



# Adolescents' health identities: A qualitative and theoretical study of health education courses



D. Grabowski\*, K.K. Rasmussen

Steno Health Promotion Center, Niels Steensens Vej 8, 2820 Gentofte, Denmark

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## ABSTRACT

In this paper we highlight the role of health identity in health education for adolescents. In school-based approaches to health education, it is often difficult to present health information and health communication in ways that make sense and appeal to adolescents. The concept of health identity has the potential of providing an analytical framework as well as practical recommendations for these issues and problem areas. The paper reports on an empirical study of elements of health identity in the context of health courses for adolescents – using interview data, observation studies and a theoretical construction focussing on self-observation, horizons of significance, expectational structures and social imaginaries. We present our findings in four main themes: 1) Adolescents' health identities are observed and developed when things matter, 2) Adolescents' health identities are observed and developed in relational contexts, 3) Adolescents' health identities are developed on the basis of observations of past, present and future health and 4) Adolescents' health identities are clearly defined. The paper provides health practitioners with important knowledge about why and how health-educational approaches should focus on health identity in order to provide conditions that create a significant health educating effect for all adolescents – not just for those who are already healthy.

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## 1. Introduction

In school-based approaches to health education, it is often difficult to present the health knowledge in ways the students accept as relevant and authentic (Petraglia, 2009; Grabowski, 2013a, 2013b). This often results in misconceived campaigns and approaches with little or no effect in terms of acquisition of health knowledge or changes in health behaviour. Research suggests that such efforts only manage to appeal to the adolescents who are already healthy (Grabowski, 2013b; Peters et al., 2009; Wistoft, 2010). Differences in adolescents' knowledge about health often transform into adult health inequalities. A recent literature review of how pathways in adolescence contribute to social inequalities in adult health shows a lack of research knowledge of how social patterns of health, health behaviours, and social relations in adolescence transfer into adulthood and to what extent they are reflected in adult health (Due et al., 2011).

One of the ways to approach these issues is to look at the role identities play in adolescent health, and especially in adolescents' knowledge about health (Grabowski, 2013b). There are few

examples of health being researched as a domain for identity development. Attempts at relating health to identity are often restricted to research on experiences with serious illness. This makes perfect sense, as chronic illness represents an identifiable disruption of normality which is relatively easily explained using theory about identity crisis in various forms (Karnilowicz, 2011; Vickers, 2012). When it comes to health education, identity seems to be an undervalued concept as there are no elaborated examples of researchers employing a concept of identity as a central part of health education research. In defining a concept of health identity, Whyte focuses on the uneven effects of social conditions on the possibilities for the formation of health identities and subjectivities. She does, however, discuss health in terms of disabilities, mental health and chronic illness and not in a health-educational context (Whyte, 2009).

In many respects, there is a general sense of confusion and dissatisfaction among researchers working with identity-related issues. Bendle describes how the increased focus on identity makes the use of the concept “inconsistent, under-theorized and incapable of bearing the analytical load required” (Bendle, 2002), and Hall focuses on a paradoxical development in recent years with both a discursive explosion in the use of the concept of identity and a growing criticism, resulting in a kind of conceptual

\* Corresponding author.

E-mail address: [dgbo@steno.dk](mailto:dgbo@steno.dk) (D. Grabowski).

deconstruction (Hall, 2001). This means that we face a double challenge here: not only do we need to describe the relevance of theoretically and methodically linking identity and health – we also have to consider defining a concept of identity that is actually both complexity-oriented and practically applicable in a way that corresponds with how adolescents experience themselves and each other within society.

This paper proposes a new action-oriented concept of health identity defined as “adolescents’ observations and expectations of their own health and the way their health relates and compares to the health of others and to their knowledge about health”. This definition functions as a descriptive theoretical model, an analytical research method and as a basis for practical work with identity and health. The concept has been developed through empirical studies (Grabowski, 2013a, 2013b) and is defined against an innovative theoretical background relying primarily on theories by Luhmann and Taylor.

