Giving Voice and Space to Children in Health Promotion

Catrine Kostenius

Luleå University of Technology
Department of Health Science
Division of Health and Rehabilitation
Giving Voice and Space to Children in Health Promotion

Catrine Kostenius

Division of Health and Rehabilitation, Department of Health Science, Luleå University of Technology, Sweden.

May 2008
Giving Voice and Space to Children in Health Promotion
[Ge röst åt och utrymme för barn i hälsopromotion]

Copyright © 2008 Catrine Kostenius

Cover photo: The child in the mirror of life [Barnet i livets spegel]
An oil painting by Birgit Kostenius

Printing Office at Luleå University of Technology, Luleå, Sweden
To my children

Lukas and Natalie
I can overcome my fears
I can buy for the hungry
I can help stop pollution
I can give to the poor
I can be what I want
I can use my head
I can give advice
I can receive
I can behave
I can listen
I can think
I can teach
I can know
I can give
I can feel
I can see
I can.

Kendra Batch, age 12
From Chicken Soup for the Kid’s Soul
CONTENTS

ABSTRACT 9

LIST OF ORIGINAL PAPERS 10

PREFACE 11

INTRODUCTION 11
Children’s health 12
Children’s perspectives 15

RATIONALE 17

AIMS 18

METHODOLOGY 19
The point of departure 19
Meet the children 20
Meet me 22
The research context 24
Grasping the children’s life-worlds 25
   Open letters 26
   Children’s drawings as narratives 28
   Individual interviews 29
   Group discussions 30
Analyzing lived experience – the reduction process 31
   A hermeneutic phenomenological data analysis 31
   A phenomenological-hermeneutical data analysis 34
Ethics 35

FINDINGS 37
Paper 1 – Being met as a “we” - relationships to others and oneself 37
Paper 2 – Being caught in life’s challenges 40
Paper 3 – Being relaxed and powerful 42
Paper 4 – Friendship is like an extra parachute 44

DISCUSSIONS AND REFLECTIONS 46
The children’s voices 46
   Trust me and respect me 46
   Include me and involve me 49
   Meet me as a “we” 50
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health promotion with children</td>
<td>51</td>
</tr>
<tr>
<td>An empowered child perspective</td>
<td>52</td>
</tr>
<tr>
<td>Openness and humbleness</td>
<td>53</td>
</tr>
<tr>
<td>Implications for practice – a summery</td>
<td>54</td>
</tr>
<tr>
<td>Methodological considerations</td>
<td>55</td>
</tr>
<tr>
<td>Methodological challenges and opportunities</td>
<td>57</td>
</tr>
<tr>
<td>Final reflections and future directions</td>
<td>60</td>
</tr>
<tr>
<td>SVENSK POPULÄRVETENSKAPLIG SAMMANFATTNING</td>
<td>65</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>66</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>70</td>
</tr>
<tr>
<td>PAPER 1</td>
<td>81</td>
</tr>
<tr>
<td>PAPER 2</td>
<td>83</td>
</tr>
<tr>
<td>PAPER 3</td>
<td>85</td>
</tr>
<tr>
<td>PAPER 4</td>
<td>87</td>
</tr>
</tbody>
</table>
ABSTRACT

The interest for children’s health is a global issue and concerns are voiced in areas of children’s psycho-social health and well-being, in many countries including Sweden. There have been a number of research projects undertaken on children’s health alerting us of the decrease in children’s psycho-social health and well-being, although it seems as if children’s perspectives are rare. Therefore the overall aim of this thesis is to describe and develop an understanding of children’s lived experiences of health and well-being, stress and stress coping as well as health promotion activities through children’s perspectives. The 128 children who participated were selected from one school district in northern Sweden. The studies included 10 children in a pilot study as well as 99 children age 10-12, all of them attending grades 4-6 in the smallest and largest schools in the school district, one suburban and one rural (I). Twenty-three of these children were invited to an individual interview (II, III). In addition all the 19 children in a 4th grade class, 11 boys and 8 girls, from a suburban school participated in a one year health promotion project (IV).

Data was collected through narratives in search for the children’s lived experiences, by using open letters (I,II,III), drawings (IV), individual interviews (II,III), and group discussions (I,IV). The data was analyzed using a hermeneutic phenomenological data analysis (I,III,IV), and a phenomenological-hermeneutical data analysis (II).

The findings of the four different studies included in this thesis can be summarized under the headings; Being met as a “we” - relationships to others and to oneself, Being caught in life’s challenges, Being relaxed and powerful, and Friendship is like an extra parachute. The children’s lived experiences point at the importance of being trusted, respected, included, involved and met as a “we”. From this thesis it can be understood that including children in health promotion is a matter of openness and humbleness, suggesting adults, be it parents, health care professionals, teachers or researchers, taking on an empowered child perspective. In other words, giving voice and space to children in health promotion.

Key words: children, empowerment, health, health promotion, lived experiences, stress, stress coping, well-being.
LIST OF ORIGINAL PAPERS

This thesis is based on the following original papers, which will be referred to throughout the text by their Roman numerals:


The papers have been reprinted with the kind permission of the journals.
PREFACE

The central focus in this thesis is children’s health and well-being. This is a significant topic for human beings on a personal level as parents or guardians wanting the best for their children, and also on societal and professional levels. There has been research, reports and studies done for decades on children’s health; however, there seems to be a lack of research regarding children’s perspectives in the area of health. I have therefore chosen to describe and develop an understanding of children’s lived experiences of health and well-being. Other areas explored in this thesis in addition to those of health and well-being are, stress, stress coping as well as health promotion activities through children’s perspectives. The general context of the research is the EU-funded project Arctic Children.

INTRODUCTION

The main concept in focus in this thesis, as mentioned above, is children’s health and well-being. It’s not only possible but highly probable that health has been of interest to human beings historically, as it is more or less a prerequisite for living. The view of health has however, differed during human history (Medin & Alexandersson, 2000). In the last decade there has been a number of different attempts to define health, one being the World Health Organization’s definition from 1946, “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO 1946, p. 100). According to Wass (1994) the World Health Organization’s definition has been criticized as unrealistic and unmeasurable. “Nonetheless, it is important because it defines health not merely as the lack of medically defined problems, but in much broader terms” (ibid, p.7). In the 1980’s additions were made to the concept of health at the first International Conference on Health Promotion meeting in Ottawa (WHO, 1986). ”Health… is seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities” (p.1). This addition to the definition of what constitutes ‘health’ changed the concept and brought forth a concept that it was something for human beings to strive for (Wass, 1994).

Another way of looking at health is inspired by existentialism and phenomenology where health can be understood as something that evolves, by continuously changing and adding new value properties (Strandmark & Hedelin, 2002). Ill health can be understood through the concepts of sickness, illness and disease (ibid). Studies of psychological ill health are more common than psychological well-being, a situation which reveals an imbalance in the available research (SOU, 2001). One definition of well-being is referred to as a
subjective, self-evaluation of experienced health. It can include feeling satisfaction and happiness, or on the other hand, feeling down and dissatisfied (ibid). I understand health as a wide concept where well-being is included as well as ill health. I have therefore used Lindholm and Eriksson’s (1998) concept of health in this thesis, where health and suffering constitute a dynamic integration that not only strengthens but also functions as a prerequisite for health. In addition I believe health is subjective-relative, a view which is in agreement with van Manen’s (1998) way of looking at health from a phenomenological perspective as representing a personal experience of the life-world.

Children’s health

The interest in and concern for, children’s health is a global issue (Stewart-Brown, 2006). In developing countries children’s health concerns, focus to a great extent on areas of malnutrition and early mortality (Smith, Ruel & Ndiaye, 2005; Van de Poela, O’Donnellbl & Van Doorslac, 2007). In other parts of the world concerns are raised in the area of children’s psycho-social health and well-being. In the four Barents countries - Sweden, Norway, Finland and Russia - the experienced life satisfaction of schoolchildren is at a reasonably high level although psychosomatic complaints are common (Ahonen, 2006). According to the Ministry of Social Affairs and Health in Finland there are widespread health problems among Finnish children in the areas of psycho-social problems, asthma, allergies and diabetes (Koskinen et al., 2006). Finnish researchers second the ministry’s concern over the decrease in children’s psycho-social well-being, and add that a number of schoolchildren’s health complaints relate to school situations (Karvonen, Vikat & Rimpelä, 2005). In Denmark stress in everyday life is on the rise in the population as a whole (Danish National Institute of Public Health, 2003). In Scotland there seems to be an increasing number of children suffering from stress (Sweeting & West, 2003). American children’s mental health has been and still is a concern according to the U.S. Department of Health and Human Services (1999). Stress and hopelessness in children are on the rise especially in the rural areas of the United States (Landis et al., 2008).

Like the international situation pertaining to children’s health there are concerns in Sweden about children’s psycho-social health. Two Swedish Government Official Reports reveal that there has been a decline for some time in the psycho-social well-being of Swedish children (SOU 2006; SOU 1998). Danielson and Marklund’s (2001) study of the health behavior in school-aged children shows that Swedish children experience a high level of well-being and a majority of the children consider themselves healthy. Somatic and psychosomatic symptoms are, however, on the rise (ibid). According to the Swedish Children’s Ombudsman (Barnombudsmannen, 2004) there are a large
number of children feeling unhappy and down. A large number of Swedish children (approximately half of children aged 7-9 years old) are scared in general and specifically in relation to the fear of being hurt in a traffic accident. Öhrling (2006) compared results from a 20 year old study and found a large increase in psychosomatic complaints, such as the prevalence of headaches and tiredness, and raised the question of what children are trying to tell us with their ‘somatizing’.

The Swedish National Agency for Education report increasing stress in Swedish schoolchildren (Skolverket, 2003). Since it was first used by Selye (1998), the concept of stress has been constantly evolving and today it includes the reaction of an organism in an attempt to protect itself from danger. This tendency is referred to as GAS, the General Adaptation Syndrome (ibid). Psychologist Richard Lazarus (1993) included cognitive processes as the determining factor in a stress reaction; that is when an individual experiences something as a threat it will lead to a stress reaction. Thomson and Vaux (1986) argued that there is a need for stress research based on the dynamics of stress in social structures such as the family, as according to them stress is more than an individual phenomenon. Frankenhausen (1991) argued that an imbalance in the demands put on an individual and his or her capacity to cope with these demands affects the stress reaction. A more holistic approach in stress research was recently called for by Nelson and Cooper (2005), who claimed that attention must be paid to both distress and the positive stress response - eustress. Nelson and Simmons’ (2004) bathtub metaphor defines stress as being both cold water - distress or the negative response - and warm water - eustress or the positive response. In this thesis stress in children is seen in this holistic way; an approach which leaves room for contributions from subsequent research.

There are researchers who have begun to ask questions concerning well-being, and are therefore changing the focus of health research. During the past 20 years a major shift has taken place from health research with a medical scope to topics more generally connected with well-being, as well as from illness prevention to health promotion (Roos et al., 2008; Borup, 1998). Health promotion was globally introduced by the Ottawa Conference of 1986, in Canada (Korp, 2004). This can be compared to the concept of salutogenese, used by Antonovsky in the 1970’s which attempts to define health and well-being (Antonovsky, 1987). The World Health Organization defines health promotion as “the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment” (WHO, 1986, p. 1). The actions of health promotion aims at reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential (ibid).
In May, 2008 the final report of the WHO Commission on Social Determinants of Health is expected to be released shedding light on the social aspects of controlling health. de Leeuw (2007) argues that health promotion must “be broad, embracing, empowering and continuing to advocate the control of individuals, groups and communities over the determinants of their health” (p.270). Health promotion can according to Hansson (2004) answer two questions: What are the prerequisites for maintaining and improving health? and, How can changes be made to better the conditions for health?

When working with health promotion, the additional task, and challenge, of empowering individuals as well as communities in order to increase their control over the determinants of their health and thereby improve it becomes of vital importance (de Leeuw, 2007). There have been a number of suggestions relating to the question of improving the empowerment process (see for example Arborelius & Bremberg, 2001, 2004 and Borup, 2002). Lightfoot and Bines (2000) argue that the school arena is a key setting for health work in Great Britain and they define four areas in which the school nurses work to keep schoolchildren healthy namely; safeguarding the health and welfare of children; health promotion; gaining a pupil’s confidence and finally, family support. In a systematic review of health promotion and the role of school nurses in the UK the results were very disappointing, suggesting the need for cooperation among different professionals within the school and healthcare system to effectively help schoolchildren lead healthy lives (Wainwright, Thomas & Jones, 2000).

Similarly the Swedish school health organization has gone through changes particularly when the responsibility for the school health system changed from the National Agency for Education to the National Board of Health and Welfare in 1997 (Socialstyrelsen, 2004). In the most recent guidelines for the school health care in Sweden, the National Board of Health and Welfare underline the importance of developing and sustaining positive working relations with a number of actors such as the parents or guardians, the health and dental care systems, youth and social welfare clinics (ibid). These reveal good intentions but are not without challenges. Wainwright, Thomas and Jones (2000) found that co-operation between the public health and the educational sector in the UK is complicated due to the different perspectives on knowledge and technology used within these two sectors (ibid). Bremberg (1998) suggests that the same challenge faces the Swedish system but adds that it is possible to cooperate through dialogue. In an Australian study Mc Bride and Midford (1999) argue that by mobilizing school communities’, health promotion can be successfully provided in schools. Since traditional health education commonly does not affect behavior there is a need for patient-centered pedagogic and student-centered methods when lifestyle changes are the goal (Arborelius, Krakau & Bremberg, 1992; Jerdén, 2007). In addition, ways of consulting children,
respecting their vulnerability and autonomy need to be refined (Alderson, 2007).

Children’s perspectives
According to The UN Convention on the Rights of the Child (1959) every human being under the age of 18 is considered a child. In this thesis the children taking part were between 10-12 years of age at the time. I have called them child or children, schoolchild or schoolchildren. The word pupil would have been able to fit as well but I opted not to use it for two reasons. A pupil is not necessarily a child and the word describes someone learning something. I believe that the children I met in the four studies included in this thesis, were in school to learn but at the same time had a lot to teach me and could in this sense be considered teachers.

Children and adults share the same world, yet children are not, to the same extent as adults, able to change their life circumstances (SOU 2001). As mentioned previously, the World Health Organization describes mental stress, depression and ‘‘burn out’’ syndrome as a major economic challenge in our world today (WHO, 2004). These are, on a human level, challenges for both children (Clausson, Petersson & Berg, 2003) and adults (Troman, 2000) in school. However, a teacher can go on sick leave or change jobs but a schoolchild does not have the same options. Twenty years ago Ryan (1988) argued that most health promotion research and research on the stress coping processes among children has applied theory developed by adults for adults, with little examination of its applicability for children. Ryan continued that it is important to find out what is stressful to children. He argued that a process based on children’s validation of the accuracy of coping strategies was needed (ibid). Over a decade later Murray (2000) concluded that the available literature suggests that children have been perceived mainly as objects rather than subjects of research interests. The importance of children’s right to be heard and in addition, the ability of adults to trust their competence is still being debated (Alderson, 2007).

In the guidelines for the school health care in Sweden, the National Board of Health and Welfare exclaims, “it is of utmost importance to keep and improve activities which are to satisfy needs of children and adolescents” (Socialstyrelsen, 2004, p.7). Adults can address the needs of children with children’s best in mind, which is needed and of great value (Rasmusson, 1994). However, to get a complete picture of children’s needs there need to be room for children to express their experiences and thoughts (ibid). The office of the Swedish Children’s Ombudsman headed a project in the spring of 2001, together with the organization Save the Children, in which a great number of Swedish schoolchildren were asked a series of questions, one about what they, together with grown-ups, can do to improve the situation for children and youth.
The most dominant request from the children was that adults need to listen to them more (Barnombudsmannen, 2002). When children are listened to they can bring different and on many occasions valuable perspectives. The Swedish Road Administration, for example, is using a child consequence analysis involving children in the road building process to build safer roads (Vägverket, 2005).

