaissances, des idées et du comportement du public dans le domaine du tabagisme. Il cherche à présenter les tendances des courbes de mortalité et de morbidité liées à la consommation des produits du tabac'; 'Tableau de bord anti-tabac', 28 July 1976, *CFES archives*; 'Service Études et Recherches' series, p. 1. Four kinds of data were deemed necessary to a proper monitoring of the intervention: i) an 'indicator of knowledge and opinion', based on surveys run before and after the campaign, and completed by an investigation in a maternity ward; ii) 'indicators of behaviour', based mainly on statistics regarding tobacco sales and smoking cessation counselling; iii) 'morbidity and mortality indicators' (in the end, only the latter was made available to the CFES); iv) 'indicators of action': claimed to measure the 'persuasion effort' exerted during the campaign period (said to be a function of the number of messages broadcast, the volume of edited pamphlet, etc.), 'indicateur de connaissance et d'opinion', 'indicateurs de comportement', 'indicateurs de morbidité et de mortalité', 'indicateurs d'action', 'l'effort de persuasion'.

owned).²⁰ Then, as early as January 1977, the results of a 'Recall test' (i.e. a post-campaign survey) provided the first hint at the public reception of all these health messages. Based on 450 face-to-face interviews (of which only 361 were actually used in the analysis),²¹ the results of the market-research study were mixed: Whereas the 'memorization' of the films, the 'understanding of the message', and the memorization of the slogan were rated 'good' or 'very good' by advertising standards, 55 per cent of the respondents considered the campaign to be 'unconvincing', 57 per cent considered it to be 'ineffective', and 86 per cent of those who smoked said they would not quit.

These contrasting preliminary results fuelled doubts within the CFES about the self-styled 'scientific approach' advocated by Le Net.²² Ironically, it was the young statisticians, social scientists, and preventive healthcare experts he had hired from outside or promoted from within the organization to implement his method, who first grew wary of his ultra-rationalistic take on human agency. This started after they learnt first-hand from the marketing experts and advertising executives hired for the campaign that changing human behaviour was more easily said than done. Internal dissonance combined with external pressure as Simone Veil gradually became more critical of what she saw as Le Net's intellectual rigidity. Their clash ended in the early months of 1978, when Veil replaced him with Françoise Buhl, her public relations expert. Buhl immediately undertook to define a new, humbler approach to health communication.

What was already clear at that point to both the new generation of French health education professionals and their new director, was that the quest to improve the effectiveness of media campaigns would have to go hand in hand with a complete dissociation from the vision of prevention as 'normalization', which had been at the core of health education until then.²³ For various reasons, all of them believed unconditionally that breaking away

20 Cf. the 'Note documentaire n°125 de la Division de la presse et de l'information du Ministère de la santé', entitled: 'Premier Bilan d'Éducation sanitaire sur le tabagisme', undated but probably from December 1976 *CFES archives*; 'Centre de documentation' series, p. 2. In addition, 400,000 posters of various sizes were printed, and 1.5 million leaflets were distributed.

21 Centre d'Études et d'Opinion (CEO), 'Recall Test de la campagne sur le tabagisme', January 1977, *CFES archives*; 'Service Études et recherches' series. Despite the rather small number of interviewees, and the fact that they had not been randomly selected, but rather chosen through 'quota sampling' (see below), the market researchers presented the results as 'representative of the French population aged 15 and over'.

22 Le Net's two closest aides at the CFES confirmed that their relations with him had started to deteriorate during the implementation of the campaign; Berlivet, 'Une santé à risqué'.

