The presentation reports on an empirical and theoretical study of the role of Authenticity in health education. School-based approaches to health education often find it difficult to present health-information and health-communication in ways that make sense and appeal to children and adolescents. 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 (Grabowski, 2013a & 2013b; Wistoft, 2010).

The concept of authenticity has the potential of providing a practical and analytical frame for this challenge. The concept has received increasing attention in recent years within different research areas relating to both education and health, but it still needs further elaboration in the specific contexts of health education (Petraglia, 2009). Barab et al. describes authenticity as an emergent process that is actualized through individuals’ participation in tasks and practices of value to themselves and to a community of practice and thereby linking authenticity to subjective usability (Barab et al., 2000). In doing this they draw upon Deweys classic theories on experience and on how an idea always is to be located in its consequences (Dewey, 1938).
Petraglia views authenticity as a potential way of translating knowledge into action and furthermore points out: “that the legitimization of information as authentic is not a matter of possessing factual or technically correct information but rests on our belief that the information conforms with our sense of who we are and what we know” (Petraglia, 2009). Petraglia thereby links authenticity to issues relating to both identity and knowledge. Furthermore Petraglia dismisses the legitimacy of pre-authentication and describes authenticity as a dynamic process between learner, task and environment (Petraglia, 1998). Kreber et al. presents a comparative review of the literature on conceptions of authenticity in teaching and discusses authenticity as a multidimensional phenomenon with a particular focus on authenticity as a process of negotiation of meaning, on Nodding’s distinction between rule-bound caring and caring grounded in empathy and on Cranton and Carusetta’s conclusion that, in the context of universities, authentic educators must show consistency between values and actions (Kreber et al, 2007; Nodding, 2003; Cranton and Carusetta 2004). Kreber’s review leans heavily towards philosophical theories and pays significant attention to Taylor’s “Ethics of authenticity” in which Taylor argues that true authenticity involves a recognition of and an openness to what he calls “horizons of significance” — certain larger contexts that might include respect for and benevolence toward others and toward the natural world. They provide a sense of personal connection with a larger political, social, or religious source of meaning (Taylor, 1991). In the context of edutainment Guttman et al describes five aspects of adolescents’ conception of authenticity: 1) Authentic story, 2) Authentic depiction, 3) Authentic expression, 4) Authentic connection and 5) Genuine caring (Guttman et al., 2008). In the analysis we will use these different theoretical approaches to discuss what authenticity means in the contexts of three concrete health educational settings.

**Method**

Apart from a comprehensive theoretical research, the study uses qualitative data from three recent studies of very different health education initiatives to elaborate and exemplify the significant points of interest mentioned above.

The three initiatives are: health theatre for small children aged 3 to 9, a health computer game for adolescents and health courses for upper primary school. Each empirical study uses focus group interviews with children/adolescents and individual interviews with their teachers.

Following guidelines for content analysis (Rasmussen, 2004), all data were iteratively analysed to identify significant points of interest. Quotes and discussions were subsequently categorized into main themes that emerged from the analysis and pertained to the theoretical perspectives.

**Expected Outcomes**

The analysis revealed four main categories of authenticity. Each category contains its own analytical object and its own practice-oriented recommendations:

1) Authentic relationship. With the connections between teacher/instructor/actor and children/adolescents as the analytical object. Recommendations: Make sure there is room for dialogue & create an atmosphere of genuine caring.
2) Authentic instructor/teacher/actor. With the level of realism as the analytical object. Recommendations: Make the children/adolescents see the real life person and at the same time make the children/adolescents see the instructor/teacher/actor as a knowledge authority.
3) Authentic thematic contents. With relevance as the analytical object. Recommendations: Relate the information to everyday life and identity and make the themes relevant.
4) Authentic activities. With meaning as the analytical object. Recommendations: Make sure that the activities appear contextual & make the activities appear usable.

**References**


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