Halldén (2003) describes the difference between taking on a child perspective and taking on children’s perspectives. A child perspective is when efforts are made to work for children’s best without the need for children to make a contribution. Taking on children’s perspectives, on the other hand, presuppose children’s contributions to be able to understand the culture that is the child’s (ibid). Children’s marginalized position in adult society needs to change by rethinking the position and roles that are assigned to children so that their valuable potential is not lost (Kalninset al., 2002). Children’s lived experiences need to be connected to societal structures in order to better understand children (Halldén, 2003). Lived experience is anchoring human beings to a certain context; according to Merleau-Ponty (1962) it’s about “… ‘being-in-the-world’ or something like ‘attention to life’…” (p.78). Burch (2002) wonders, “what might an experience be if it were not ‘lived’?”, and continues to suggest viewing lived experience with an evaluative stance, “…though we all have experiences, only some of these for some of us are truly lived” (p.2). If it is true as van Manen (1991) suggests that lived experience is to our soul what breath is to our body, understanding children’s lived experiences becomes important not only in order to gain useful knowledge about them, but also to help not only them but ourselves to attach to the world “to become more fully part of it, or better, to become the world” (p.5).
RATIONALE

The aforementioned reports on children’s health alert us to the decrease in children’s psycho-social health and well-being, as well as describing ways to help children cope. They are however predominately viewed from a grown-up perspective. The focus on children when included in research is mostly out of a child perspective, which make children’s perspectives rare. Lindsay and Lewis (2000) suggest that research into children’s perspectives is rare but important as a means of ensuring that children’s voices are heard. According to The United Nations and Human Rights, Declaration of the Rights of the Child (1959) it is important to listen to the children’s subjective point of view, and children’s right to voice their opinion in questions concerning themselves is emphasised. Researchers interested in children’s perspectives have been advocating more research guided by the qualitative paradigm since the 1980s (Woodgate, 2001). There are researchers (see for example Alerby, 2003 and Hampel & Petermann, 2006) who have elicited children’s thoughts. However, there is more to be done. Johansson (2003) raises the importance of asking ourselves as adults how we close in on children’s perspectives. In addition there exist a true challenge of bringing the theory of children’s involvement and participation from values to practice (Samuelsson & Sheridan, 2003). Therefore I believe it is important to let the children’s lived experiences shed light on health and well-being, by including them in health promotion efforts.
THE AIMS

The overall aim of this thesis is to describe and develop an understanding of children’s lived experiences of health and well-being, stress and stress coping as well as health promotion activities through children’s perspectives.

The four different articles found in the back of this thesis have these specific aims:

**Paper 1.** The aim was to describe and develop an understanding of schoolchildren’s health and well-being from their own perspective.

**Paper 2.** The aim was to illuminate the meaning of stress from schoolchildren’s perspective.

**Paper 3.** The aim was to describe and develop an understanding of children’s lived experiences of coping with stress.

**Paper 4.** The aim was to create a new understanding of health promotion activities in the classroom setting through children’s perspectives.
METHODOLOGY

The point of departure
This thesis is based on a phenomenological life-world ontology, which poses methodological consequences. According to Husserl (1970) “the life-world is a realm of original self-evidences. That which is self-evidently given is, in perception, experienced as ‘the thing itself’, in the immediate presence, or, in memory, remembered as the thing itself; and every other manner of intuition is a presentification of the thing itself” (p.127-128). Although using Husserl’s words as a research base, it is important to make clear that – in relation to Husserl’s transcendental perspective of phenomenology – I am joining in with the epochés critics choosing the existentialistic branch of phenomenology. I am in agreement with Bengtsson (1999), who argued that the need for an epoché never existed and still does not exist for phenomenology to be possible. This thesis is therefore based on the existential phenomenological philosophy developed by Heidegger (1993) and Merleau-Ponty (1962), which claims the importance of the wholeness of that which we are and what we are (cf. Bengtsson, 1999), as well as being influenced by Schutz’s (2002) world of directly experienced social reality and van Manen’s (1991) way of ensuring children’s perspectives. I also adhere to Ricours (1993) thoughts on using texts to understand what meaning human beings ascribe a phenomenon.

The basic demand of phenomenological life-world research is openness towards the complexity of the life-world, thereby affirming its diversity. According to Bengtsson (2002), the concept of the life-world expresses an interdependent relationship between the world and life, implying that there is no world nor life without the other and that “the world as well as life is open and uncompleted” (p.15). According to Heidegger (1993) to describe and understand the world or human beings who live in this world one needs to first describe what ‘is’ and then trying to understand what that ‘is’ means, find it’s meaning. There are a number of dimensions intertwined in being humans; we are our body, our emotions, our thoughts, our sociality and our history and much more (Husserl, 1970). Merleau-Ponty (1962) refers to the life of consciousness as the ‘intentional arc’ which is projecting our past and our future as well as our physical, ideological and moral situation. Husserl (1992, 1989) describes how human beings are experiencing the world directly and intuitively through our senses. Attention is always turned towards something in our world and this world will look different depending on whose attentiveness is turned towards it. The world human beings live in, their life-world, is therefore subjective-relative and a world that is always experienced with the attention directed to a subject (Bengtsson, 1999). In this thesis I as a researcher – a subject – turn to children – different subjects – to describe and develop an understanding of their lived experiences of health and well-being, as well as health promotion activities.
Meet the children
The children I invited were chosen based on a purposive sample guided by the following criteria. First of all due to the National Board of Health and Welfare in Sweden have stated that children as young as ten years old should be considered reliable informants and that it is important that younger children are included in research as well (SOU 2001). The schools were chosen as the research context, because as Stewart-Brown (2001) points out schools continue to play an important role as an arena for health education and health promotion by being a natural infrastructure for interventions with children at an early age. The need for research in the area of psycho-social well-being of schoolchildren living in the northern part of the world is expressed by the Arctic Council (2000), specifying the northern regions of Canada and the US, Iceland, Denmark (Greenland), Norway, Sweden, Finland and Russia. The studies in this thesis therefore include Swedish schoolchildren, age 10-12, living in the northern part of the country, in what is considered the Arctic region of the world. The smallest and largest schools in a school district, one suburban and one rural (I-III), and then an additional school class (IV) were chosen, so as to keep an openness for the complexity of schoolchildren’s life-worlds.

There were 130 children invited to participate and 128 who participated at some point in one or more of the studies (Figure 1 on next page). Before starting the studies the key authorities granted permission for the children to participate (cf. Piercy & Hargate, 2004). The pilot study was done at the school where my own children attended, where I was well known to the children and staff. One of the teachers invited me to visit a classroom with 10-12 year olds to try out the open letter together with the children. Eleven children were invited based on their own interest to meet with me, work with the open letter and discuss it with me. One child decided not to participate, exercising the right to decline, after learning about the task. Before the next group of children was invited (I-III) my supervisor Kerstin Öhrling and I visited a board meeting with principals led by the head principal in one school district in the northern part of Sweden. After introducing the Arctic Children project and my research plan we asked if any of the principals were open to participating and all of the principals expressed their willingness to participate. To manage to personally meet the participating children and successfully carry out the research studies in the time allotted we had to narrow down the number of schools and invited children. The invitation was extended to all of the children age 10-12, attending grades 4-6 in the smallest and largest schools in the school district, one suburban and one rural, totaling 100 children. The large school was situated in a suburban area two kilometers from a large city in the northern part of Sweden. The children in this school were between 6-12 years of age totaling 200 children at the start of the school year of 2003/2004. The smaller school was situated 20 kilometers south
<table>
<thead>
<tr>
<th>Number of children invited</th>
<th>Number of children participated</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Pilot study</td>
<td>10 Open letters/offered suggestions</td>
</tr>
<tr>
<td>100 Two schools Four classes 4&lt;sup&gt;th&lt;/sup&gt;-6&lt;sup&gt;th&lt;/sup&gt; grade</td>
<td>96 Open letters 99 Group discussions Study/paper I</td>
</tr>
<tr>
<td></td>
<td>23 Open Individual letters 23 Individual interviews Study/paper II &amp; III</td>
</tr>
<tr>
<td>19 One 4&lt;sup&gt;th&lt;/sup&gt; grade class</td>
<td>19 Drawings 19 Exhibition discussion Study/paper IV</td>
</tr>
</tbody>
</table>

**Total 130**  
**Total 128**

Figure 1: Overview of the children participating in the pilot study as well as in study/paper I, II III and IV.
of the same large city in a rural community and 83 children between 6-12 years of age attended this school.

Of the 100 invited children 96 wrote open letters telling stories about their health and ill health as well as stress and how they cope with it (I-III). Two children were home sick the week of the data collection, one was on vacation and one child was excluded due to the parents’ wishes. After analyzing the data I returned to the children and invited them to participate in group discussions. When discussing the thematic understanding there were 99 children present (I). To keep an openness for the illumination of the phenomenon stress, 23 letters were chosen based on variations in expressions of stress and stress coping as well as the lack thereof (II, III). The 23 children, 12 boys and 11 girls, who had written the selected open letters, were then invited to an individual interview. All of the invited children consented to participate. When collecting data for another study in the Arctic Children project I met a group of teachers from a suburban school in the teacher’s lounge. One classroom teacher offered to be a partner in the research project after hearing me describe the aim of the research. After this the principal of the school was contacted as well as the children and parents. The class consisted of 19 schoolchildren in a 4th grade class, 11 boys and 8 girls, from a suburban school part of the same school district as in study I-III. All of the invited children consented to participate.

Meet me
With a life-world phenomenological perspective I agree to there being a basic relationship between the human being and the world or something in the world where humans subjectively understand reality. The interest lies in gaining a better understanding of other human beings lived experiences and how they subjectively understand their life-world, in this case the life-world of children. The understanding I achieve is gained as being a subject with my own hopes and concerns (cf. van Manen, 1990). In other words when humans are in the world it is doubtful that a human being can put her being-in-the-world in parentheses (Alerby, 1998). From Heidegger’s paradigm Ödman (2007) confirms that the nature of the relationship between the knower and what can be known acknowledges the researchers pre-understanding as not only a part of the research process but a pre-requisite for interpretation.

If adopting the definition of a child by the UN Convention on the Rights of the Child, as a human being between zero to 18 years old (UN, 1959), the first 18 years of my life, are as for all human beings, my reference points regarding childhood. Lippitz (1983) argue that it is through our experience of once being a child that we come to understand a child. According to van Manen (1990) our pre-understanding not only as a child but through being the humans we are helps us interpret others lived experiences. In my case I am a mother of two and
educated in the field of child health care (barnsköterska) as well as someone who has worked with children in the Swedish school system and in the hospital child care in Sweden and in the United States. This pre-understanding cannot only be seen as a resource but as an important influence on the research project. Christensen (2004) describes this influence and raises a concern over the issue of power and the representation of children in research. We bring not only our pre-understanding as far as lived experiences to the research we do, but the sum of our lived experiences. These surfaces in our values, hopes and aspirations, all of which affect the research process.

When writing my final report in the area of Pedagogy I interviewed children about their experiences of learning and physical activity and I was fascinated over the children’s ability to put words on what they had experienced (Kostenius-Foster, 2001). I found that the children confirmed some of the research in the area and added new insights as well. When I wrote my research plan for this thesis there were governmental reports describing an increase in children’s psycho-social ill-health (SOU, 2000; Skolverket, 2001). Stress was also a major concern raised by the Swedish Children’s Ombudsman (Barnombudsmannen, 2001). With this research work I aspired to let the children’s voices be heard for the good of children everywhere. The aim was to see what kind of insights could come from the children themselves to help us to understand their situation. With us I mean adults in general such as parents and guardians and specifically researchers and professionals working with and for children. Equally my intention was to view the problems and possible opportunities for change through children’s perspectives.

Merleau-Ponty’s (1962) house metaphor, is an example of how perspectives can be described. A house can be viewed from many different angles; for example one can view a house by passing it on the street or gain a new dimension of its being from the backyard. When viewing it from an airplane the perspective will be different yet again. Translated to the research I have undertaken in this thesis, it is like viewing a house – the child’s – from the inside of another house – mine – who has also been a child at one point. It is through our own experiences as children that we can understand the child (Barritt et al, 1983). However a house is quite different from a human being as “…the ambiguity of being in the world is translated by what is the body…” (Merleau-Ponty, 1962, p.85) and, “… it is through my body I understand the other, exactly as it is through my body I perceive things” (Merleau-Ponty, 1999, p.161). Bollnow (1994) explains that the soul inhabits the body in a different way than someone inhabiting a house, as the soul cannot leave. It is in the face-to-face meeting where the we-relationship makes it possible to turn as an I towards another living you (Schutz, 2002). Through systematically making encounters possible, where the researcher can receive insights from the child’s life-world a change in perspective can be the
result. Ideally, yet unfulfilable, a unification of perspectives takes place where the researcher understands the child’s life-world, and the way it is experienced by the child (Bengtsson, 1999). It is with this ontological base that I have been attempting to gain an insight into the 128 children’s life-worlds in general, and more specifically in regards to their lived experiences of health and well-being.

The research context
This thesis is based on the data I collected and the experiences I gathered together with my colleagues, Kerstin Öhrling, Eva Alerby och Arne Forsman during the past four years in the Arctic Children project. The project is a research and development project with the overall objective of developing a supranational network model for promoting psycho-social well-being, social environment and security of school-aged children in the Barents area. Such work will hopefully increase dialogue and development efforts, which will give more emphasis to the health and well-being of children and youth in the Barents area. In other words the aim is to build a positive future together with the children in the Arctic.

The international co-operation network consists of universities and organizations from Finland, Norway, Russia and Sweden. This cooperation across borders can utilize the resources in the Barents area as well as integrate research and practical work related to health and well-being of children and youth with the purpose of developing the know-how in the field (Ahonen, Kurtakko & Sohlman, 2006). The Swedish partners in the project include representatives from Luleå University of Technology, the municipality of Luleå and the County Council of Norrbotten. The Swedish project is freestanding as far as research goes and has been and still is being implemented in the school arena focusing on children, teachers and parents. Both I, and my colleagues mentioned above made up the Swedish research group. We decided at the very beginning of the project to take on children’s perspectives and to focus on bullying and stress related problems within the school arena. My specific area of interest within the project as well as in research has been children’s lived experiences of health, well-being, stress and stress coping as well as health promotion activities through children’s perspectives.

It was in this research context that the studies were done. Another context worth mentioning is the context of the children’s life-worlds. Although I met the children in one part of their life-world, the school, the data gathered did not include lived experiences exclusively from school situations but from all facets of the children’s life-worlds.
Grasping schoolchildren’s life-worlds
We cannot open a person like a book. “Consequently, we have no direct access to another’s emotions, and perhaps more important, we cannot directly experience what s/he is experiencing. The mental and emotional life of others is never directly present to us” (Dahlberg, Drew & Nyström, 2001, p.66). This is why choosing research methods can be, and I believe should be, a challenge.

Combining the aim of this thesis with my ontological standpoints and the context where the children lived their lives, I chose tools to be able to describe and better understand the children’s lived experiences. I looked upon narratives as a possible way to get a glimpse into the children’s life-worlds. According to Carter (2004) there are many definitions and supporters of narratives, therefore it is important to describe my own view on narratives. First of all, I agree with Carter (2004) who views stories and narratives as interchangeable. Secondly I concur with Rudrum (2005) who argues that narratives are not to be defined independent of context. Narratives can be used to reach a number of aims, for example therapeutic work with children (Myers, 2006), as well as a way to illuminate children’s lived experience (Groves & Laws, 2003). The latter aim was the most important one for this thesis. In addition I find Franks (2000) discussion on narratives interesting on two accounts, firstly that every story is told in a relationship between a storyteller and a listener, which makes the narrative more than just data for the purpose of analysis. Another point he makes concerns how qualitative methods, like narratives, can change the relationships between illness, health, medicine, and culture, through for example listening to human beings life stories and not only focusing on problems or diagnoses.

Connecting this to the ontological position of my work, I turn to Bengtsson (1999) who describes the life-world, according to Husserl’s philosophy, as a pre-scientific and pre-reflexive world. Due to this there are differences in how far into the life-world a human being, in this case a researcher like me, can reach. He explains that there are three levels of life-world themes; firstly the human beings spontaneous and not yet reflected experiences, then self-understanding and finally views and opinion. The most difficult to elicit are, for obvious reasons, the not yet reflected experiences as they are pre-predicative and the easiest to reach are views and opinions (ibid). With this in mind I choose not one but a number of different data collection tools (Table I on the next page).
Table 1: The methods for data collection in the studies (I-IV) included in this thesis.

<table>
<thead>
<tr>
<th>Methods for data collection</th>
<th>Study/paper</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open letters</td>
<td>I, II, III</td>
</tr>
<tr>
<td>Drawings</td>
<td>IV</td>
</tr>
<tr>
<td>Individual interviews</td>
<td>II, III</td>
</tr>
<tr>
<td>Group discussions</td>
<td>I, IV</td>
</tr>
</tbody>
</table>

Open letters
Written words are more permanent than the spoken word and therefore telling our stories to another human being is not only a powerful act, but an empowering one (Albert, 1996).