23 For a comprehensive overview of this 'normalizing', 'accountability' approach to preventive healthcare, see Legrand, *Sur l'Éducation sanitaire*; Aujoulat, 'Communications et changements'.

from authoritarian, top-down approaches to health communication that tended too easily to 'blame the victim', was a precondition to any effective prevention. Whereas Françoise Buhl's main preoccupation was to shield the Ministry of Health from any accusation of attempting to manipulate public opinion on behalf of her former boss, there is clear evidence that her closest collaborators were receptive to the criticism of authoritarianism popularized by the countercultural movements of the time, and wary of the so-called 'medicalization' of society.²⁴ Their shared views were effectively summarized in a lecture by Buhl that was aired on the Bavarian state radio in 1980:

Under no circumstances should one scare the audience or make them feel guilty. On the contrary, our intention is that everyone, conscious of the various risk factors that he or she is confronted with, takes his or her health in charge.²⁵

And as is often the case in such situations, they turned towards the social sciences for guidance. The kind of applied social sciences they were looking for first materialized, in 1977, under the guise of so-called 'Motivation Research',²⁶ thanks to an encounter with Emeric Deutsch, a renowned social psychologist who doubled as a marketing guru. Deutsch, at the head of *SOFRES Communication* (the market-research branch of the French pioneer and still dominant polling firm), also held academic positions at the Institute of Psychology (Université Paris V) and Institut d'Études Politiques de Paris (Sciences Po, the Paris Institute of Political Studies), where he introduced social psychology into the curriculum.²⁷ Attracted by both his academic and his professional reputation, CFES' Service Études et Recherches (research department) commissioned Deutsch to study the 'motivations' that led teenagers to take up smoking, despite their apparently unanimous, initial aversion to the taste of cigarettes. Based on 44 in-depth interviews with children and teenagers aged between eight and sixteen, his report detailed

24 Originally hired by Le Net, Claude Vilain and Marc Danzon were instrumental in the creation and growth of the CFES' research department. The former (a statistics and economics postgraduate who had also spent a sabbatical year 'on the road') was a keen reader of Ivan Illich and Thomas Szasz, whereas the latter (a medical doctor) had grown critical of 'modern western medicine' after discovering Canadian 'community health', in the mid 1970s; Berlivet, 'Une santé à risqué'.

25 Françoise Buhl, 'Intervention de Mme Buhl à la semaine internationale d'information sur l'éducation pour la santé par la radio et la télévision', Munich, 17–21 November 1980, *CFES archives*; 'Éducation pour la santé' series.

26 First introduced in France by Martineau, *Un guide*, although it did not become common practice until the mid 1970s; Lagneau, *La Sociologie*, p. 68.

27 Blondiaux, *La fabrique de l'opinion*, pp. 522–523.



4.2. Picture from the 1978 CFES campaign on smoking '*Une cigarette écrasée ...*'.

the role played by peer pressure in this process, and ascribed the ultimate cause of smoking initiation to what he termed 'the social image of the cigarette', especially the 'smoker myth' (*mythe du fumeur*), which made teenagers want to emulate adults.²⁸ The reception of Deutsch's analysis within the CFES was enthusiastic to the point of entirely reframing their communication strategy on smoking around his argument. Since the 1978 campaign, which aimed to convince teenagers and young adults that the first step to 'win some freedom' was to 'stub a cigarette out', the explicit goal of French health education was always to undermine the positive 'social image' of cigarettes, and later (from the late 1980s onwards) to picture non-smokers as active, fun-loving, independent-minded people (Figure 4.2).²⁹

28 'L'image sociale de la cigarette'; SOFRES-Communication, 'Les jeunes et le tabac: Étude psycho-sociologique', February 1978, *CFES archives*; 'Service Études et recherches' series), esp. pp. 37, 91–92.

29 The slogan of the 1978 campaign read: '*Une cigarette écrasée, c'est un peu de liberté gagnée!*' ('One crushed-out cigarette means a bit more freedom!'). For an analysis of the increasing use of social-psychological models at CFES, see Berlivet, 'Une santé à risqué', pp. 717–753; Berlivet, 'Une biopolitique'.