This approach to health identity and the explicit link between identity and health needs more empirical testing. This is the explicit aim of this paper, and therefore the objective is: to apply the concept of health identity to a study of a specific health education initiative.

### 1.1. Theory

The concept of health identity is constructed from Luhmann’s theories on observation and expectational structures (Luhmann, 1995), and is elaborated by Taylor’s theories on social imaginaries (Taylor, 2004) and horizons of significance (Taylor, 1991). These theories are chosen in order to make the concept flexible and complexity-oriented (Luhmann) while maintaining a close connection to everyday societal mechanisms (Taylor).

We look towards Luhmann’s theories of observation in order to describe identity as something the individual observes in different contexts. It is important to note that Luhmann’s use of the term observation is different from the everyday use of the word:

*“Observing means making a distinction and indicating one side (and not the other side) of the distinction.”*

(Luhmann, 2002: 85)

When you are observing something, there is always something else you are not observing; when something in a particular context stands out as relevant to you, there is always something you deem unimportant. Therefore, in Luhmann’s terms, observing means making sense and giving meaning to different things in different contexts. In this theoretical context, it means making sense of identities and giving meaning to identities in different contexts. In many (but not all) cases, observation will mean self-observation:

*“The observation of observations can pay particular attention to what kinds of distinctions the observed observer uses. It can ask itself what the observer is able to see with his distinctions and what he is not able to see.”*

(Luhmann, 2002: 74)

When studying how adolescents observe their identity in different contexts, we are actually observing them observe. The construction of any identity depends on where and what you observe. When adolescents observe themselves in school, their observations are heavily influenced by the concrete settings and all the interactions and communications within this context. The mutual development of identities is complex in the sense that the

process of observing your own identity automatically includes the observation of people observing your identity, and even the observation of people observing their own identity being observed. In this way the identity is not something within the individual or within the social context, but rather something you find in the interconnected observations between these.

The expectational structures, or simply expectations, are important to the concept of observation:

*“For psychic systems, we understand expectations to signify a form of orientation by which the system scans the contingency of its environment in relation to itself and which it then assumes as its own uncertainty within the process of autopoietic reproduction.”*

(Luhmann, 1995: 268)

These expectational structures are a way of navigating in the complex environment of possible observations. By ascribing expected meaning to different contexts or relations, a person will have an idea about where it is most likely he or she will be able to observe meaning in relation to him- or herself.

Using the concepts of observation and expectational structures when analysing contemporary school contexts entails a focus on how these structures are complex and on how the teachers, curriculum and environment play central parts in how identities are more or less observable in the individual school.

From Taylor’s theories, we also focus on two concepts: social imaginaries and horizons of significance. Taylor defines social imaginaries as:

*“... the ways people imagine their social existence, how they fit together with others, how things go on between them and their fellows, the expectations that are normally met, and the deeper normative images that underlie these expectations.”*

(Taylor, 2004: 23)

This adds a relational aspect to the case of developing and acting on the basis of health identity. In the analysis of how the adolescents acquire health knowledge and act accordingly, the distinction between Luhmann’s expectational structures and Taylor’s social imaginaries gives us two different access points for looking at how the adolescents ascribe current and future meaning to their health. Expectational structures are used primarily to describe the structures that determine where and how the adolescents direct their observations, while social imaginaries are used to describe how the adolescents compare themselves to others and how they expect to fit in.

Taylor also emphasizes what he calls horizons of significance, or horizons of issues of importance. In doing so he links identity to authenticity, meaning and – perhaps most important in this context – knowledge. He states:

*“I can define my identity only against the background of things that matter.”*

(Taylor, 1991: 40)

This little quote goes a long way in describing why some adolescents are able to define their identity against the background of issues related to health, and why some cannot relate to these issues at all. What matters to some does not matter to others, and what is deemed meaningful in some school classes is irrelevant in others.

In explaining the horizons of significance Taylor goes on to talk about what it takes for people to be able to define themselves and distinguish themselves from other people:

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