Spoken words rise like the mist on a still pond, then evaporate, the idea often lost in the very instant of utterance and misunderstood even when we think we are being most clear. Written words are stronger, surer. They have a longer lease-hold, a greater half-life. Because they are more substantial, they demand more in the making and offer more potential for the long term (Albert, 1996, p.9).

van Manen (1990) explains that when one wants to investigate a phenomenon the most straightforward way to do so is asking individuals to write down their experiences, as writing separates us from what we know and brings us closer to it. The writing gave the children a way to fix their lived experiences on paper, making internal experiences explicit. It is similar to a situation when one has a letter in mind; it is easy to have a clear picture of it but when sitting down to write it becomes problematic, requiring much thinking and pondering (Dahlberg, Drew & Nyström, 2001). Through the act of writing thought processes are being solidified in words on a paper (ibid). By introducing a beginning of a sentence I encouraged the child to think of a situation, in which he or she felt well or not well or experienced handling a stressful situation, something which was illuminated in the open letters.

Inspired by Sorensen (1989) who used a daily purposive journal when researching children’s viewpoints of daily life, I constructed the open letter. To
ensure that children of 10-12 years of age could understand the words used in the open letter, as well as being able to capture their lived experiences, a pilot study was done with a group of 10 children. Sorensen (1989) found it important when eliciting children’s lived experience to keep the format as open-ended as possible; for example by offering specific topics or questions while allowing original individual responses. According to the children in the pilot study being too open made it difficult to focus, therefore I changed the opening sentences in the open letters to capture a specific situation. On the first page the triggering sentence was first “I feel good when…” which made the children provide very short answers with no intention of telling a story of a situation. After changing it to “Now I’m going to tell you about one time when I felt good that was…” the children gave longer and richer stories of one specific situation, and often more than one situation. It was as though they thought of one situation and got inspired to think of another one. The open letters were used in study I, II and III and consisted of eight pages. The first page was a letter addressing their participation as voluntary and with the possibility to quit at any point. I explained what the research could contribute with and where and how it was to be publicized. Here the confidentiality was explained introducing the concept of code numbers instead of names. In the introduction letter the schoolchildren were also encouraged to write down what they thought of with the knowledge that there was nothing that was considered right or wrong answers.

The first two pages of the open letter are covered in study I. On these pages two sentences without an ending were presented; “Now I’m going to tell you about one time when I felt good that was…” and “Now I’m going to tell you about one time when I felt bad that was…” The third page of the open letter is covered in study II. The children’s lived experiences of stress were captured in the open letters using the following open-ended sentence: “Now I’m going to tell you about one time when I was stressed that was…” The fourth page of the open letter is covered in study III with this open-ended sentence “When I am stressed this is what I do to not feel stressed…” All the open-ended sentences were presented at the top of the page followed by a full page of open lines inviting the children to tell their story. Dahlberg, Drew and Nyström (2001) add that written information can stimulate dialogue about a particular topic, which makes the open letters, collecting school children’s stories about the phenomenon stress and stress coping, helpful when later engaging in interviews with the same children, which was the case in study II and III.

The process of the data collected included in study I-III, via open letters was as follows: I visited each of the four classrooms, met the children and asked them what they knew about research, confidentiality and autonomy. I set up the dialogue as a brainstorming session asking questions like “what do you know about research?” and “why do you think it is important not to use your names
when writing the results?” After our discussion and receiving their permission I left one open letter to each child in an envelope for them to keep it in and assigned each of the children a number that only the two of us knew. I also asked the children to work on the letters privately in school not engaging friends, parents or the teacher to get their individual stories. After one week the children sealed the envelope and the teacher collected them in order for me to collect.

Children’s drawings as narratives
Drawings have been used for a number of purposes, for example assessing children’s development (Cherney, Seiwert, Dickey & Flichtbeil, 2006). In the work of Coyne (1998) drawings were used to establish rapport and to lower anxiety in children making room for a non-threatening interview. According to Alerby (1998) drawings have also been used for researchers to elicit children’s views and Groves and Laws (2003) accessed children’s lived experiences. Art, for example a drawing, can be considered lived experiences that are transcended configurations and can therefore be seen as a text telling a story (van Manen, 1990). Drawings can be looked upon as texts consisting of not a verbal language but a language nevertheless, and a language with its own grammar (ibid). Leitch (2006) used creative narratives in her research and I agree with her argument that narratives “…should strive to extend its theoretical boundaries and incorporate non-verbal arts-based research methods in order to go beyond the limits of language to capture the meaning of lived experience in more holistic ways” (p.549). A drawing made by children can tell us something about children’s lived experiences (Alerby, 2000).

The process on the specific days when the data was collected, included in study IV, was as follows: I spent time in the classroom as a well known visitor. The classroom teacher asked the children to brainstorm about the meaning of well-being and lack thereof. She made a mind-map of the words the children came up with so all the children in the class could see their ‘collective picture of thoughts’ on the whiteboard. At the following session the words the children came up with were written down on pieces of paper by the teacher and folded in a bucket. To increase the children’s creative flow the class-room teacher and I had decided to open up the process making it possible for the children to make a decision about how they wanted to work. Therefore the children could decide to work alone, in pairs or in a group and were asked to make a drawing symbolizing the word they picked. If they did not like the word they first picked they were able to pick another piece of paper until they found a word they liked. One boy came up with a word he though of after the brainstorming session, something which he was free to do as it was important not to limit the creative process. After working on the drawings for the greater part of two days the children hung up all the pictures on one wall of the class-room for an exhibition.
**Individual interviews**

Merleau-Ponty (1962) argues that in our consciousness our present is integrated with our past and future. I was aware that a limiting factor might be the child’s capability to express these physical, ideological and moral situations of their present, past and future when writing the open letters. This is one reason I added additional steps in the data collection process letting the children express their lived experiences by talking about it in an interview (II, III). In addition Kvale (1997) answers a question by asking it, “…if you want to know how human beings understand their world and their life, why not talk to them?” (p.9). Researching lived experience is about finding out other human beings stories to be able to understand a phenomenon (van Manen, 1990). In hermeneutic phenomenological human science, interviews are used for specific purposes, one of which fits well to the aims of the studies in this thesis. Interviewing about the personal life experiences may be used as means for exploring or gather “experiential narrative material for developing a richer and deeper understanding of a human phenomenon” (van Manen, 1990, p.66).

Interviewing children is different from interviewing adults on a number of accounts. To begin with Matthews, Limb & Taylor (1998) argue that any interview situation with children is bound by power due to the fact that the adult’s body is larger than the child’s. Morrow and Richards (1996) adds that children are vulnerable because of physical weakness in comparison with adults. By being aware of this power imbalance in the interview providing a comfortable setting might be easier. “When working with children (e.g. one-to-one interview, focus group), trying to sit at their level, not too close, not to distant, in a quiet comfortable place” (ibid, p.318), might decrease the differences in physical size. Eder and Fingerson (2002) suggest that starting with observations help the researcher to find a natural context for the interviews. Before the interviews I spent time in the schools with the children and asked them and the teachers where a comfortable place would be for the interviews to take place.

The process of the data collected, via interviews included in study II and III was as follows: I spent time in the classrooms twice before the interviews took place. Together with the teachers and children we decided what time and where in the respective schools the interviews were going to take place. The rooms in both schools were suitable for a comfortable conversation. When meeting each child I explained about the tape recorder and repeated to them that there were no right or wrong answers only different experiences and that I was there to listen to their story. I asked them to read out loud what they had written in the open letter for it to be a starting point for the interview. To ensure that the child’s perspective was prioritized I made an effort to treat the child as a subject by
always first asking what the experience was like for the child, as suggested by van Manen (1991). Questions asked included: “How did you feel then?”; “What do you think about that?”; “What happened then?”; and, “Tell me more.” This was done in order to support the children in communicating their experiences (cf. Lippitz, 1983). We talked for as long as it was comfortable for the child to talk, which was between 10 to 27 minutes.

**Group discussions**

According to Eder and Fingerson (2002) group interviews are more natural for children as it might help children to voice their opinions, since they have to argue their point and find support in their friends as they naturally do in everyday interactions. The obvious larger physical size of the adult is also toned down in a group setting by the number of children (ibid). Group discussions were chosen in two of the studies (I, IV). In the first study (I) I returned back to the source to see if there could be additional insights generated (cf. Bauer & Orbe 2001). When I had analyzed the open letters pertaining to health and ill-health I returned back to the children to present my thematic understanding of their open letters - the main themes. After my presentation in each of the four school classes the children divided themselves up into smaller groups (25 total) to discuss the themes I found. While the groups discussed the themes they wrote notes on their thoughts, which I collected and compared with the sub-themes. Another reason for going back to the children was to ‘close the circle’; showing them what had come out of their work with the open letters. According to Eder and Fingerson (2002) reporting back findings of a research project not only helps validate the researchers interpretation of the interviews but also engages the children in the process (ibid) ensuring that the children are not viewed as only informants with the risk of being exploited (Matthews, Limb & Taylor, 1998). Another aspect of doing research with children is to see one another as partners and thanking children for taking part in the discussions as well as stressing the fact that without their assistance there would be no project (ibid). I did this after the group discussions.

In the forth study the children made drawings (IV). Drawings as narratives have been the subject of criticism due to the assumption that drawings enables children to communicate their thoughts better than through other methods (Backett-Milburn & McKie, 1999). Driessnack (2005) points to a deficit in using drawings when clinicians and researchers disregard children’s own words describing their own drawings. One solution is to talk to children and take them seriously in order to create a true potential for them having their own ideas and explanations heard and understood (Backett-Milburn & McKie, 1999), something that would benefit health promotion efforts. With this in mind I let the children draw and use their own words to describe their drawing as well as allowing them to offer their interpretations of the other children’s drawings.
Even though a drawing can stand on its own as a story, the combination of the children’s drawing and their own comments, that is having both the written and the non-textual language to consider, gives the children the opportunity to offer their own interpretations of the narrative story in their own drawing (Backett-Milburn & McKie, 1999). There are several benefits to adding children’s words to the data, including enabling a greater understanding of children’s perspectives and helping to prioritize children’s agendas in policy and practice (ibid). This I did with the intention of including the children in the analyzing process (cf. Coad & Evans, 2007). The children made drawings and finished up with an exhibition which involved hanging up all the pictures on one wall of the classroom. The child or group presented their drawing first, followed by an exhibition discussion where the children were invited to offer alternative interpretations of the drawings, that is analyzing their own and each other’s drawings. I took notes while the children offered their thoughts at the exhibition and their comments were considered a first step in the analyzing process. Morrow and Richards (1996) argue for engaging children in the research process by involving them in the interpretation of their own data. Making room for the children’s agenda this way as well as encouraging children to do the asking can be seen as another way of empowering children (Matthews, Limb & Taylor, 1998).

Analyzing lived experience – the reduction process

Based on my ontological position and the sort of questions I raised, reflected in the aims of this thesis, the data collection methods were chosen to enhance the process and give justice to the collected data. Due to the different characteristics of the aims two different analyzing methods were chosen; a hermeneutic phenomenological data analysis (I, III, IV), and a phenomenological-hermeneutical data analysis (II). Depending on what method was used, different questions were posed to guide the analyzing process (Table II on the next page). This is described and discussed below.

A hermeneutic phenomenological data analysis

A hermeneutic phenomenological data analysis was chosen for study I, III and IV. All three aims focused on developing an understanding of the children’s lived experiences. van Manen (1990) claims that “lived experience is the starting point and the end point of phenomenological research” (p.36). He adds that phenomenological analysis tries to answer the question “what is it like?” (p.46) assuming a deeper dimension. I have, by using a hermeneutic phenomenological data analysis, tried to answer questions like; what is it like for the children when they feel good or bad? (I), what is it like for the children when they cope with stress? (III), and what is it like for the children to experience joy, friendship, togetherness, love, stress and anger? (IV).
Table II: The different questions asked in each step of the two methods used for analyzing data in this thesis.

<table>
<thead>
<tr>
<th>Hermeneutic phenomenological data analysis</th>
<th>Phenomenological-hermeneutical data analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Main question:</strong> What is it like?</td>
<td><strong>Main question:</strong> What does it mean?</td>
</tr>
<tr>
<td>Seeking meaning</td>
<td>Naïve reading</td>
</tr>
<tr>
<td>What are the children describing?</td>
<td>What is the first sense of the meaning of the phenomenon?</td>
</tr>
<tr>
<td>Theme analysis</td>
<td>Structural analysis</td>
</tr>
<tr>
<td>What feelings are the children expressing to let me know what the experiences are like for them?</td>
<td>What is the text telling me about the child’s experiences of the phenomenon?</td>
</tr>
<tr>
<td>Interpretation with reflection</td>
<td>Comprehensive understanding</td>
</tr>
<tr>
<td>What are the children telling me about their lives and how can I understand this?</td>
<td>If this is what can be found in the text made up by the children’s lived experiences, how can I understand the meaning of the phenomenon?</td>
</tr>
</tbody>
</table>

The analysis process was done in three steps; seeking meaning, theme analysis, and interpretation with reflection inspired by van Manen (1990). The seeking meaning consisted of reading the open letters through once and then transferring the letters to a computer text document, guided by the question: what are the children describing? The second step of the process was theme analyses. “Phenomenological themes may be understood as the structure of experience. So when we analyze a phenomenon, we are trying to determine what the themes are, the experimental structures that make up the experience” (p.71). Themes are according to van Manen (1990) the experience of focus and of meaning, however it is important to remember that theme formulation is at best a simplification but one way of “capturing the phenomenon one tries to understand” (p.87), and “…an aspect of the structure of lived experience” (p.87). The text derived from the open letters was concentrated in themes finding the structure of the children’s experiences, led by the question: what
feelings are the children expressing to let me know what the experiences are like for them? The feelings were identified by going back to the open letters once more using the researchers intentional arc to form an understanding of being a child in the situations the schoolchildren described. All the themes were then concentrated in a process of recovering main themes embodied in the evolving research work (cf. van Manen, 1990).

The third and final step, was interpretation with reflection, a process of free and insightful grasping and formulating a thematic understanding of seeing meaning (van Manen, 1990). An additional question emerged in order to get yet closer to the children’s life-worlds: what are the children telling me about their lives and how can I understand this? With the three step analyzing process sub-themes and main themes were uncovered. These conceptual formulations cannot possibly capture the full mystery of the schoolchildren’s experiences although it serves as a piece of the puzzle alluding to their lived experiences. Each step included my own reflections as well as discussions with my supervisor and on some occasions with fellow doctoral students.

Before the analysis was concluded for study I, the same children were invited to a group discussion to see if there could be additional insights generated (cf. Bauer & Orbe 2001). All the participating schoolchildren formed small groups in the four classes, to discuss and write suggestions on my thematic understanding. They were provided with the main theme formulations as a point of departure for their discussion about schoolchildren’s health and well-being, and they were asked to write down their understanding of these themes. The comments were compared with the themes and coincided with my thematic understanding. Their notes from the group discussions added no new understanding to the phenomenon, schoolchildren’s health and well-being, but did however, show support for the analyzing process.

The final study (IV) included the children’s drawings and their participation in an exhibition discussion, which was considered a first step in the analyzing process of their own drawings. The hermeneutic phenomenological data analysis consisted of first transcribing my written notes of the children’s oral comments of the drawings to a computer text document. During the analysis the drawings and the children’s oral comments from the exhibition were viewed as a whole – here I refer to this unit as drawings. The qualitative similarities and differences that first came to mind when viewing the drawings was the point of departure and gave a sense of the whole. The second step of the process was theme analysis, trying to determine what the experiential structures, aspects, patterns and variations were that could be found in the drawings. The structures were named and organized into different experiences in several steps and finally reduced to broader themes of the children’s lived experiences. The third and
final step was interpretation with reflection. I tried to view the drawings from as many different angles as possible to describe the phenomenon of well-being and lack thereof (cf. Merleau-Ponty, 1962), at first alone and then with my supervisor.

**A phenomenological-hermeneutical data analysis**

Study II deals with the meaning of stress from schoolchildren’s perspectives and therefore a phenomenological-hermeneutical data analysis was chosen. According to van Manen (1990) researching lived experience focuses on the meaning embedded in situations as human beings experience them. The method used to analyze the data was inspired by a phenomenological-hermeneutical method utilized by Lindseth and Norberg (2004) for researching lived experience influenced by the French philosopher Paul Ricoeur. The aim of the analysis was not to understand the children’s intentions but the meaning of the phenomenon of stress in the text. Ricoeur (1976) claims that a text has a surplus meaning within itself and is free from its author. Therefore I did not return back to the children for validation. However, according to Ricoeur (1976) there are limited fields of constructing and interpreting a text and “an interpretation must not only be probable, but more probable than other interpretation” (p.79). The text and my own interpretations were therefore discussed on several occasions with my supervisor.