Deutsch's success also paved the way for an extensive use of social psychology in the planning of interventions on other health education topics. Nowhere was this as clear as in the case of the 1984 campaign 'on the prevention of excessive drinking', as it was euphemistically called, in which the films and slogan drew on in-depth preparatory research by yet another academic who doubled as a marketing expert: Eliséo Verón.³⁰ A semiotician and anthropologist of Argentinian origin, Verón undertook a qualitative investigation into what he termed 'the typology of drinking opportunities', which he divided into three different 'spheres': 'work related', 'with friends and acquaintances', and in the family.³¹ In collaboration with a few research assistants, he analysed the social dynamic of drinking associated with each kind of sociability, to find out what sort of interactions led otherwise sensible adults to take in a much higher quantity of alcohol than they had originally planned, or even wanted to. They paid special attention to the ritual of the 'round' (*la tournée* in French), as interviewees were unambiguous about how engaging this generalized exchange of drinking was: 'One cannot turn down a drink', one of them volunteered, without worrying about the reactions of one's companions, since this refusal could be wrongly interpreted as a snub, an affirmation of exteriority which risked alienating the reluctant drinker from their peer group.³² Building on their social-psychologic model of motivations for drinking, Verón and his colleagues suggested framing the communication in such a way that it provided those willing to avoid drinking in excess a pragmatic way to escape the 'round' without jeopardizing their social position. Following their intuition, the researchers started to explore the common knowledge on excessive drinking expressed in popular sayings: three full pages of the report were filled with dictums and aphorisms relating to drinking in excess.³³ The assumption was that such impersonal, apparently commonsensical, and still often ironic views could not be confused with

30 In his peripatetic career, Eliséo Verón held various academic positions in France, Argentina, and the United States. His book analysing the media coverage of the infamous Three Mile Island nuclear accident in the United States, had been published by one of the most highbrow French publishers a few years earlier; Véron, *Construire l'événement*.

31 'typologie des occasions de boire', 'sphères': 'la sphère du travail', 'des amis et des connaissances'; SORGEM, 'Stratégies de communication pour la prévention de l'excès de consommation de boissons alcoolisées', 7 October 1983, *CFES archives*; 'Service Études et recherches' series, p. 31. Here again, the research was based on unstructured interviews.

32 'on ne peut pas refuser de boire un coup'; SORGEM, 'Stratégies de communication pour la prévention de l'excès de consommation de boissons alcoolisées', 7 October 1983, *CFES archives*; 'Service Études et recherches' series, pp. 19ff.

33 SORGEM, 'Stratégies de communication pour la prévention de l'excès de consommation de boissons alcoolisées', 7 October 1983, *CFES archives*; 'Service Études et recherches' series, p. 19ff.

traditional medical (and pseudo-medical) advice on alcoholism that was seen as patronizing. Ingrained in popular sociability, proverbial sayings differed in form, if not in content, from these recommendations, and sounded more like a familiar ‘voice of reason’ that social drinkers could refer to without the fear of alienating anyone. The semiotician summarized his point in his report:

The dictum calls on popular wisdom. The one who enunciates it does not pose as a specific moral authority [...]. The enunciator of a dictum is not therefore personally committed [in what he or she says] but increases his or her standing as he or she finds the right time to ‘put it in’.³⁴

The idea appealed very much to the CFES, and the copywriters hired for the occasion were asked to work along these lines. They ended up with a series of eight films framed around the narrative already described in the introduction to this paper: individuals belonging to various social classes and age groups, and portrayed in different settings (at work, at a restaurant, at a party, etc.) starting to drink together, until one of them makes it clear that they have had enough, by tapping their glass and saying, half jokingly: *‘Un verre ça va, trois verres: bonjour les dégâts!’* Each film then ends with the campaign slogan: ‘For our health, let’s opt for moderation!’ (See Figures 4.3 and 4.4)

The campaign proved to be a great success, at least by social communication standards. The results of a survey undertaken in 1984 on behalf of the committee showed that 70 per cent of the interviewees spontaneously remembered and quoted the famous *‘Un verre ça va ...’* slogan, and remembered that it referred to an initiative on excessive drinking.³⁵ Moreover, 25 per cent of the interviewees who had watched the campaign on television or listened to it on the radio had discussed the films and the messages with their relatives or friends. The latter result was perceived as ‘especially

34 ‘Le dicton fait appel à la sagesse populaire. Celui qui l’énonce ne se construit pas en tant qu’autorité morale particularisée [...]. L’énonciateur d’un dicton n’est donc pas engagé personnellement, mais il se valorise en trouvant le bon moment pour le ‘placer’.’ SORGEM, ‘Stratégies de communication pour la prévention de l’excès de consommation de boissons alcoolisées’, 7 October 1983, *CFES archives*; ‘Service Études et recherches’ series, p. 14.

