

Autonomy and characteristics of experiential learning for health education: challenges of a narrative approach

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LHBN – LIFE HISTORY AND BIOGRAPHIC NETWORK

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(from health education)

Education sciences and public health

Educational interventions in the area of health
(Descarpentries, Klein, Avanzini)

Insufficient risk prevention + implementation of
“educational career” in health

Young adults are healthy ...

Individualization ("*individuation*") (Jammet, 2002)

Psychosomatic troubles (Pommereau, 2016)

Consumption of psychoactive substances; harmful use/behavior; addictions (Couteron & Morel, 2008)

(from health promotion)

Autonomous and responsible actor for one's health

Self-health, self-care, “participative patient”,
“reflective subject”

“Care of the self” (*e.g.* Andrieu, Foucault, Vigarello)

... but they could be vulnerable!

Epidemiological surveys by cohorts (I-Share- ELFE; INSERM; *e.g.* Leridon *et al.* 2011, Tzourio, 2013)

Literacy and determinants in health (INPES, 2014)

Psychosocial competences (OMS/WHO, 1993)

Mainstream research and practice => 3 paradigms

Classification

Adaptation

Transformation

Challenges in narrative approach

Local and empirical investigation

Which allows young people to express themselves

Renewing the practices of prevention and care for vulnerable young adults (*“on risk”*?)

Research questions

What relation between narration and prevention for young's health?

What could be an “autonomous health” for (vulnerable) young adults?

Theoretical approach

Symbolic interactionism and Grounded Theory
(Glaser & Strauss, 2010)

Experiential learning (Tourette-Turgis, 2013)
Self-education / Sdl (Eneau, 2017)

Narrative mediations (Ricoeur, 1990)
Narrative medicine (Charon, 2008)
(narratives in adult education: *e.g.* Delory-Monberger
2014, Gonzalez-Monteagudo, 2008)

M = clinical, reflexive and narrative approach

Collection of reflective stories from young scholars
(N1=15 / N2=10) 16-18 yrs
Youth community center (MJC) + secondary school

Supports for free expression (text, drawing, photo, ...)

Clinical and dialogic research interviews
(Lani-Bayle, 2015, Niewiadomski, 2012)

First results (method)

- puts the young adults in a position of reflection
- helps them to define *their* problem(s) (Fabre, 2011)

Focuses attention and faces to “the history that matter” (Laugier, 2009), “stories that make difference” (West & Formenti, 2016)

But... there is no “magic stick” ...

- neither for writing
- nor for health

First results (findings)

Self-awareness, plot and “narrative identity”
(Ricœur, 1990) (*Bildung?*)

Health and otherness (*alterity* : self and others)

Vulnerability and interdependence (theory of *care*)
Phenomenology of the “*capable man and fallible man*” (Ricœur, 1990)

Discussion et perspectives

Systematic analysis of content with NVivo

Verification of the “predominant nodes”

Towards a “relational” health model?
(theoretical foundation / hermeneutical model)

References

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Merci beaucoup!

More information and long paper to be published:

Hardy, A.F., & Eneau, J. (2017). Penser l'expérience dans le processus d'autonomisation en santé : Enjeux des médiations narratives. In P. Olry & J. Thievenaz (dir.). Prendre soin : un travail qui s'apprend. *Phronesis* (en ligne sur : <http://www.revue-phronesis.com/numeros-parus/>)

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