The analysis of the text was done in three steps; naïve reading, structural analysis and comprehensive understanding (Lindseth & Norberg, 2004). The first step, naïve reading, consisted of reading the computer text a number of times to obtain a sense of the whole guided by the question “What is the first sense of the meaning of the phenomenon stress?” In the second step of the process, structural analysis, I was seeking to identify and formulate themes through interpretation, guided by questions like “What is the text telling me about the child’s experiences of the phenomenon?” The text was read repeatedly and organized into different meaning units of experiences and reduced to broader themes. The third step, comprehensive understanding, was a process that included reading the naïve reading and the themes again searching for the embedded meanings of the phenomenon stress. Finally, with a sense of the whole picture, all stories combined, as well as the themes including specific children’s experiences of stress I asked myself: If this is what can be found in the text made up by the children’s experiences, how can I then understand the meaning of stress? My understandings of the meaning of stress from the children’s perspective, was presented and discussed with the naïve understanding and the themes in mind (cf. Lindseth & Norberg, 2004).
Ethics

According to an ethical law in Sweden (SFS 2003) informed consent must be collected from children participating in a research project and since they are under the age of 18 the parents need to provide permission as well. This was done through written and oral information to the parents as well as to the children. I conducted the interviews after explaining the issue of free participation and autonomy, and received permission from the children and their parents. Before the research project started it was further approved by the ethical committee at Luleå University of Technology, where this research project was based (Dnr #2003075, 2003-05-30).

However, ethics involve much more than this especially for researchers interested in research with children. Children are disadvantaged by factors of age, social status and powerlessness (Morrow & Richards, 1996). They are also taught to respect and obey adults (Eder & Fingerson, 2002). This vulnerability of children raises the need of protection by adults, which increases children’s helplessness and promotes them to a position of lesser power (Morrow & Richards, 1996). The researchers view of children will most likely make a difference concerning how the research is carried out (Christensen, 2004). When taking on children’s perspectives there was a need to address the question of doing research with children not on children. One way of looking at value based views on children and childhood is James and Prout’s (1995) four ‘ideal types’ (p.99). The four types that a researcher might adopt are the developing child, the tribal child, the adult child and the social child. The developing child perspective is looking at the child as still evolving and the child’s words might not be considered as important. If elicited the child’s view or opinion is often not trusted. The developmental perspective designates children as incompetent and this strengthens the exclusion of children’s participation in society (Hood, Kelley & Mayhall, 1996).

The tribal child perspective sees a child inhabiting its own world, separate from the adult world. The child is a competent actor in their world but since the researcher cannot become a child the child is in some way “unknowable” (James & Prout, 1995, p.99). The adult child perspective views the child as a competent actor in a shared adult centered world. Adults and children are viewed as basically the same, however social status is not addressed (ibid). Researchers lack of understanding of children’s lower status and lack of power in the Western societies poses a problem, as there exists a power dynamic between adults and children (Eder & Fingerson, 2002). James and Prout (1995) suggest a perspective of the social child ideal type where one sees the child as a subject comparable with adults but with different competencies.
My own view of children comes closest to James and Prout’s social child as I see children as social actors who ought to be invited, to be a part of health research as well as health promotion work, and be trusted and respected in the process. However, just like Christensen and Prout (2002) I believe that the view of children as social actors comes with new ethical dilemmas and responsibilities for researchers. I think one important aspect is that we are living in a world where there exists a power imbalance between adults and children and we need to be aware of this and constantly reflecting on how to minimize the gap (cf. Eder & Fingerson, 2002). In the honest recognition of difficulties and challenges when researching with children, an openness to solving problems and overcoming challenges is born. During the research process certain questions guided my research work: How can I take on children’s perspectives so their voices are being heard? How can I strive to keep an openness to the children’s life-worlds? How can I make an effort to convey this openness to the children? What can I do to make them feel comfortable, safe if you will, in sharing their lived experiences? In addition the question, how can I try to make the research process empowering for the children? became important as the research process progressed. One example of constant ethical awareness throughout the research process was evident before the children signed the drawings. Even though I had asked them before and their parents signed an agreement allowing me to use pictures taken of them, I explained how and where their work could appear, so they were able to agree or disagree to the use of their drawings in public (IV).
FINDINGS

The findings of the four different studies included in this thesis are based on children’s lived experiences. The different themes and conclusions and/or understandings of the findings are presented below under headings based on the understanding of the children’s lived experiences. These are; Being met as a “we” - relationships to others and to oneself, Being caught in life’s challenges, Being relaxed and powerful, and Friendship is like an extra parachute (Table III on the next page).

Paper 1 - Being met as a “we” - relationships to others and to oneself

The aim was to describe and develop an understanding of schoolchildren’s health and well-being from their own perspective. Three main themes were formulated to describe the children’s health and well-being; ‘Associating with others’; ‘Actively participating’ and ‘Being a recipient’. In the first main theme ‘Associating with others’, the children’s experiences pointed at how relationships to others were positive or negative for children’s health and well-being depending on if they were met with a “we” in mind or not. The children expressed togetherness as being recognized and included in a group as well as being accepted for the person they are. The children also described a larger social phenomenon affecting the atmosphere around them, like the child who wrote, “I feel good when everybody is together…everybody should always be included!” The children also experienced being violated through threats, being forced to do something against their will or not being treated with respect. As one child wrote, “I was bullied because I am fat and ugly”. Associating with others offered good and bad experiences; togetherness, love, affection and support as well as feelings of exclusion and situations when missing someone or when being violated.

In the second main theme ‘Actively participating’, the children expressed how they were taking on the role as the “doers”. Depending on the situation, they had good or bad experiences when engaging in activities or acting in different situations. Being able to choose to participate or not participate also made a difference. One child wrote “I feel good when we get to choose what we want to do”. Partaking in enjoyable activities was understood as children’s spirits being lifted when being actively involved. Active participation offered not only a fun time but also an opportunity to reach goals and excel in life. On the other hand taking part could also be a source of failure and embarrassment or plain “unfun”. Not being able to influence their participation brought dissatisfaction, like the child who explained, “I feel bad if I do not feel like doing something one has to do so I get tired and then I feel ill”. Partaking in “unfun” activities was understood as involvement resulting in a lowering of children’s spirits, and
Table III: The main themes, themes, sub-themes, conclusions/understandings from the findings in the papers (I-IV) included in this thesis.

<table>
<thead>
<tr>
<th>Themes/sub themes</th>
<th>Themes/main themes</th>
<th>Conclusion/understanding</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I</strong>&lt;br&gt;Experiencing togetherness&lt;br&gt;Feeling excluded&lt;br&gt;Sharing love and affection&lt;br&gt;Missing someone&lt;br&gt;Being supported&lt;br&gt;Being violated&lt;br&gt;Choosing to partake in enjoyable activities&lt;br&gt;Having to do “unfun” activities&lt;br&gt;Achieving something of value&lt;br&gt;Making mistakes&lt;br&gt;Receiving something valuable&lt;br&gt;Being denied something of value&lt;br&gt;Being acknowledged&lt;br&gt;Being harmed or wounded</td>
<td>Associating with others&lt;br&gt;Actively participating&lt;br&gt;Being a recipient</td>
<td>Being met as a “we” - relationships to others and to oneself</td>
</tr>
<tr>
<td><strong>II</strong>&lt;br&gt;Being in a hurry&lt;br&gt;Being pressured by time&lt;br&gt;Not being good enough&lt;br&gt;Not being true to oneself and others&lt;br&gt;Being pressured to perform&lt;br&gt;Feeling powerless&lt;br&gt;Feeling changes in a body on the run&lt;br&gt;Being easily ticked off&lt;br&gt;Being focused and effective&lt;br&gt;Being active and motivated&lt;br&gt;Being out of time&lt;br&gt;Being less than one can be&lt;br&gt;Being run by others&lt;br&gt;Being in a fleeing, fighting body&lt;br&gt;Being lifted to excel</td>
<td></td>
<td>Being caught in life’s challenges</td>
</tr>
<tr>
<td><strong>III</strong>&lt;br&gt;Tapping into personal resources&lt;br&gt;Being helped or hindered by others&lt;br&gt;Being affected by the surroundings&lt;br&gt;Taking charge of the situation&lt;br&gt;Thinking positive thoughts&lt;br&gt;Using external calming tools&lt;br&gt;Slowing down&lt;br&gt;Deep breathing&lt;br&gt;Depending on oneself, others and the world around</td>
<td>Choosing to be a doer&lt;br&gt;Being in the here and now</td>
<td>Being relaxed and powerful</td>
</tr>
<tr>
<td><strong>IV</strong>&lt;br&gt;Friends in good times and in bad&lt;br&gt;The sunny side of life&lt;br&gt;The bad and the mean</td>
<td></td>
<td>Friendship is like an extra parachute</td>
</tr>
</tbody>
</table>
when making mistakes the children experienced themselves as not being good enough. Being given the choice to participate and shown respect and trust when actively participating was positive for children’s health and well-being, while the opposite was true if these qualities were lacking in their relationships with others.

In the third main theme ‘Being a recipient’, the children’s experiences showed how they were passively taking part in a one-way receiving gesture or were the recipient due to circumstances or due to an action on their own part. The children described how they received a number of valuable things, actions and benefits. Material things were received by the children and also being healthy, having a best friend, good family relationships or a pet to spend time with. Not being able to get something of a material nature such as a bike or something social, like a friendship made the children feel bad. One child wrote “I don’t feel so good when I don’t get peace and quiet”. Being acknowledged, was understood by children as being recognized and valued for who they are and what they have done. Like this child explained, “When my good friends choose me to be the captain for our team...I was very happy...I told my Mom and Dad and my Step dad...they were very proud”. The children also described being on the receiving end of physical abuse, being emotional wounded or being denied something of value. The children experienced how they were emotionally wounded by lies, deception and not being able to trust or be trusted. One child wrote about feeling bad, “When Daddy promised a thing but then we didn’t do it”.

The understanding of the children’s lived experience of health and well-being was based on the three main themes: ‘Associating with others’; ‘Actively participating’, and ‘Being a recipient’. Their lived experiences formed an intricate unit which included health and ill-health as well as well-being and lack thereof. These main themes were not looked upon as separate entities but rather as overlapping dimensions creating an understanding of how children from the north share their lived experience of health through their own well-being perspective. Therefore dividing life into health or ill-health and feeling good or feeling bad when trying to understand children’s well-being narrows our perspective when meeting children in health promotion work. According to the children’s lived experience there is not a division between health and ill-health or between well-being and lack thereof. The children’s lived experience revealed how lacking togetherness seems to have a negative effect on their well-being as they described how missing someone, being forced into separation or loneliness and the experience of loss also made them feel bad. When the children were not able to influence participation it was described as a negative experience, lowering their spirits. On the other hand, in relationships where they were met as a “we” increased the well-being experience. Being given the choice
to participate and being shown respect and trust when actively participating was understood as positive for children’s health and well-being.

Active participation can according to the children in this study turn out well or less well depending on the situation and outcome. The children described how active participation could result in making mistakes, failing or not being able to fulfill expectations, thus bringing on feelings of not being good enough. They also described situations where active participation resulted in them being valued for what they are and what they have done, thereby making them feel well. It was felt to be important to take part but how the participation is handled is in turn increasing or decreasing the well-being. The children in this study experienced well-being when they had the power to decide to participate or not as well as being able to influence the way in which they participate. The meaning of children’s health and well-being was therefore understood as the experience of relationships to others and the relationship to oneself.

**Paper 2 – Being caught in life’s challenges**

The aim was to illuminate the meaning of stress from schoolchildren’s perspective. First, the naïve understanding revealed that the meaning of stress to the children seemed to be the experience of not being able to be on time and not having enough time, in other words feelings of time pressure emerged in their stories. The children also expressed feeling worried, being afraid, and feeling inadequate when stressed. Stress was experienced by the children as an emotional imbalance or changes in the body, which increased irrational behavior, causing ineffectiveness. The children also pointed out that stress generates more stress and can become a negative spiral if not handled. According to the children a little stress can be inspiring and have a positive affect but is most of the time experienced as negative. Stress can be limited to an individual’s thoughts but can also be socially activated when other human beings stress or actions become a stress source.

The following five themes helped illuminate the meaning of stress; ‘Being out of time’, ‘Being less than one can be’, ‘Being run by others’, ‘Being in a fleeing fighting body’ and ‘Being lifted to excel’. The first theme ‘Being out of time’ was formed by sub-themes expressing children being in a hurry and being pressured by time. This was expressed in a number of different ways, for example by this child, who stated, “…it’s a time limit and like that, then I get stressed...yca, it’s mostly because time runs out”. The second theme ‘Being less than one can be’ was formed by sub-themes expressing the children feeling like they were not being good enough as well as not being true to oneself and to others. Part of this was being stressed over not having the personal resources to do something, described by these children: “...I often get stressed if I feel that I can’t handle it…”, “And I often feel stressed if I feel that I don’t really know
The children also experienced how not being true to oneself and others was stressful.

The third theme ‘Being run by others’ was formed by sub-themes expressing the children being pressured to perform as well as feeling powerless. They expressed this in words like “I have to…”, “I must…”, and “I don’t like it but…” in connection to feeling stressed. Having to conform to other people’s decisions without having the power to change them made the children feel trapped: “…I feel like I would like to escape”. Being able to make a decision but with no chance to make it satisfactorily was also described as stressful.

The fourth theme ‘Being in a fleeing, fighting body’ was formed by sub-themes expressing the children feeling changes in a body on the run and being easily ticked off. As one child explained, “…the heart was beating one hundred and twenty miles per hour”. When stressed the children experienced being easily ticked off, in other words getting angry or irritated. As one child explained, ”I get hysterical…and start like screaming...not like you have to make a crazy scream but I feel like a bit irritated.”

The fifth and last theme ‘Being lifted to excel’ was formed by sub-themes expressing how the children were being focused, effective, active and motivated by stress. The children felt that stress in the right amount made them focused and effective, as this child explained, “…it depends on how stressed I am...if I am very stressed I get very little done but if I am a little stressed I get more done.” They also experienced the feeling that stress filled them with positive energy when trying to win a game or in any form of competition. As this child explained, ” I feel in high spirits...I just try to work.” The children described that just the right amount of stress was a motivating factor.

The comprehensive understanding of the meaning of stress for children was them being caught in life’s challenges. These challenges included lack of freedom, trust, and time as well as an opportunity for potential growth. The meaning of stress captured in these themes made up by the children’s lived experiences was understood as stress forcing, pressuring, lowering and lifting them. The stress was experienced in connection with other human beings, be it peers, parents, teachers or other adults. For example the children in the study experienced being powerless when stressed. In this sense, being caught can be looked upon as lack of freedom. A lack of freedom can be viewed as the polar opposite of the freedom of choice, and this is connected to an overall lack of power and the general feeling of powerlessness.
Paper 3 - Being relaxed and powerful

The aim was to describe and develop an understanding of schoolchildren’s lived experience of coping with stress. The main themes that surfaced from the children's lived experiences was; ‘Depending on oneself, others and the world around’, ‘Choosing to be a doer’ and ‘Being in the here and now’.

In the theme ‘Depending on oneself, others and the world around’, the children experienced themselves as resources in coping with stress, describing self-knowledge. Sometimes ways to cope were taught by somebody else but most often the children self-taught themselves, as with these children: “No, nobody taught me”; and, “I just figured it out on my own.” Tapping into personal resources was understood as the children depending on their intuition when choosing ways to cope with stress as well as having the self-knowledge and/or capability to find ways to become and stay calm. Other human beings like peers, parents and other adults helped or hindered the children to cope with stress. Knowing that the social support was nearby helped the children cope with stress, as expressed by this child: “I have my friends that support me…when they are nearby I feel really calm.” Other human beings were also described as a hindrance when trying to cope. One child exclaimed, “Others stress me!” Being helped or hindered by others was understood as either a trigger to reduce stress or to add to it. Interaction with others reduced stress by setting good examples and promoting stress-coping strategies, or hindered such efforts by being poor examples. The children experienced how the surroundings affected their stress level by increasing or decreasing it. They described how the physical aspects of a building were either positive or negative for their stress level. As one child explained, “…like maybe red walls would be more stressful than if they are green like now…green walls are calmer.” Being outdoors had either a calming effect or added to the children’s stress. Being affected by the surroundings was understood as children living in an ever changing environment which is reducing or adding to their stress level.

In the theme ‘Choosing to be a doer’ the children experienced coping with stress in situations where they chose to be actively taking charge of the situation. Actions included being physically active in prioritizing their work, removing themselves from a stressful situation or minimizing the severity of a situation by deciding to stay calm. One child described, “I calm myself down and just…don’t bother so much.” The children also described how they clarified their boundaries or asked for help. Taking charge of the stressful situation at hand was understood as an expression of how the children choose to act for positive change. Thinking positive thoughts was a way to cope with stress according to the children. When feeling stressed over not having enough time the children altered the situation by thinking that they had more time available than what was the case “I pretend I have all the time in the world.” Positive
thoughts were also used to rationalize the situation as described by this child: “I try to calm myself down and think that it is better to be a little late than to stress myself to death.” Coping with stress by thinking positive thoughts was understood as the children using their minds to create a fictional reality or positive picture of the future to calm and motivate them. The children were also using external calming tools, like props when putting on a play, to cope with stress. Music had a calming effect as did reading a book. One child explained why reading a book was useful as a stress-reducing tool “When I read a book, I like it very much and if I do that the world I live in disappears and I am part of the book instead.” Playing a board game or drawing a picture and watching TV helped reduce stress and eating and drinking also provided a calming effect. Using external calming tools was understood as children choosing different aids to help them to reduce the feeling of stress and replacing it with a sense of calmness.