35 SOFRES Médical, ‘Sondage d’impact sur la campagne alcool’, May/June 1984, *CFES archives*. Another overview assessment proudly claims that: ‘The memorization of, and adherence to [the campaign] show the highest scores recorded so far in the field of social communication, even though the topic was especially difficult.’ Cf. *‘Un verre ça va, trois verres [...] bonjour les résultats !’*, 4 October 1984, *CFES Archives*; ‘Service Études et recherches’ series, p. 3.



4.3. Lunch at a road restaurant where wine is included in the menu. Picture from the film *Le routier*, part of the 1984 CFES anti-alcoholism campaign 'Un verre ça va ...', as reproduced in a magazine (source: Santé Publique France).



4.4. Lunch at a canteen comes with a glass of wine ... but no more than that. Picture from the film *La cantine*, part of the 1984 CFES anti-alcoholism campaign 'Un verre ça va ...', as reproduced in a magazine (source: Santé Publique France).

interesting, as it is an indicator of the penetration of the action within the social fabric [*“le tissu social”*].³⁶

This was deemed to be especially significant by CFES’ research department, as problematization and subjectification were gradually becoming the twin objectives of health education.

The Evaluation Conundrum

In the new regime of French health education, reduced more or less to mass-media communication, the effectiveness of health advertising could no longer be taken for granted. However, what I found striking when going through the countless reports, articles, international conference presentations, and so on written by CFES officials from the late 1970s to the 1990s, is how defensive they sounded when it came to assessing the precise impact of their campaigns. Providing evidence of their effectiveness had become an utmost priority for two complementary reasons. On the one hand, the multiplication of mass-media interventions—aimed at an ever-increasing number of ‘health risks’—had attracted a lot of public attention, and the Ministry of Health faced growing pressure to demonstrate the effectiveness of their innovative policy. On the other hand, within the Committee itself, the ‘young Turks’, who had just revamped health education campaigns, were eager to prove that their approach was not only more respectful of individual self-determination, but also more effectual than Le Net’s. What made things all the more complicated, though, was that French health education had put itself in an ‘evaluation trap’.

The constant favouring of national, large-scale media campaigns over local, face-to-face intervention (*‘le travail de terrain’* in CFES parlance), meant that it had become practically impossible to set up any ‘case-control evaluation’ of their interventions. What kind of population could act as a ‘control group’ at a time when virtually everyone was listening to the radio or watching television, and when billboards around the country were periodically covered with CFES posters? This was especially unfortunate as, in the late 1970s and early 1980s, the efforts of French biostatisticians and epidemiologists to promote ‘scientific evaluation’ of public-health intervention in the guise of randomized intervention trials had finally gained traction among the administrative and political elite. Daniel Schwartz, by far the most prominent medical

36 ‘particulièrement intéressant dans la mesure où il est un indicateur de la pénétration de l’action dans le tissu social’; ‘Action nationale “Un verre ça va ... trois verres bonjour les dégâts”’: Évaluation à court terme’, 7 August 1984, *CFES Archives*, ‘Service Études et recherches’ series.

statistician at the time—he had set up both the first French case-control study, in 1954, and the first French Randomized Controlled Trial (RCT), in 1961—kept warning against lapses in scientific vigilance, and advocated randomization over ‘natural experiments’ and ‘quasi-experiments’.³⁷ In 1981, a brave team of epidemiologists who specialized in the assessment of social interventions had incurred Schwartz’s wrath by publishing an evaluation of French road safety policy based on an ecological analysis of time series data.³⁸ Their statistical examination of trends in road accidents since the introduction of media campaigns established the effectiveness, albeit limited, of the approach. The CFES never found their own ‘scientific’ evaluators, as their repeated offers to collaborate with epidemiologists and social scientists, from the late 1970s to the late 1980s, were invariably turned down. Only in 1989 did they finally succeed in co-organizing, together with the Institut national de la santé et de la recherche médicale (INSERM, the national biomedical research institute), a conference on the ‘effectiveness of anti-smoking prevention’. The invited speakers, however, had little to say about the impact of media campaigns, and the only case-control experiment discussed during the event (a ‘field intervention’ in the prevention of tobacco smoking among high school students in the Lyon area, which was not properly randomized) had been undertaken by a local volunteer organization with no link whatsoever to the CFES.³⁹ In fact, the only instance of randomized field intervention organized with the financial support of the Committee around that time was undertaken at the behest of the Ministry of Health by a team of epidemiologists belonging to an INSERM research unit (U. 292), with the goal to assess the effectiveness of interpersonal, face-to-face counselling in the prevention of sexually transmitted disease, *before* the launch of the first national media campaign on AIDS prevention, in 1987.⁴⁰

Shunned by public-health scholars, the CFES research department turned to market-research experts for guidance, just like they had done a few years earlier when they embarked on an exploration of ‘risk behaviour’. At first glance, what those experts had to offer looked rather disappointing to them: Marketing companies had long relied on a (more or less) standard toolkit to assess the impact of advertisements of all sorts, but the information provided by these ‘post-tests’, as they were called, seemed both rudimentary and

37 ‘expérimentations naturelles’, ‘quasi-expérimentations’; Schwartz, ‘L’évaluation en santé’, p. 103.

38 Hatton et al., ‘L’effet’.

39 Sasco and Pobel, ‘Une action éducative’.

40 Meyer et al., ‘Prévention’.

poorly adapted to social communication. On closer observation, however, they started to figure out a way to make use of the evidence provided by these surveys to indirectly assess the impact of their interventions.

Post-tests are small-scale surveys routinely implemented after the end of an advertising campaign to ‘measure’ its impact on the audience. As most commercial surveys of any kind, they are based on ‘quota sampling’, as opposed to random sampling.⁴¹ For all their claims of originality when it comes to measuring the impact of advertising campaigns, the post-tests devised by the different market-research firms that worked for the CFES from the 1970s to the 1990s all consisted of four series of questions that constituted as many separate but complementary ‘tests’.⁴² The ‘impact measurement process’ always started with a set of queries designed to assess the extent to which the sampled population remembered the media campaign. This ‘recall test’ or ‘recognition test’, as it is sometimes called, is by far the oldest component of modern post-tests, having initially been introduced in market research in the 1920s by Daniel Starch, one of the first in a long line of social scientists to work for advertising agencies.⁴³ Over the years, researchers explored in great detail the use of visual and verbal ‘prompts’ to stimulate the respondents’ memory. The second series of questions in ‘post-test surveys’ aims to evaluate the level of ‘memorability’ of the campaign advertisements by the targeted population. Respondents were asked to summarize the ‘plot’ of the advertisements that they had seen on television and/or heard on the radio, to describe the posters, and, importantly, to quote the campaign slogan. Here again, prompts could be used if needed. A third series of questions aims to assess the so-called ‘level of likeability’ of the whole campaign. ‘Likeability’ has long become a complex, highly interesting notion in market research; it is claimed to depend chiefly on the extent to which the audience has found the situation depicted in the advertisements to be ‘believable’, ‘convincing’, and ‘true to life’. It is therefore considered to be a prerequisite to ‘stimulate

41 Larsen, ‘Quota Sampling’.

42 A late 1990s report by the CFES Research Department on the changes in their uses of ‘post-campaign evaluations’ over the previous 20 years provides insight on the differences and similarities between the set questionnaires used by the different French market-research firms at that time. See CFES, ‘Les post-tests’, *CFES Archives*, the ‘Service Études et recherches’ series (although undated, it was probably written in the last months of 1996).

43 The concept and the practicalities of the test itself were first outlined in the second, expanded edition of his (already classic) textbook: Starch, *Principles of Advertising* (1910). Starch taught the psychology of advertising at the University of Wisconsin and, later, at Harvard Business School. In 1924, he became the director of research at the American Association of Advertising Agencies, before establishing his own business, two years later; Applegate, *Rise of Advertising*, p. 163.

the interest' of the targeted audience. Finally, the last series of questions included in each post-test was designed to assess the so-called 'implicative power' (*pouvoir d'implication*) of the visual and sonic signs that make up the advertisements. In their attempts to evaluate whether their targeted audience 'had felt concerned' by the situations depicted in the advertisements, and 'could picture themselves' in the stories told, market researchers paid special attention to the respondents' answers to the closing question of the survey, which asks whether they had 'talked about the campaign' with friends and/or relatives.