‘Being in the here and now’ was a theme where the children’s experiences included situations where they chose to slow down instead of trying to keep going. When stressed over a task, stopping the activity for even a moment helped the children cope, as with this child who described coping with stress while working on a school task: “I just put down everything on my desk then I sit there a while.” Slowing down was understood as the children choosing to lower their pace to calm down or regroup and thus be able to handle the stressful situation. Coping with stress by using their breathing was also described by the children. Taking a deep breath or a few deep breaths helped them calm down. The breathing acted as a trigger, reminding them of a calm feeling. At times the children experienced quickened breathing when stressed and the deep breathing became an aid in lowering the breathing frequency. Taking a deep breath became not only a physical tool, but also an actual calming trigger or an attitude changer. Taking a breath made it possible to feel calmness inside oneself. As one child expressed, “I think it’s better not to stress so I take a few deep breaths and calm myself down. It is much nicer and calmer when one is not stressed and it is much more comfortable too.” Deep breathing was understood as a physical form of help for the children to slow down their breathing and become relaxed as well as helping them to be in the here and now; getting in touch with the calmness within.

The three themes consisting of the children’s lived experiences were understood as them being relaxed and powerful, at least some of the time. The children chose to be active doers or inactive beings and their relationships, as well as their surroundings, helped or hindered their coping. The findings suggest that children can cope with stress and that they are able to verbalize their stress coping experiences.
Paper 4 - Friendship is like an extra parachute

The aim was to create a new understanding of health promotion activities in the classroom setting through children’s perspectives. The phenomenological analysis resulted in three themes; ‘Friends in good times and in bad’, ‘The sunny side of life’ and ‘The bad and the mean’.

The first theme ‘Friends in good times and in bad’ was made up of the schoolchildren’s descriptions of themselves together with others in social settings. This theme seemed to connect the other two themes, including both good and bad in life. To describe friendship the children used the words “respecting each other”, “keeping secrets”, and “having fun together”. The children expressed how being there for each other and inviting others to be a part of the group was important. The children noted that the drawings showing togetherness and friendship had dimensions of the wonderful things in life. Words the children used to describe this were for example “happiness”, “fortune” and “love”. They talked about laughing and playing together and about times being filled with overwhelming feelings of joy, appreciating being apart of a good relationship. Although there were a lot of positive dimensions of friendship there was some sadness too. When one child said “friendship is being with someone”, another child added “or not being with someone”. According to the children pain could also be an aspect of friendship. Being there for each other and being able to count on each other was expressed by the children in these quotes; “Help is on its way” and “He is saving me”. Friendship was having someone to share life’s challenges with. Friends in good times and in bad, was understood as the children shared life’s ups and downs with a significant other.

The second theme ‘The sunny side of life’ expressed the schoolchildren’s bright and enjoyable experiences, which were connected with a high level of well-being. The children used the words “love”, “summer”, “caring”, “honesty”, “joy” and “happiness” to describe what can be considered the sunny side of life. There was a lot of happiness together with others. Being in love with someone, holding hands and sharing life was a wonderful experience. The two children who left the faces blank in their drawing explained that they did this so that anyone could picture themselves as being one of the people in love. Nature was also included in the joys of life with blue skies and flowers. The children shared their experience of well-being connected to having a home and feeling safe as well as being able to enjoy life. One child exclaimed “All children have the right to play”. The sunny side of life was understood as the children being showered with the great gifts of life.

The third theme ‘The bad and the mean’ expressed the schoolchildren’s experiences filled with pain and sorrow. To describe this, the children used words like “tough”, “scared”, “feeling sick”, “stress” and “being angry”. One
drawing revealed malice by picturing a bloodbath, people fighting and faces with pain written all over them. There were strong feelings of anger and revenge in one drawing, and one child explained, “I get so angry I catch on fire”. Stress is depicted as a strain in life making the children feel sick, and as one child said “the well-being disappears”. The children described negative experiences, for example having to be in a hurry and not knowing if it will be possible to manage to get where you need to be on time. There were dimensions in the children’s lived experience of feeling despondent and dejected. The bad and the mean, was understood as the children having to struggle with life’s challenges.

The theme that connects the other two themes is ‘Friends in good times and bad’. This makes relationships central to the children’s lived experiences. With this in mind the three themes were understood as ‘Friendship is like an extra parachute’ (Figure 2).

Figure 2: A detail of a person parachuting in the schoolchildren’s drawing symbolizing togetherness.

Another understanding resulting from this study was the concept of openness in connection to research with children. When reflecting on the children’s lived experience of well-being and the roles my supervisor and I took in the study, we found this an important ethical aspect of research with children.
DISCUSSIONS AND REFLECTIONS

The findings just presented show how children’s lived experiences of health and well-being, stress and stress coping as well as health promotion activities can be described and understood. In this section I look at all the studies and papers as a whole, and reflect on and discuss the findings. This section is presented under four headings; The children’s voices, Health promotion with children, Methodological considerations, and finally, Final reflections and future directions.

The children’s voices
In this thesis children were given the opportunity to shed light on their health and well-being. In the spirit of Ricour’s (1993) thought of a text living its own life I view the findings as one collective voice of all the 128 children who shared their lived experiences. I do this with an appreciation of the challenges presented when ‘giving voice’ to a group of human beings. Speaking with one collective voice, like I choose to do, can be viewed as a monolingual assumption, which is nothing else than illusionary (Robinson & Taylor, 2007). However, there are examples of when the use of a collective voice can result in positive change, see for example the work of Peacock (2006) on involving children and teachers in school improvement. The findings from all of the papers combined in this thesis (Table III, page 38 in this thesis) can be understood in a number of ways; for example as the children are saying: – Trust me and respect me, – Include me and involve me, and – Meet me as a “we”. This understanding can be used when meeting children as a group and when meeting each of them as a subject with their own experiences.

Trust me and respect me
The findings from all of the papers combined can be understood as the children voicing a need for trust and respect, saying – Trust me and respect me. They described how not feeling good enough and experiencing the feeling of being less than one can be made them stressed (II). Conversely, they felt good when they were being supported (I), and when they were able to depend on others they felt relaxed and powerful (III). The children described experiencing lack of trust as a negative experience of being together with others (II). Trust and security seem to be intimately linked. According to Mayeroff (1971), trust is an important aspect of caring about others. Being able to really trust somebody presupposes a “letting go aspect”, that is, an aspect of giving up control and relying on the other being there offering support (ibid). For a partnership to work, trust in the other person’s competence is needed to be able to rely on each other.
There are arguments for trusting children’s competence. One example is Pelander and Leino-Kilpi (2004) who found that children were competent in evaluating health care as well as capable of offering valuable insights on the development of pediatric nursing care. Another example is that of Curtin and Murtagh (2007) who involved children with motor impairment and children who were siblings of young people with a brain injury. They worked together with the children trusting their competence with for example making questionnaires and co-writing the research transcripts (ibid). This thesis also presents arguments for trusting children’s competence. One example of the children’s competence is how they choose to cope with stressful situation in ways similar to those discovered in research reports.

For example, the children in this thesis coped with stress by being physically active (III). This is similar to the findings of Mc Bride and Midford (1999) who found physical activity to be a helpful stress reducer. Listening to music to calm themselves down was another way the children choose to cope with stress (III); something also found in Lindblad, Hogmark and Theorell’s (2007) study on music intervention in school (III). The children showed awareness of their bodies’ response to stress (II) which De Wolf and Saunders (1995) found helpful when coping with stress. Coyne (1998) used drawings to lower anxiety in children and the children in this thesis described the relaxing affect of making a drawing (III). Speaking to others reduces stress and increases well-being according to Puskar, Lamb and Bartolovic (1993), a tendency which also the children in this thesis experienced (I). Lindahl, Theorell and Lindblad (2005) found low morning increase of saliva cortisole, showing low stress levels, in children who said to themselves ‘I can resolve this task’ before a school test situation. Similarly, the children in this thesis described using internal strategies like thinking positively, to cope with stress (III). Mental training was used by Gilbert and Orlick (1996) in an intervention study, which can be compared with the children’s experiences of using their minds to create a fictional reality or positive future to calm and motivate them (III). The children also described joy and humor as increasing well-being (I), a strategy similar to St. Denise and Orlick’s (1996) successful stress coping program for schoolchildren. In addition, slowing down and deep breathing were physical as well as emotional tools for the children in this thesis to get in touch with the calmness within (III). The combination of thinking positive thoughts and choosing to be inactive can, in some ways, be compared with mindfulness, which has been shown to be successful in reducing stress in trials with adults (Williams et al., 2001).

The children’s lived experiences mirror stress coping research, which in itself is a sign of the ability of children to share their lived experiences. In other words, we can trust children’s competence considering their ability to share their lived experiences through writing, speaking and drawing (I-IV). The findings also
reveal that children are not victims but capable of handling challenges like stressful situations (III, IV). As the children are 10-12 years old it is probably safe to assume that they did not read up on the existing stress coping research nor had they taken a stress reduction class. They described how they received help at times to find ways to cope with stress but most of them explained that they came up with the stress coping method or strategy they used by themselves. Examples of how the children expressed this are these statements, “No, nobody taught me”, and “I just figured it out on my own” (III). These findings I believe create an insight to be able trust and respect children and their ability to put their lived experiences into words, as well as being capable and competent to handle stressful situations. This can also be viewed as an opportunity to reinforce healthy coping strategies, like some of the stress coping strategies mentioned above, which seems to be to some extent already present in children. Not present in all children at all times, and perhaps not even necessary if we view stress just as health, as a broad concept (cf. Nelson & Simmons, 2004). Children are not victims of stress but are capable and able to cope with its effect and their knowledge and self-understanding can be valued and used when working to facilitate children’s stress coping. Instead of viewing stress coping as something we need to teach children maybe we need to ask ourselves how we can support or facilitate children’s stress coping?

There are programs based on trusting the children’s capability and competence, which allow trust to be the starting point for health promotion activities instead of simply teaching children. Arborelius (2002), for example, used a method to motivate positive behavioral changes to improve health and well-being in teenagers called “You decide!” The program lets the teenager define their own relationship to the concept of health and draw conclusions based on this relationship to motivate behavioral change. A program like this is not only based on trusting children’s competence but can also increase well-being as it fits well with the children in this thesis experiencing increased well-being when they were able to make decisions. One child said, “I feel good when we get to choose what we want to do” (I). Putting trust in children respecting their choices is, according to Eder and Fingerson (2002), building a basis for mutual exchange, empowering the children in the process. Morrow and Richards (1996) state that the belief that children are wrong when their views do not conform to adult’s views is an obstacle to overcome. A suggestion for how to handle this problem, is not to take children for granted or give them provincial status but meeting them with respect underlining that “respect need to become a methodological technique in itself” (p.100).
Include me and involve me
The findings from all of the papers combined can also be understood as the children suggesting – Include me and involve me. The children described how being excluded made them feel bad while feeling togetherness and being acknowledged made them feel well thereby increasing their well-being. One child said “I feel good when everybody is together…everybody should always be included!” (I). However, it is not only that we include them, but also how we include children. The children in this thesis experienced others as either helpful or as a hindrance (III). When helpful others were loving, caring and supportive (I), as well as being good role models (III). When consulting children, Matthews and Tucker (2000) suggest being aware of how the eliciting is done. Even if the children are included as participants, the method for involvement can empower the children or make them unable to exert any influence (ibid). Being directed by others – losing autonomy – was experienced by the children as stressful (II), but being chosen to be part of a team increased their well-being (I). One child explained, “When my good friends choose me to be the captain for our team...I was very happy...” (I). There seems to be a need to widen the invitation to include children not only for the sake of invitation but as full partners, viewing them as capable and competent. One example of this is Kellett, Forrest, Dent and Ward’s (2004) article on how to empower ten year olds, written by Dr. Mary Kellett together with the children Ruth Forrest, Naomi Dent and Simon Ward’s all three of whom were ten years old.

Another aspect of involvement is ample time to do the task. Children in this thesis experienced being out of time, being in a hurry and being pressured by time (II). They described how they felt stressed when there was not enough time to finish tasks, resulting in an increased feeling of stress. Alerby (2003) came to the same conclusions, adding that even though this is the case, children have to move on in their schoolwork, starting new projects, leaving them stressed and dissatisfied. Not being able to influence their own participation (I), when being directed or run by others, and when pressured to perform (II) decreased the well-being of the children in this thesis. Karasek and Theorell (1990) linked lack of control and pressure to perform with increased stress in adults. Stress in combination with pressure to perform, lack of possibilities to influence and few chances to learn and grow showed an increased risk of heart disease. Therefore it is important not only to include and involve children as participants in activities, be it health promotion or research, but allow ample time for the task and for opportunities to influence.

Coad and Evans (2007) argue for “involving children in the data analysis process as it can have several benefits, including enabling a greater understanding of children’s perspectives and helping prioritize children’s agendas in policy and practice” (p.1). Inviting and involving children in health
research and health promotion activities throughout the whole process – from defining concepts in the beginning of a project to analyzing results (IV) – will benefit not only the children’s well-being and opportunity to feel empowered but will enrich the process with perspectives other than from adults (I-IV). According to Save the Children (2003) involving children “…acknowledges a shift in the view of children as ‘beneficiaries’ of adult interventions towards respect for them as ‘rights holders’ who are the key ‘makers and shapers’ of their own destinies and that of their own societies” (p.11). This emphasizes the importance of how we view children when we are including and involving them in health promotion efforts or in research. Children’s involvements need not to be just for the sake of involvement but striving to empower children and increase their health and well-being in the process.

Meet me as a “we”

In the children’s lived experiences of health and well-being there is one thing which seems to stand out and that is the “we”. Therefore the findings can be understood as the children saying – Meet me as a “we”. Throughout the four papers relationships surfaced describing how others were affecting their health and well-being for better or for worse. Friendship seemed to be one aspect of the “we” that overrides the good and the bad with a supporting nature – being friends in good times and in bad (IV). The children experienced friendship as feeling a sense of togetherness to another human, a peer, a parent or another adult, or belonging to a group of people (I, III, IV). One child said, “Friendship is being with someone” (IV). Animals like a horse or a pet were also considered valuable friends (I). Associating with others offered togetherness, love, affection and support, as friends were loving, caring and helpful (I). Friends can also be helpful for children when trying to cope with stressful situations (III, IV). One child put words on a drawing of a situation together with his friend, “Help is on its way” he exclaimed (IV). This can be compared with Kierkegaard’s (1962) account of being helpful. He suggests “that if real success is to attend the effort to bring a man to a definite position, one must first of all take pains to find HIM where he is and begin there” (p.27), and continues “the helper need to humble himself” (p.27). Friendship can be viewed as human beings providing cognitive and social scaffolding for each other (Hartup, 1996). As friendships are an important aspect of health and well-being for the children, adding “friendship-building” to the health curriculum can therefore be of value.

Cooperation is important, as it’s not only the children and not only me, it’s our collective thoughts, experiences, and activities that make new understandings possible. Juul (2004) suggests a way children and adults can meet and act adhering to values based on equality and reciprocity and building respectful and accepting relationships. A partnership, based on the values just described, can be a benefit for the understanding of a specific phenomenon, in this case...
schoolchildren’s health and ill-health, as well as offering new possibilities to further understand and empower children. When I connect a few of the children’s lived experiences, in this case feeling ill or stressed due to feeling powerless (II) and the connection to feeling well when being included in a “we” (I), I turn to Kirkegaard (1967) to deepen my understanding. He viewed anxiety as something making a human being powerless and he also suggested that “deep within every human being there still lives the anxiety over the possibility of being alone in the world…(p.40)”. Can it be so that there is a deep need in our soul of not being left alone? Is it maybe so that the togetherness and the belonging that a “we” can offer is a pre-requisite for well-being? How can we then untangle the knot of anxiety and stress to find togetherness and feelings of relaxation and power?