Problematizing Health Risks: The Way to the Subjectification of the Healthy Self

CFES staff was faced with the challenge of turning the results of basic, small-scale surveys devised to assess the impact of commercial advertising into a source of meaningful information on the reception of their health education interventions. In this sense, the (routine) question of whether the targeted audience of a specific campaign had 'talked about it' turned out to be a lifeline. Around this query, described as providing the best proxy assessment to date of the 'implicative power' of any media campaign, they gradually crafted a full-fledged theory of preventive healthcare, including a firm stance on the best way to evaluate its impact. It was a theory that resonated surprisingly strongly with the two concepts of 'problematization' and 'subjectification' set forth by Michel Foucault in the late 1970s and early 1980s, at the very same time that the French Committee was undergoing its *aggiornamento*.

In an interview shortly before his death, Foucault clarified what he intended by 'problematization':

Problematization doesn't mean the representation of a pre-existent object, nor the creation through discourse of an object that doesn't exist. It's the set of discursive or non-discursive practices that makes something enter into the play of the true and false, and constitutes it as an object for thought (whether under the form of moral reflection, scientific knowledge, political analysis, etc.).⁴⁴

Saying that the handful of statisticians, social scientists, and physicians who were charged with redefining health communication after the departure

44 Foucault, 'Le souci de la vérité', p. 670, as translated by Crampton, 'Key Term'.

of Michel Le Net from the CFES gradually came to see media campaigns as ‘problematizing tools’ in all but name, may sound banal. Clearly, preventive healthcare always starts with framing social practices (i.e. ‘behaviours’ such as smoking and drinking, noncompliance, etc.) as ‘problematic’, in one way or another. What is specific here, however, is that this team, and consequently the whole organization, gradually came to evaluate the success or failure of their media campaign by the degree to which the targeted audience had subscribed to the ‘problematization’ brought forward by their advertisements.⁴⁵ This postulation was, in turn, grounded on the contention that such an adhesion was necessary to prompt, or at least to reinforce, a ‘subjectification’ process by which smokers, ‘excessive drinkers’, and sedentary middle-aged French people would finally awake to their inner nature of ‘risky selves’.

Foucault laid out the clearest and most comprehensive definition of what he meant by ‘subjectivation’ in a 1982 article:

This form of power applies itself to immediate everyday life which categorizes the individual, marks him by his own individuality, attaches him to his own identity, imposes a law of truth on him which he must recognize and which others have to recognize in him. It is a form of power which makes individuals subjects. There are two meanings of the word ‘subject’: subject to someone else by control and dependence; and tied to his own identity by a conscience or self-knowledge. Both meanings suggest a form of power which subjugates and makes subject to.⁴⁶

The reason why the closing question of each post-test—‘Have you discussed the campaign with people around you?’—eventually came to be seen as a key indicator of the success (or failure) of the CFES campaigns is therefore twofold: First, because ‘talking about’ smoking, drinking, or any other ‘health risks’ in everyday conversation with peers and relatives had long been pictured by social psychologists as a major contribution to the problematization of such ‘behaviours’;⁴⁷ and, second, because, according to these psychologists, discuss-

45 The focus on whether the targeted audience had ‘talked about the campaign’ was acknowledged very clearly by Christine Dressen, the then head of CFES’ Research department: ‘We look at it very carefully. This is clearly important to figure out whether people have seen the campaign, whether they understood it [...] and if they liked it too, that also is important. But it’s more [...] I would even that that’s the more important. It’s the equivalent of a snowball effect: when one starts to talk about it, it makes people talk about it, it becomes a conversation topic.’ Berlivet, ‘Une santé à risqué’, p. 881.

46 Foucault, ‘Subject and Power’, p. 781.

47 On the psychology of the ‘risky self’, see Ogden, ‘Psychosocial Theory’.

ing these issues in public provided an opportunity for smokers, excessive drinkers, and so on to subjectify themselves as ‘individuals at risk’. Talking about oneself was deemed the first, crucial step in a subjectification process described by health education specialists as the only way to ‘free’ oneself from the alienating influence of both advertisements and peer pressure, in order to finally fulfil one’s potential.⁴⁸ As we know, Foucault discussed the role of first-person speech in the framing of identity at great length in the first volume of his *History of Sexuality*, which came out in 1976, a time when support groups had already made it a defining feature of their *modus operandi*.⁴⁹

Interestingly, in the mid 1990s this approach to media campaigns (and the best way to assess their impact), which had been devised by health education professionals themselves on the basis of partly academic, partly applied psychological expertise, and could have been easily criticized as a mere exercise in self-legitimation, started to receive some strong scientific backing from an unlikely ally: French academic epidemiologists. It all started when researchers from one of the most prominent INSERM research units, specialized in public health (U. 292, again), was brought in to assess the impact of a health education programme that had just been launched by the Centre Régional d’Information et de Prévention du Sida (CRIPS, the Regional Centre for AIDS Prevention) of the Ile de France region. Starting in 1992 under the name *3,000 scenarii against a virus*, the programme called for teenagers under 18 years of age to write the screenplay for a short film (2 to 5 minutes long). A jury selected 31 of them, which were fully produced by CRIPS and their partners, and broadcast on all French TV channels in June and July 1994.⁵⁰ In order to evaluate the effectiveness of the campaign, the epidemiologists interviewed 1000 individuals aged between 15 and 49, who had watched and still remembered at least three of the 31 different films. Their conclusion strongly echoed the CFES’ own take on what made a media campaign effective, perhaps partly due to the fact that one of the lead investigators had worked at the Committee’s research department for a few years. The researchers detailed their views on the possible impact of educational films and related media in both their articles in a very telling way:

The study here presented aimed therefore to assess whether these films induce any effect which we have every reason to think will help foster the

48 I elaborate further on this in Berlivet, ‘Les ressorts’.

49 The introductory chapter to the first part of the book focusses on ‘the incitement to discourse’: Foucault, *La volonté de savoir*, pp. 25–49.

50 See Bajos et al., ‘Evaluation’; Rudelic-Fernandez et al., ‘Entre message didactique’.

adoption of preventive health behaviours, namely a personal involvement accompanied by a questioning on one's own practices and/or discussions that can bring about change in existing social norms.⁵¹

And again:

[E]ven if a communication campaign does not lead to immediate changes in health behaviour, as these models imply [suppose], one cannot conclude, for all that, that its effectiveness has been nil. [...] While the ultimate goal of public campaigns is to help encourage the adoption of [healthy] behaviours, they seem first of all to contribute to modifying social norms and to facilitating the questioning of individuals about their own practices. [...] This less direct impact of media campaigns requires the implementation of specific evaluation methods, based on intermediate indicators that measure factors known to promote the adoption of prevention behaviours.⁵²

Despite the existing links between an INSERM researcher and CFES research department, the conclusions of the study were seen as a clear vindication of the approach to health education media campaigns developed by the latter, in the years between 1977/1978 and the mid 1990s.

Conclusion

To modern-day social scientists, exploring the historical trajectory of French health education can invoke a strong feeling of déjà-vu. The centrality of first-person speech in the problematization of 'risk behaviour', the role played by the subjectification of discourse in biopolitics and governmentality, even the (more Eliasian than Foucauldian) idea that increased self-control is the only way out of alienation and towards self-realization—this is well-known territory to us. What is more unexpected, perhaps even unprecedented, is

51 Bajos et al., 'Evaluation', p. 239.

52 '[m]ême si une campagne de communication n'aboutit pas à des changements de comportements immédiats, comme le supposent ces modèles, on ne peut pas pour autant en conclure que son efficacité est nulle. [...] si l'objectif ultime des campagnes publiques est de contribuer à favoriser l'adoption de comportements, celles-ci semblent d'abord contribuer à modifier les normes sociales et à faciliter le questionnement des individus sur leurs propre pratiques. [...] Cet impact plus indirect des campagnes médiatiques nécessite la mise en place de méthodes d'évaluation spécifiques, basées sur des indicateurs intermédiaires qui mesurent des facteurs dont on sait qu'ils favorisent l'adoption des comportements de prévention.' Rudelic-Fernandez et al., 'Entre message didactique', p. 164.

that, back in the late 1970s and mid 1980s, a public organization was trying to build on social processes that had only started to be explored by social scientists and philosophers, in a reflexive way, in order to foster behavioural change, while doing its best to assess the definite and distinct impact of its own interventions. Equally interesting is the realization that the evaluation toolkit devised by the CFES' research department forced the institution to further clarify its views on behavioural change processes and, consequently, to refine its communication strategy.