To be able to become a “we” there is a need to connect and communicate by speaking and listening. According to the children in this thesis a good conversation increased their well-being (III). Communicating with children would be an attempt to enter the world of directly experienced social reality where “you’s and I’s” become “we’s” (Schutz, 2002). Others ability to listen actively is of central importance (IV). Listening actively has a component of feedback where the person listened to receives confirmation that the other person heard what he or she said. Öhrling (2006) calls this way of communicating listening with “a sensitive ear”, which in itself can contribute to greater well-being. Listening and being listened to contribute to developing the ego, and in an atmosphere where people respect one another’s stories, they do not only pay attention but also meet the child, thereby increasing mutual understanding. Hatch and Wisniewski (1995) suggest that telling a story is an act of creating one’s self, in other words, it is in the “we” we become “I”.

**Health promotion with children**

In what way can we use the knowledge the children in this thesis offer? Based on the children saying: – Trust me and respect me, – Include me and involve me, and – Meet me as a “we”, one thing is clear, relationships are in focus. Relationships which underline togetherness and alongsideness. We can outline how to do health promotion with children as opposed to doing it on children, without getting much further than we are today. I suggest we try another approach. Our values and experiences make up the filter through which our reality will be strained, and it is through this filter we view the world. James and Prout (1995) call this filter “perspective” as does Merleau-Ponty (1962) who is adhering to a phenomenological life-world ontology. James and Prout (1995) raised the important issue of values when including children in research. This discussion has continued (see for example Christensen & Prout, 2002 and Christensen, 2004) and I wish to add to this important issue by arguing for an empowered child perspective. I have two questions in mind, both of which have
absorbed me constantly throughout the past years research process; firstly in what way do I view children and childhood and secondly, how do I show this view when meeting children?

An empowered child perspective

James and Prout (1995) suggest a perspective of the social child ideal type where one sees the child as a subject comparable with adults but with different competencies. However, Matthews, Limb and Taylor (1998) point out that the sociological view of children focusing on the process of socialization, where the child gradually transforms into an adult, is to portray children as evolving and incomplete. This perspective of children and childhood might “promulgate a view that children are mostly passive in creating their futures and that their lives only gain meaning through adult values” (p.312). By acknowledging the power dynamic and obvious imbalance “recognizing the child as a minority group in society” (Hood, Kelley & Maryhall, 1996, p.118) one can address the imbalance of power. It would be better to see children as different rather than of lesser value argue Morrow and Richards (1996).

Therefore, my suggestion based on the findings in this thesis – finding children trustworthy, capable and competent – adds to James and Prout’s (1995) four ‘ideal types’ another choice of viewing children and childhood. I call it an empowered child perspective. Adopting this attitude as an adult, be it parent, health care professional, teacher or researcher, one agrees to an active role in involving children, valuing their opinions as well as empowering them to actively take part in their own lives and the development of our society.

Empowerment can be defined in a number of ways as a term, a construct, a concept, as well as a process including not only an individual and group level but organizational and community levels as well (Melander-Wikman, 2007). Menon (1999) for example, describes a psychologically empowered state as “a cognitive state characterized by a sense of perceived control, competence, and goal internalization… thus considered a multi-faceted construct reflecting the different dimensions of being psychologically enabled…” (p.162). Ghaye and Ghaye (1998) describe the enabling aspects of empowerment with social interaction being a pre-requisite for empowerment. I view empowerment, bringing both individual and social aspects together, like Melander-Wikman (2007) as a process focusing on human rights and the capacity to actively participate in and influence our own lives.

Using an empowered child perspective starts with adhering to the understanding that children are capable and able to influence their own lives. Booth et al. (1991) concluded that “power can be healthy” (p.31) and this power enable human beings to be actively participating in their own life. Ghaye and Ghaye
(1998) also describe empowerment as enabling, suggesting that reflection-on-practice can be empowering. When reflecting together with my supervisor we came to the conclusion that the enabling within the empowerment process with the children we met, was not a question of who was empowering who, but rather the reciprocal character of the reflection process itself. Making possible a reflective process together with the children about their lived experiences, letting their voices be heard can in itself be empowering, although Valaitis (2002) found empowering children much more complex than just letting their voices be heard. Alard (1996) argues that young people are empowered rather than exploited if there is a genuine desire to listen to what they have to say and if they want to be involved in the first place by feeling a concern with the issue at hand. An adult acting as an advocate helping them verbalize their opinions, making their voices heard, helps this process (ibid). With support of the findings in this thesis I agree with Curtin and Murtagh (2007) when stating “…we have to adopt an empowerment discourse of childhood and then actively listen to and act on what children and young people are truly saying” (p.72).

Openness and humbleness

There are a number of ways to make the empowered child perspective come alive in thoughts and actions. I believe important aspects of the relationship to children involve being open and humble. Openness is needed in order to be able to see and hear another human being (IV). If I already have ready-made answers, I am not open to other people’s ways of thinking and able to value their experiences. According to Lloyd-Smith and Tarr (2000) when viewing children’s voices not only as a way to live by the Children’s Act but as a way to monitor and assure quality in policy making as well as being epistemological in research, one is open to children’s knowledge and understanding and view it as worthy of respectful consideration. However, this way of relating to children will put an increased demand on adults to be open and humble.

In Husserl’s (1989) phenomenological concept “going back to the things” there are two leading principals; firstly, a turning towards the things, living or material, as a subject is turning towards another subject. Secondly, it is essential that humbleness towards the things be shown. The way I understand this is that it is a two phase process of closing in on a phenomenon or a human being. The first phase is opening up to what there is to see, to hear, to feel, to understand. The second phase is showing humbleness towards the other in what I see, hear, feel and understand. Thus, giving space, consideration and valuing the contribution of what is being shown. Bengtsson (1998) explains referring to Husserl’s ontological views that the aim of phenomenology is to “‘go back to the things themselves’ and give them true fairness so that they can be experienced in all their diversity and complexity” (p.14).
I regard openness as a good thing when doing research with children, however there is a limit to how much openness is possible. An example is Husserl, who in his quest to reach the true essence of ‘the things themselves’, developed transcendental phenomenology (Bengtsson, 1999). I am choosing the existentialistic branch of phenomenology with the understanding that the life-world can be studied but disregarding the belief that a researcher can put him or herself in parentheses (cf. Alerby, 1998). The pre-understanding plays an important role in our ability to understand another human being. Another example of the limits of openness is the children in the pilot study in this thesis. They experienced the open letter as too open at first explaining that a little more direction was helpful. With this in mind, can we adults act with openness and humbleness when meeting children? This may be a way to act with an empowered child perspective. By constantly reflecting on and developing an understanding about our own openness and humbleness, as adults when working together with children, we are developing these human qualities in the process.

Implications for practice – a summery
How can the children’s voices in this thesis be heard for the good of children everywhere? There are valuable insights gained from the children’s lived experiences for us adults, be it parents and guardians, health care professionals, teachers or researchers working with and for children. Based on the findings and discussions above there are ways to use these insights and understandings about children’s lived experiences of health and well-being, stress and stress coping as well as health promotion activities. The suggested implications for practice are first of all intended for the specific children who participated in the studies included in this thesis. It is important to keep in mind the age of the children and the cultural context of this thesis, as 10-12 year old children in the northern part of Sweden were included. However, there are possibilities to make connections to the findings when meeting children elsewhere, considering possible opportunities for positive change. The implications for practice have been discussed above – here is a summary:

• We can trust children’s competence considering their ability to share their lived experiences through writing, speaking and drawing.

• To increase children’s health and well-being our relationship to them is an opportunity. Meeting them as a “we”, trusting and respecting them is the basis for a reciprocity environment, thereby building a ground for mutual exchange.

• As friendships are an important aspect of health and well-being for the children, adding “friendship-building” to the health curriculum can therefore be of value.
• When adopting an empowered child perspective one agrees to an active roll in involving children, valuing their opinions as well as empowering them to actively take part in their own lives and the development of our society.

• Children are not victim’s of stress but capable and able to cope with stress and their knowledge and self-understanding can be valued and used when working to facilitate children’s stress coping.

• Inviting and involving children in health promotion activities throughout the whole process – from defining concepts in the beginning of a project to analyzing results – will benefit not only the children’s well-being and opportunity to feel empowered but will enrich the process with perspectives other than from adults.

• By constantly reflecting on our own openness and humbleness, as adults when working together with children, we can develop an understanding about openness and humbleness at the same time as we are developing these human qualities in the process.

Methodological considerations
According to Miles and Huberman (1994) “getting it all right” when doing research is not possible. However, an assessment of qualitative data and their interpretation is important as is the question qualitative researchers have to ask themselves: Does the data reflect the true state of human experience? (cf. Polit & Beck, 2004). The criteria for establishing trustworthiness in qualitative research are according to Guba and Lincoln (1994) credibility, dependability, confirmability and transferability. These are the criteria that I suggest to be used when assessing the quality of my research work.

Polit and Beck (2004) point out, referring to Lincoln and Guba (1985), that credibility is the overriding goal referring to the confidence in the truth of the data and its interpretations. Prolonged engagement – sufficient time to collect data and establish rapport with participants – is a very important first step in research, as it strengthens credibility (Polit & Beck, 2004). I spent a great deal of time establishing a rapport with everybody involved, first the principals, the teachers, the parents and then with the children. This was done through phone-calls, e-mails, presentations of the research project at staff meetings, and meeting the children in the classrooms in the different schools. Using the children’s open letters and drawings as the point of departure in the interviews, group discussions and exhibition discussion strengthened the prolonged engagement, as it was data collected and discussed on more than one occasion,
allowing the children and myself time for reflection. I also enhanced credibility by methodological triangulation. This was done by collecting data in written form – open letters – in oral form – interviews and group discussions – and in form of art – drawings.

Member-checking – returning back to participants to discuss findings – is according to Lincoln and Guba (1985) another way to establish credibility. This was done with the children in the group discussions (I). When analyzing the text I choose representative and illustrative quotations from the transcribed texts to exemplify the themes, giving voice to the children as well as enhancing credibility. Equally my data collection methods involved many different sources, as mentioned above, thus strengthening the stability of data over time and conditions, in other words the dependability (cf. Polit & Beck, 2004). In addition, to achieve dependability, external reviewers were used by consulting peers in a research study group (I, II) and in a doctoral course (III), as well as a professor and critical friend (IV) for feedback on the articles. All four articles I wrote together with my research supervisor Kerstin Öhrling and the analyzing process was a joint effort with a growing degree of independence. I also kept a reflexive research journal, which according to Polit and Beck (2004) can enhance confirmability – the objectivity or neutrality of the data. In addition submitting the four articles to four different peer-reviewed research journals, as I did, also gave support to the confirmability of the research work (cf. Polit & Beck, 2004).

On the subject of transferability – the extent to which the findings can be transferred to other settings or groups – Bryman (1997) claims there exists insecurity among qualitative researchers regarding the degree of transferability applied in addition to the individuals studied. There are however ways to strengthen transferability by for example using unstructured interviews. “Research based on unstructured interviews within the qualitative tradition are somewhat less vulnerable or sensitive to accusations of limited transferability, since the respondents often are from a number of different social and geographical areas (p.107).” Using open letters on which to base the interviews made the interviews open and unstructured. Selecting children from as wide spread an area as possible within the school district by including both a rural and a suburban school as well as inviting all children grade’s 4-6 (I-III) and including all children in a school class (IV) strengthened the transferability. Member-checking is also a way to confirm transferability (Polit and Beck, 2004), something which I did in one of the studies (I). However, it is important to keep in mind the limitations of the studies included in this thesis. For example, none of the aims were of quantitative nature, answering questions about how many or how common certain experiences were in children, nor did these studies measure the effects of health promotion with children. According
giving detailed descriptions of the research work gives the reader an opportunity to use their own judgment on matters of transferability, which I strived to achieve in each of the papers (I-IV) as well as in the framing story – the “kappa” – of this thesis.

**Methodological challenges and opportunities**

According to Curtin and Murtagh (2007) “there has been a move away from researching ‘on’ to researching ‘with’ or ‘for’ young people” (p.67). Due to this move issues need to be considered about how to capture children’s voices (ibid). In this section I will reflect on some of all challenges that faced me during the process, raising questions, explaining how I handled the situations and what opportunities I see developing from these experiences.

A challenge worth considering is the complexity of participation in research projects, and especially when conducting research with children. It is important to reflect on the autonomy. Coad and Evens (2007) suggest that there should be an ongoing, open dialogue with the children in which they are able to make informed choices about their involvement in different stages of the research. The ongoing communication with the children was important in all of the studies. One example of this is from the forth study (IV). The classroom teacher took pictures during the research study. To make the children part of the process, a computer with the pictures was placed in the back of the classroom to allow the children to view the pictures and agree with them being used or not. Pictures were deleted when a child asked them to be removed. This was a process reassuring a renewal of the autonomy during the process.

Due to the need for adults to protect and care for children there is an existing problem of wanting children’s best by deciding for them, thereby stripping them of power. To engage in research with children, they need to be involved and not only involved but positively involved by taking their experiences seriously and building from that. The children I met expressed how they felt increased well-being when being included and being able to choose (I and III). Using this understanding helps to make the empowerment and enabling processes possible. Therefore it is of utmost importance to make sure the children are included from the start, as in the forth study (IV), defining key concepts before engaging in health research and/or health promotion. According to Curtin and Murtagh (2007) an adult researcher may be able to reduce the power imbalance existing between adults and children if he or she can become more of a facilitator with a less directive role.

On the subject of participation, one can wonder about the high rate of participation in the studies in this thesis. Of 130 invited children 128 participated in the pilot study or at least one of the four main studies. One reason
The lower status of children in our society affects the power dynamic in an interview (Matthews, Limb, & Taylor, 1998) leading to an imbalance of power. Eder and Fingerson (2002) suggests that by treating the child with respect one empowers the child and builds a ground for mutual exchange. This reciprocity environment is increased by asking open-ended questions, using the children’s own words, terminology and language structure when writing. Using the open letters the children had written, as a base for the interviews (II, III), was an
attempt to minimize the existing power imbalance between the children and me as an adult. Reporting back findings of the research project not only helps validate the researchers interpretation of the interviews but also engages the children in the process (Eder & Fingerson, 2002). This I did (I) therefore ensuring that the children were not viewed as only informants with the risk of being exploited (cf. Matthews, Limb & Taylor, 1998).

In three of the four studies in this thesis open letters were used as a way to better understand schoolchildren’s lived experience of health, stress and stress coping. The open letters was a method inspired by Sørensen’s (1989) use of a daily purposive journal when researching children’s viewpoints, and constructed in cooperation with the children in the pilot study. One can wonder about this method, for example how open was it? How effective? And what difference did the children’s participation in creating the research method make? Sørensen (1989) points out that semi structured open-ended writing, for example a daily purposive journal, offer a child the opportunity to respond authentically. Open ended writing done privately is a way for a child to respond without trying to predict the investigators expectations as might occur in an interview situation. It is important when eliciting children’s lived experiences to keep the format as open-ended as possible and for example, offer specific topics or questions while allowing original individual responses (ibid). However, there is a limit to openness according to the children in the pilot study. The open letters were changed after the children’s comments on this. To focus on a situation helped the children share their stories. The open ended sentences, focused on a specific situation, which gave the children an opportunity to reflect on a situation of their choice as they were asked to continue sentences writing about positive and negative situations, for example “Now I’m going to tell you about one time when I felt bad that was…”

van Manen (1990) suggests that writing mediates reflection and action and with this in mind writing cannot only be a powerful research tool but also a way to help empower children to maintain and/or increase health and well-being in the process. In addition narratives offer a reflection on personal pre-insights and presumptions as well as the relationship between the researcher and the participants (Heikkinen, Huttunen and Syrjälä, 2007). The researchers reflexivity is the awareness of how one’s subjective experiences may be both an enabling resource as well as a constraining factor (ibid). There is an opportunity here to learn and continue to grow by reflecting on children’s involvement in the research process in such a way that it is empowering. Although the transparency of such reflection during the process is a necessity, it is a true challenge to be able to put it in writing for others to learn from it.
Working side-by-side, constructing the open letters together with the children in the pilot study, offered not only trustworthiness but an opportunity to empower the children (cf. Cargo, Grams, Ottoson, Ward & Green, 2003). Dunkels (2007) found the children, in her study on children’s strategies on the Internet, capable but at the same time she expressed a sadness that the children’s capability was developed without adults. This strengthens the thought of adults and children working together, cooperating underling togetherness and alongsideness in health promotion as well as in health research.

**Final reflections and future directions**

Finally, I look back at the past five years, trying to combine the findings of the studies, the understandings of the children’s lived experiences and my reflections on the entire research process. This comprehensive understanding presents possible directions for future research. Ricoeur (1976) suggests that reflection can bring explanation and understanding together as one being a pre-requisite for the other instead of being in opposite teams. I would like to share four entries from my research diary, which I kept during the past five years, and the reflections that were evoked when re-reading them. I de-personalized the text by omitting names, for the purpose of keeping my promise of confidentiality to the participants in the studies in this thesis. I also did a few minor changes in the texts as I found it suitable for making something private public. The first entry is about meeting a group of children in one of the classrooms:

> It was quiet in the classroom when I came in, so quiet I could have heard a needle drop on the floor. My talk with the children about the open letter went well. I consciously tried to make it short and to the point to allow lots of time for questions. I sat down on the teachers desk dangling my legs over the front and asked "so what do you think about this?" Then it happened, the children started talking, asking, wondering and soon we were no longer they and I but together like being in the same boat. We were sharing thoughts...we connected somehow...almost like magic.