The main question raised by these new insights is clearly whether the approach to evaluation that gradually emerged at CFES from the late 1970s onwards proved unique, or whether in other places, too, professionals, consultants, and/or scientists of different kinds also endeavoured (either contemporarily, later, or even sooner) to measure the 'subjectification effect' induced by mass-media campaigns. A comparative study of the role played by evaluation in organizations in charge of planning and implementing such campaigns, across countries, time, and policy fields (from public health, to road safety, to energy savings, etc.), could shed light on the differences in the problematization of effectiveness between national and thematic contexts. The differential importance assigned to the demonstration of effectiveness by private as well as public organizations, together with the great variety of answers over time and space to the question as to what constitutes a demonstration of effectiveness underlines the need for a contextual analysis of evaluation. Macro sociological explanations pointing to the rise of neoliberalism and the vogue of the New Public Management, although important, are insufficient here.

What we already know, however, is that evaluative methodologies aimed at measuring the subjectification effect of interventions whose efficacy could not possibly be assessed through experimental studies never became standard practice in public health at the international level. They are among a series of more or less (un)successful evaluative practices devised over the years, either to palliate the impossibility of randomized case-control studies or to circumvent a methodology that was being promoted by many as the 'golden standard' in evaluation studies, but was still criticized by some as unnecessarily arcane, not always as scientific as assumed, and ultimately unsatisfactory.⁵³ Further investigating these attempts, irrespective of their success or failure, would help complexifying the narrative of

53 Penissat, 'Quantifier', analyses the parallel attempt by statisticians at the French Department of Work to assess the 'specific effect' (*l'effet pur*) of active employment policies through the use of 'panel data' (or 'longitudinal data' as they are sometimes called).

'cost-effectiveness' by dispelling the erroneous perception that experimental studies are the 'natural' answer to all questions with regard to the evaluation of public policies and human interventions, more broadly.

That is not to say that CFES' approach and methodology to assessing the effect of its 'mass media campaigns' were entirely flawless. Being forced to settle for a proxy measure of the effect induced by their interventions, French health education specialists had no way to tell the Ministry of Health and their other backers how many smokers had quit 'because of' their campaigns. What their evaluation toolkit had to offer was nothing but a way to rank the different campaigns according to their (alleged) ability to induce first-person speech in the targeted audience on specific 'health risks', without ever knowing what those viewers-turned-speakers actually said about the campaigns, let alone whether their behaviour changed afterwards. This, however, did not stop the CFES from furthering their idiosyncratic approach to health education, increasingly building on humorous and subversive films in a way that was sometimes *risqué*. In 1993/1994, an anti-smoking campaign consisting of three advertisement films was launched. One of them pictured

a *dignified, retired bourgeois* couple vainly trying to read in their living room while the sounds of a squeaking mattress of a young couple making love in the apartment above them grow louder. Resignedly, the wife comments, 'I liked it better when the kids upstairs used to smoke. They didn't go on for so long' (*Les jeunes du dessus, je préférais quand ils fumaient. Ça durait moins longtemps*). The last shot is a medium close-up of the offending couple's noisy box-springs, with the campaign's title superposed, 'Energy isn't meant to go up in smoke'.⁵⁴



4.5. Pictures from one of the films of the 1993 CFES anti-smoking media campaign '*L'énergie c'est pas fait pour partir en fumée!*' (source: Santé Publique France).

54 Reid, *Globalizing Tobacco Control*, p. 176, emphasis added. The film is accessible at <http://www.unairneuf.org/2012/06/culture-pub-cfes-fumee-tabac.html>, accessed 12 June 2018.

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