This entry combined with the findings of the children in this thesis experiencing well-being in positive environments (III) raises a need to further our understanding about how to create positive and reciprocity environments in health promotion. Ghaye (2007) point at “the need to develop cultures of appreciation where current strengths and achievements (the ‘positive present’) form the basis for an improved future” (p.25). Ghaye and Melander-Wikman (in
press) suggest that participatory appreciative research is “…appreciative in the sense that it seeks to build and sustain positive and ‘enabling relationships’ between all those involved in order to create more possible and improved futures” (p.9). This comprehensive understanding presents a possible research question – How do we create positive and reciprocity environments in health promotion with children?

The next passage from my research diary is about meeting one boy during the data collection with open letters:

> Just before I was leaving one boy ran up to me and held up his paper for me to see that he had filled the whole page with text and asked “is this good?” I smiled at him and answered, “That’ll be very good, I am looking forward to reading your story”. His face lit up like sunshine and he ran back to his desk.

This entry combined with the findings of the children in this thesis experiencing well-being when being met as a “we” in a relationship (I), bring forth a possible topic for future research focusing on the significance of the face-to-face meetings when collecting written data. I feel confident that the studies that included collecting data with open letters were successful much due to this method (I-III). However, this comprehensive understanding offers a possible query connected to open letters as a research method when conducting research with children. Possible research questions are – How are children experiencing the use of open letters combined with the face-to-face meetings? and – How can health research with children become health promoting in itself?

The following dairy entry describes my reflections after an interview:

> When she came in I felt a clear distance in her body language. She was a cute girl with a pretty face although well hidden behind the make up. She read her stress story and answered politely my follow up questions. We had talked for a while when something changed. I repeated what she had just told me about being pressured in school when she leaned back in her chair and started talking about her parents and the stress she felt from not being good enough in their eyes. The distance was replaced with closeness and I felt she was confiding in me, trusting me with her inner thoughts and feelings. A grand experience!
This entry combined with the findings of the children in this thesis experiencing well-being when together with a good friend (I,IV), inspire to further our understanding about friendships in health promotion and in research. The children in this thesis experienced how friends were loving, caring and helpful (I), and they were friends in good time and in bad (IV). According to Alberoni (1984) a friend wants the best for his or her friend and maybe even more, “when we think about our dearest friends, about true friendship, we think of a certain kind of love” (pp.9-10). The children in this thesis expressed how sharing love and affection made them feel good, thereby increasing their well-being (I). As researchers we can probably without hesitation agree that research should not inflict physical or emotional damage, but how far can we agree on research doing good? What about research based on love and caring? van Manen (1990) describes the loving aspect of research from a phenomenological point of view.

In doing research we question the world’s very secrets and intimacies which are constitutive of the world, and which bring the world as world into being for us and in us. Then research is a caring act: we want to know that which is most essential to being. To care is to serve and to share our being with the one we love. We desire to truly know our loved one’s very nature. And if our love is strong enough, we not only will learn much about life, we also will come face to face with its mystery (pp.5-6).

According to Levin (2002) research on constructs such as hope, forgiveness, gratitude and love has not been forthcoming, however a love-health or love-healing connection is well worth investigating. He poses an interesting research question, “Does love promote health, psychological well-being, and high-level wellness?” (p.2). This comprehensive understanding presents a possible area for further research increasing our understanding of friendship and love in health promotion and in health research.

The following dairy entry describes my thoughts after a conversation with the teacher during one research study (IV).

I am so glad we got to talk about it. She was also wondering what happened that first day when the children were up-side-down. We reflected on our good intentions, how our process was one step ahead of the children’s and how hard it is for us adults to let go of our need to be on-top-of-things, knowing and having control over the situation. It was good to experience one day when it did not work and one day when there were true meetings, creative flow, and an open...
This entry combined with the findings of the children in this thesis experiencing well-being when being met as a “we” (I) as well as when being able to choose (I,II), creates an area for further research increasing our knowledge of frameworks for health promotion with children. How can we make a frame so that the children can make the picture within it? Frames build on our values as well as our intentions and our experiences showing a certain perspective (Schön, 1983). Polanyi (1974) describes our frameworks connected to our perceptions and anticipations referring to the Pygmalion, suggesting a balancing of the mind. I understand this as the frames we adopt are somewhat like eyeglasses of values and anticipation through which we view the world, like they are so we also see the world. The balancing of mind Polanyi (1974) writes about may be understood as a need to question our frames. Schön (1983) encourages “frame reflecting” as a way to find alternative ways to practice and creating new more useful frames. The frame reflecting process based on the findings in this thesis may lead us to move away from deficit-based frames of children’s health and ill health to more possibility-oriented frames.

The children in this thesis shared their experiences of stress as both positive and negative (II). Stress, something that is commonly looked upon as negative also has something positive within it. When understanding the children’s experiences, there are good and bad, healthy and unhealthy, fun and unfun, gifts and challenges, friends and enemies, being free and being stuck (I-IV). It’s the bright side of life and the dark side of life in one unit, the one side is somehow a prerequisite for the other. This can be compared to Antonovsky’s (1994) salutogenetic perspective of health and the traditional pathogenetic perspective. Salutogenesis is focusing on what is healthy and well while –the bright side – pathogeneses focuses on what is ill or unhealthy – the dark side – (ibid). Health research has been dominated by a focus on the problems, the diseases, driven by the need to fix the ill by being in a problem-solving mood – the dark side (cf. Antonovsky, 1994). However, times are changing towards research focusing on well-being and health promotion – the bright side (ibid; Roos et al., 2008). Bergmark and Alerby (2008) seem to agree as they suggest a focus on health and positive aspects in school as a means of increasing learning and well-being.

To begin with, the questions we ask need to “fit the frame”. “Deficit-based questions lead to deficit-based conversations, which in turn lead to deficit-based patterns of action” (Ghaye, 2007, p.4). If we turn that around we might say, in an atmosphere where the positive loaded questions are asked, positive conversations will take place and in turn result in positive actions. When
meeting the children in the classroom (IV) a question was raised by the teacher; How can we do more of the positive things that make us feel good, feel less stressed, and feel healthy? To help the children start answering this question the first health promotion activity in the classroom was an invitation to the children to define well-being and lack thereof. This activity resulted in the children’s perspective on these concepts (IV).

Finally, this comprehensive understanding presents an opportunity for further research to increase our understanding of possibility-oriented frameworks and positive questions in health promotion with children. Based on the findings in this thesis, viewing children as trustworthy, capable and competent I suggest asking children to help us pose positive questions to create healthy and empowering health promotion processes. In other words, giving voice and space to children in health promotion.


ACKNOWLEDGEMENTS

Last but not least... there are so many who touched my life during these past years... I would like to start with the ones this thesis is all about, the 128 children I had the great pleasure to meet within the context of this research. In meeting all of you I have gathered data and gained knowledge on a professional level. At the same time I have learned so much about myself when having to reflect on my part of the “we” that we created together. So, to all the children – thank you! Also thank you to the parents, the principals and teachers in the school district who made it possible for me to meet and work with the children. I’m especially thankful for all the valuable talks with Lena Nyström, often over a nice cup of tea, which made the cooperation with the school not only fruitful, but friendly and fun.

I would like to thank the people who have guided me through the process of becoming a researcher:

Docent Kerstin Öhrling, my main supervisor, I will be forever grateful for your never-ending support in just the right amount at just the right time. You have the ability to truly meet another person and lovingly and caringly guide them towards their goal. In your eyes I have been capable and able – a place where I have enjoyed growing to become a researcher. You have taught me by being who you are that just like in life, research is equally about head and heart.

Professor Eva Alerby, my assistant supervisor and colleague in the Arctic Children project. I admire you for your knowledge in the field of phenomenology and your great networking abilities. You are great to talk to. One of the many valuable things you have taught me is how to become a successful researcher, prospering in the world of academia.

The Arctic Children project has not only provided needed funding but given me the opportunity to meet and work with some wonderful people. First the Swedish team which included other than myself, Kerstin Öhrling and Eva Alerby already mentioned above, as well as Arne Forsman. Thank you Arne for your sincere engagement in the work we did together and for adding a great sense of humor. In the recent phase of the project I have had the great pleasure to work with Ulrika Bergmark and Krister Hertting – thank you both for being supportive and a whole lot of fun work with. Thank you very much – Kiitos paljon – to all the Finnish partners with special acknowledgement to the director of the project, Eiri Sohlman. You became a friend from the first moment we met and have been a great pleasure to work with. Heartfelt thank you – Hjertelig takk – to all the Norwegian partners and thank you – ОГРОМНОЕ СПАСИБО – to all the Russian partners for countless learning opportunities across the boarders.
A thank you goes to The Swedish Children’s Ombudsman Lena Nyberg for being so kind to meet with me and recording a powerful welcoming speech for the international Arctic Children conference held in Luleå, Sweden. I will always remember your speech, which started “Children, Ladies and Gentlemen!”

Thank you to Luleå University of Technology for the opportunity and financial support making it possible for me to pursue my doctoral studies.

My colleagues at the Department for Health Science at Luleå University of Technology have been a supportive force. I have been blessed with having colleagues and friends who have been there for me, be it with an encouraging word on the way or sharing literature or knowledge – Thank you all!

A special thank you to my colleagues and friends at the Division of Health and Rehabilitation – a great group of people!

Professor Lars Nyberg, the head of the Division of Health and Rehabilitation, thank you for being supportive of my research visions.

Anna-Karin Lindqvist, I would like to thank you for all the work we have done together, especially writing our first book Hälsovågledning (Health Guidance), which has enriched my work with this thesis greatly. But most of all thank you for being my friend. You have helped me focus on the possibilities in hard times and you have celebrated the good times with me. I appreciate your ability to make me laugh, lifting my spirits!

Lotta Berglund, thank you for being a co-worker and a friend all rolled into one. I enjoy our friendship immensely, especially our honest and caring talks and discussions. I appreciate you being there for me on good days and on bad days.

Katarina Leijon-Sundqvist, thank you for being a great friend. I appreciate us sharing lives ups and downs.

The little PhD student group, which consisted of Inger Lindberg, Kerstin Nyström and Birgitta Lindberg, headed by my supervisor Kerstin Öhrling. Thank you for, especially in the beginning of my PhD studies, offering support and a sense of belonging.

To all the staff at the library at Luleå University of Technology who helped me find literature. I especially want to mention librarian Lotta Frank who has helped me a great deal – thank you very much.

Billy Gray and Tim Foster – thank you for linguistic help and advice, proof reading articles and the thesis.

Professor Tony Ghaye, thank you for being my critical friend in an appreciative way, being a source of inspiration. Also, thank you for being a great role model for making a positive difference in the world.

Marianne Pedersen who gave me my first hours of teaching at Doctum – thank you for encouraging me to combine my experiences in health and fitness with pedagogy, an important step on my way towards doctoral studies.
I would like to say thank you to all Health Guides – Tack alla Hälsovågledare! Over the years I have had the great pleasure of working together with you inside and outside the classroom. You have made it so clear that teaching is learning all over again.

Two great Health Guides and wonderful friends, Kickan Blomqvist and Pia Johansson, thank you for all the inspiring talks about some of the most important things in life – our children, faith, hope and love.

Friends outside of work life have been a blessing.

Eva Blomqvist – we have been friends for almost 30 years and with you I find a space to rest from the demands of work and life in general, which have been especially needed during the research process – thank you!

Lotta Lindgren – just like the children in this thesis pointed out, friends are important for our health and well-being. You have been my friend in times of happiness and sorrow and for that I am forever thankful.

To the wonderful people in the two choirs I meet every week to sing with, I would like to say – Thank you Old Town Gospel Choir and Mariakören. You have been a big positive influence on my own health and well-being during the research process.

Family has always been important to me although for me, especially during the past few years, some things have changed and some things have stayed the same.

First of all my children Lukas and Natalie – I have been blessed with the two of you and I love you from the bottom of my heart! You enrich my life, and you have challenged me to grow as a human being. You also gave me the opportunity to connect my work with becoming a researcher working with children, with being your mamma – Thank you!

Mamma & Gunnar – Mamma, for the love you have given and continue to give I’ll be forever thankful. Gunnar, you came into our lives over a decade ago and have not only filled a great void after my pappa Eric but become a friend and father figure – Thank you Mamma and Gunnar for being there for me!

My sister Nettan – I feel blessed having a loving sister and a best friend in you. Thank you for always being there for me ready to listen, to talk, and to help me understand enabling me to grow. You are the best sister in the whole wide world!

Emma – you and Janne are new additions to my extended family and for that I am thankful. You are a very special friend Emma who means a lot to me, bringing me much joy – thank you!

Kristian, Samuel and Pontus – three additional sources of joy!
Lennart – I am thankful for your faith in me, the way you support my hopes and dreams and for loving me not only for what I do but also for who I am. You make the words from the bible come alive by just being who you are “…love is gentle, love is kind…” – Thank you for sharing my life…I love you!

Finally, my pappa Eric told me a story when I was a child. He was a young man traveling in the northern part of Sweden. It was in the end of the summer season when the evenings started to be dark and cold and humid. He needed to stay for the night and stopped in a small village. A caring family took him in and offered him to stay in a little house further away from the main building. There was only one possible problem, the women in the family told him, the house was haunted and nobody in the past decade had been able to stay the night. He was told that the ghosts started rattling their chains after midnight. As he really needed a rest he thanked for their hospitality, took his bag and moved in to the little house for the night. He had to admit that he was a little uneasy so he stayed up late reading and sure enough after midnight when the sounds of the fire had died down he could hear a sound, boink. It sounded as a metal chain rattling, boink. He got scared but said to himself “there must be an explanation”. He gathered up courage and tried to investigate where the sound came from…boink, boink. After contemplating running away he calmed himself down and tried to listen to the sound of the rattling chains, boink. He traced it outside in the dark summer night where the family’s horse was chained to a metal pole. He discovered that every time the horse moved a little further from the metal pole, the chain was dragged over a big rock, thus the sound, boink. I remember being so impressed by my father’s curiosity and for his great courage to go outside in the dark. Even though I didn’t know it then, within me a researcher was born. And yes, it has taken courage to learn to research and sometimes it has felt as fumbling in the dark, but most of all it has been an enjoyable journey driven by great curiosity.

My final thank you goes to my heavenly father and my father, pappa Eric, who also is in heaven – I know you are watching over me from up above.
REFERENCES


74


Paper 1
Schoolchildren from the north sharing their lived experience of health and well-being

CATRINE KOSTENIUS & KERSTIN ÖHRLING
Department of Health Sciences, Luleå University of Technology, Sweden

Abstract
The aim of this study was to describe and develop an understanding of schoolchildren’s health and well-being from their own perspective. Nearly 100 schoolchildren from the northern part of Sweden, aged 10-12 years, wrote open letters and participated in group discussions as a way to share their lived experience. The phenomenological analysis resulted in three main themes; (a) associating with others; (b) actively participating and (c) being a recipient. The schoolchildren’s lived experience formed an intricate unit including health and ill-health as well as well-being and lack thereof. The meaning of schoolchildren’s health and well-being was understood as the experience of relationships to others and as the relationship to oneself. The relationships to others were positive or negative for schoolchildren’s health and well-being depending on if they were met with a “we” in mind or not. When given the choice to participate, and if shown respect, and trust was understood as positive for schoolchildren’s health and well-being, while the opposite was true when lacking these qualities in relationships with others.

Key words: Health, lived experience, phenomenological, relationships, schoolchildren, well-being

Introduction
A Swedish Government Official Report (SOU, 2000) defines health as a state of physical, psychological, emotional and social well-being, which the individual person needs to conquer as a resource to be able to live a good and satisfying life. Well-being can be referred to as a subjective, self-evaluation of experienced health, which can include feelings of satisfaction and happiness, as well as feeling down and dissatisfied (SOU, 2001). There is a growing awareness that children’s health can adversely affect a country’s future productivity and well-being (Firestone & Amler, 2003). Looking at the situation in Sweden, the psychosocial well-being of children and pre-adolescent youth has been on the decline for some time (SOU, 2002; 1998). Danielson and Marklund’s (2000) study of the health behavior in school-aged children show that Swedish children experience a high level of well-being and a majority of the children consider themselves healthy, although somatic and psychosomatic symptoms are on the rise. Schoolchildren’s psychosocial ill-health, like stress is a growing problem according to the Swedish school ministry (Skolverket, 2001).

Lindholm (1997) argues the importance of basing health education in school on children’s own personal health motives in unison with van Manen (1998) who defines health from a phenomenological perspective as a personal experience of the lifeworld. Finding out more about schoolchildren’s health will continue to be an interesting area of research and health promotion (WHO, 2001; Bremberg, 2000). In the guidelines for the school health care in Sweden, the National Board of Health and Welfare, exclaims, “it is of utmost importance to keep and improve activities which are to satisfy needs of children and adolescents” (Socialstyrelsen, 2004, p. 7). To make this happen, children’s needs have to be assessed not only based on the adult perspective knowing what children need to be healthy. Rasmussen (1994) points out that the adult perspective, although of value, may differ from the child’s subjective point of view. Therefore, it seems important to close in on the problem by letting the schoolchildren share their lived experience of health and well-being from their own perspective.
children’s lived experience give meaning to the phenomenon health. The aim of this study was to describe and develop an understanding of schoolchildren’s health and well-being from their own perspective. In order to reach this purpose, and based on the discussion above, the following research question was posed: How are schoolchildren describing experiences of feeling good and feeling bad?

**Method**

According to Woodgate (2001) researchers interested in the child’s perspective have been advocating more research guided by the qualitative paradigm since the 1980s. Methods used to gain an understanding of children’s realities through their experiences should be congruent with the qualitative paradigm since they tend to be more open-ended, therefore, able to capture the richness of experience (Stewart-Brown, 2001). The schools are the research context, younger children are included in research as well as reliable informants and that it is important that as young as 10 years old should be considered health and welfare in Sweden stating that children under the age of 18, the parents need to give their permission. This was done through written information to the parents as well as written and oral information to the children. Sorensen (1989) warns about using language that is not indigenous to the realm of children. To ensure children 10–12 years old could understand the instructions for the open letters, one child was on vacation, and one child was excluded due to the parents’ wishes. Therefore, this study included 96 children writing open letters. When discussing the thematic understanding in groups, 96 of the original children participated as well as three additional, totaling 99 schoolchildren.

**Ethical considerations**

According to an ethical law in Sweden (SFS, 2003) informed consent must be collected from children participating in a research project; and since they are under the age of 18, the parents need to give their permission. This was done through written information to the parents as well as written and oral information to the children. Sorensen (1989) warns about using language that is not indigenous to the realm of children. To ensure children 10–12 years old could understand the instructions for the open letters as well as the written and oral information of free participation and autonomy a pilot study was done. Before the research project started, it was approved by the ethical committee at Luleå University of Technology.

**Data collection**

According to van Manen (1990) when one wants to investigate a phenomenon the most straightforward way to do so is asking individuals to write down their experiences. He explains, “writing distances us from the lifeworld, yet it also draws us more closely to the lifeworld” (van Manen, 1990, p. 127). The primary tool for data collection in this study was open letters. The writing gave the schoolchildren a way to fix their thoughts on paper, making internal experiences explicit. In a written act, thoughts may be solidified in words on a paper (Dahlberg, Drew & Nystrom, 2001). In the Swedish language, the words health and ill-health are commonly replaced by “mår bra”
(feeling good) and “mår dåligt” (feeling bad) and were chosen for the open letters. The open letters were developed in cooperation with the children in the pilot study and the sentences to help the children get started in their writing were changed before used in the data collection. The sentences were changed from “I’m feeling good when…” to “Now I’m going to tell you about one time when I felt good that was…” and from “I’m feeling bad when…” to “Now I’m going to tell you about one time when I felt bad….”. After the open-ended sentences, presented at the top of the page, open lines followed inviting the children to tell their story. The open letters were distributed to the children by the researchers in envelopes to ensure privacy and the children were asked to do the writing on their own, making original individual responses possible. The writing was done in school and the children were free to work on their open letters a number of times during one week to give time for reflection. To increase confidentiality each child was assigned a number only known by the first author and the child.

Data analysis

An analysis inspired by van Manen’s (1990) hermeneutic phenomenological reflection was used. The analyzing process done by both authors followed three steps, seeking meaning, theme analysis, and interpretation with reflection. The seeking meaning consisted of reading the open letters through and then transcribing the letters verbatim to a computer text document, obtaining a sense of the collected meaning or meanings in all the experiences described by the schoolchildren. The second step of the process was theme analysis where themes may be understood as the structure of experience. The textual units from the open letters were organized into different experiences in several steps and finally reduced to themes of the children’s lived experience. The third step was interpretation with reflection, a process of free and insightful grasping and formulating a thematic understanding of seeing meaning, resulting in three main themes (c.f. van Manen, 1990). Before the analysis was concluded, the researchers returned to the source to see if there could be additional insights generated (c.f. Bauer & Orbe, 2001). All the participating schoolchildren formed small groups in the five classes, to discuss and write suggestions on the researcher’s thematic understanding. They were provided the main theme formulations as a point of departure for their discussion about schoolchildren’s health and well-being, and they were asked to write down their understanding of these themes. The comments were compared with the themes and coincided with the researcher’s thematic understanding. Their notes from the group discussions added no new understanding for the phenomenon, schoolchildren’s health and well-being, however, showed support for the analyzing process.

Results

The findings based on the three step analyzing process resulted in three main themes: (a) associating with others; (b) actively participating; and (c) being a recipient. All three main themes included experiences communicating experiences of feeling good and feeling bad.

Associating with others

In the first main theme (a) associating with others, the schoolchildren’s lived experience focused on relationships that made them feel good or bad. Within this main theme, three themes communicated situations in which they felt good, and the bad experiences formed three themes.

Experiencing togetherness. The children expressed togetherness as being recognized and included in a group as well as being accepted for the person they are. One child wrote, “One time when I was sitting alone at lunch … then two girls from my class asked me to sit at their table … then I felt good”. The children also described a larger social phenomenon affecting the atmosphere around them, like the child who wrote, “I feel good when everybody is together … everybody should always be included”!

The schoolchildren experienced togetherness with a number of human beings or with one single person. Human beings were not the only subjects of friendships, pets and animals like horses were mentioned as members of good relationships as well. Experiencing togetherness was understood as having someone to whom they felt close.

Sharing love and affection. A best friend or a grown-up to share actions of love and affection with made the children feel good. A loving friend took on many roles, the one to confide in; the one lending a shoulder to cry on; the one to spend time with; and the one with whom to laugh. This child communicated the value of friendships and the personal growth that it can offer, “When my friends really show me that they like me. Then I feel happy… Because without them I would never be the one that I am today”. Having someone, or being the one, who was caring or helpful was understood as an expression of love and affection.
Being supported. Being part of a team, or in relation to a single person, the children experienced support. According to the children, there were supportive friends, classmates, team players, parents and other adults being there in good times and in bad times. Being shown around in school by someone when being a newcomer or having a Dad that was there to talk to when feeling disappointed are examples of supportive actions. Being supported was understood as having others near by sharing life’s ups and downs.

Feeling excluded. Experiences like being left alone, not having a best friend or missing the affiliation to a group made the children feel bad. One child described the feeling of exclusion like this, “When somebody just ignores you or don’t speak with you or if you say hi and the other person doesn’t reply even though she hears you”. Exclusion was felt in peer relationships as well as in relationships with adults. Being alone in school or parent’s divorce made the children feel excluded. Being the one to exclude when having to choose between friends or choose to live with one or the other parent made the children feel bad as well. Feeling excluded was understood as the experience of forced separation or loneliness.

Missing someone. The children described how they were missing important people in their lives for example when a parent worked in another city or when having to leave a friend from the old neighbourhood. Being parted by death from someone beloved was a situation in which the children felt bad. One child explained, “When my Grandpa died . . . it felt so weird seeing him laying there . . . then I didn’t feel good. I felt bad”. The children not only mourned human beings but also pets that passed away or were missing for other reasons. Missing someone was understood as being separated by time and place in a relationship, an experience of loss.

Being violated. Being hit in a fistfight or being teased and bullied made the children feel bad. As one child wrote, “I was bullied because I am fat and ugly”. The schoolchildren experienced being violated through threats, being forced to do something against their will or not being treated with respect. In the following quote, one child wrote about the frustration of not being understood by adults nor getting the help needed to end harassment and bullying:

My first few years in school I was bullied due to my Christian beliefs. One of my friends became weakened by the bullies (because he was shy) and stopped going to class. The teachers did not understand and put him in special education class. The bullying continued through us, they said we were punks how could we be with him ‘that blank’! A few of our group caved in and agreed with them. Now he is starting seventh grade with them again. One of the bullies is criminal now. Threats, abuse and shoplifting. COME ON DO SOMETHING!!! I understand that I did wrong by not telling. But 7 years younger threatened to be beat to a pulp against them, how? And all teachers your talks do nothing, they just are more careful around you and wait till you turn around.

The schoolchildren shared experiences of being violated in school as well as at home, one child wrote, “Mom took a choking grip around my neck”. Being violated was understood as the children’s boundaries were trespassed by others.

Actively participating

In the second main theme (b) actively participating, the schoolchildren took on the role as the “doers”. Depending on the situation, they had good or bad experiences when engaging in activities or acting in different situations. Within this main theme, two themes communicated good experiences and two themes included experiences that made the children feel bad.

Choosing to partake in enjoyable activities. Activities that made children feel good were for example playing games, having grill-outs, swimming in the lake, being outdoors, and having sleepovers. One child wrote about taking part in fun activities:

A year ago when my best friend spent a lot of time together and we played and did sleepovers and made a book since I had a brand new camera and we did a lot of swimming and she got a dog and we played with it and had so much fun it was super fun and no matter how I hurt I only could laugh she was so much fun . . . she was so funny and nice and easy to talk to and that’s why I like that summer best.

Exciting activities when children were physically active, like going on the merry-go-round, was included as well as peaceful activities like resting outside in the sunshine. One child described enjoyable activities like this:
When I was going to ride a horse for the first time. It was a very exciting feeling. But also a few butterflies in the stomach. It is really fun to ride horses and to be in the riding stable. It makes me happy. When I am sick and get to go to the stable I feel much better. I feel healthier.

It was not always the activity per se that made the children feel good but how they were being treated when taking part, as one child wrote, "I feel good when I play soccer partly because everybody is so nice". Being able to choose to participate or not participate also made a difference. One child wrote, "I feel good when we get to choose what we want to do". Partaking in enjoyable activities was understood as children's spirits were lifted when being involved.

Achieving something of value. The children described scoring a goal, winning a soccer game, learning to read, or having scored all points on a test in school as valuable experiences. One child wrote about a sports accomplishment, "They were ahead with 15 seconds left... I shot a slap shot under the arm of the goalie. That I will never forget. The goalie started crying. I screamed because I was so happy". Achieving something of value was understood as excelling as a human being.

Having to do "unfun" activities. Boring, tiring and difficult activities was "unfun" and made the children feel bad. Not being able to influence their participation brought on dissatisfaction, like the child who explained, "I feel bad if I do not feel like doing something one has to do so I get tired and then I feel ill", and another child wrote, "She forced me to eat food I didn't like...". According to the children, activities are not always fun or "unfun" per se but by actively participating, the children described how activities could turn out bad. Examples included a painting activity that turned into an unhappy event due to some spilled paint, a shopping trip that turned out to be exhausting due to the hot weather, and a soccer game that was not played fair brought on bad feelings and made soccer "unfun" that particular time. Partaking in "unfun" activities was understood as involvement resulting in a lowering of children's spirits.

Making mistakes. Experiences like missing to score a goal, losing a hockey game or not being able to fulfill expectations made the children feel they failed when actively participating. This child described how it felt making a mistake, "When I played soccer and we had green tags on my team and some other ones had green jackets. So I got laughed at when I made a mistake". Being aware that you made the mistake of hurting someone else brought on bad feelings in the children as well. Making mistakes was understood as children experiencing not being good enough.

Being a recipient

In the third main theme (c) being a recipient, the children passively took part in a one-way receiving gesture or were the recipient due to circumstances or due to an action on their own part. Within this main theme, two themes included good experiences and two themes included experiences that made the children feel bad.

Receiving something of value. Getting a nice present, a pet, or the thing on the top of the wishing list as well as receiving love in form of a hug or affection was considered valuable. One child wrote about a situation when material things were received as well as the gift of being surrounded by loved ones, "A year ago when I had my birthday... it was the best day because my family was there and I got great presents. That was my best day". Not being sick and, therefore, in good health was also noted by the children as valuable as well as having a best friend, good family relationships, or a pet to spend time with. Receiving something of value was understood as children getting something they wanted or having a need fulfilled.

Being acknowledged. The children wrote about being chosen to do a special task or being rewarded for their academic or physical achievements. Being acknowledged was made possible through a friendship, a proud parent, or being in a group setting receiving an honor or award. Sharing ones accomplishments brought on good feelings as this child wrote, "When my good friends choose me to be the captain for our team... I was very happy... I told my Mom and Dad and my Step dad... they were very proud". Being acknowledged was understood as children being recognized and valued for who they are and what they have done.

Being denied something of value. Not being able to get something material they wanted, such as a bike or something social, like a friendship made the children feel bad. One child wrote, "I don't feel so good when I don't get peace and quiet". The reason for not being able to get something of value was either in someone else's power to decide, or brought on by the children themselves. This child connected her own
actions with being denied a friendship, “When I do something dumb ... and then one risks to loose a friend”. Being denied something of value was understood as children not getting something they wanted or a need not being met.

**Being harmed or wounded.** The children described being physically and emotionally harmed and hurt by accident, by themselves or others. One child wrote, “I fell and hit my head on a rock and then I fainted”. There was a variety of hurts described like a stomachache, a broken wrist, a bump on the head and childhood diseases. The pain was sometimes felt in the body as this child explained, “When I broke my leg. It felt like somebody was sawing on it”. The children also described how they were emotionally wounded by lies, deception and not being able to trust or be trusted. One child wrote about feeling bad, “When Daddy promised a thing but then we didn’t do it”. Being harmed or wounded was understood as children experiencing suffering.

**Comprehensive understanding**

According to the schoolchildren’s lived experience, we understand that there is not a division between health and ill-health or between well-being and lack thereof, echoing Lindholm and Eriksson’s (1998) description of health and ill-health as constituting a dynamical integration that not only strengthens but also is a prerequisite for health. We also understand schoolchildren’s health and well-being as the experience of relationships to others and as the relationship to oneself. According to Schutz (2002), the well-relationship is the base for our existence as we are born into a social world where the “we” is fundamental for the “I” experiencing the world. The first main theme (a) associating with others, explicitly lift the relationship to others, while the other main themes; (b) actively participating, and (c) being a recipient, focus on the relationship to oneself presupposing the relationship to others.

The schoolchildren described how active participation could result in making mistakes, failing or not being able to fulfill expectations, thus bringing on feelings of not being good enough. They also described situations where active participation resulted in them being valued for who they are and what they have done making them feel good. This can be understood as being able to take part is important but how the participation is handled is in turn increasing or decreasing the well-being. Kalnins et al. (2002) argue that children have a marginalized position in adult society, which provides a challenge where “society must rethink the position and roles that are assigned to children so that their valuable potential is not lost” (p. 223). It seems to be important how schoolchildren’s participation is handled in order to make room for them actively participating in society as well as increasing their well-being in the process.

**Discussion**

We understand the schoolchildren’s lived experience based on the three main themes: (a) associating with others; (b) actively participating, and (c) being a recipient. These main themes are not to be looked upon as separate entities but rather as overlapping dimensions creating an understanding of how schoolchildren from the north share their lived experience of health through their own well-being perspective. Each main theme include positive as well as negative health experiences in line with what Borup (1998) found when schoolchildren brought up topics in health dialogues with the school nurse. Within all the main themes there seem to be a representation of a fundamental lifeworld similar with what van Manen (1990) describes. According to van Manen there are four fundamental lifeworld themes that can be differentiated but not separated namely, lived body, lived space, lived time and lived human relation. The schoolchildren’s lived experiences are not sorted into “feel good” and “feel bad” experiences, even though we asked them to write about “feel good” and “feel bad” situations, but form what van Manen (1990) call “an intricate unite which we call the lifeworld—our lived world (p. 105)”. Therefore, dividing life into health or ill-health, and feeling good or feeling bad, when trying to understand schoolchildren’s well-being narrows our perspective when meeting children in health promotion work.

According to the schoolchildren in this study, good relationships had a positive effect on their well-being. Associating with others made the schoolchildren feel good when engaging in relationships characterized by togetherness, love, and support and thus developing positive health experiences. The opposite was true when associating with others in relationships characterized by loneliness, separation or when the schoolchildren experienced that their boundaries where being trespassed by others. The schoolchildren in this study described meeting others in good and bad ways in line with what Schutz (2002) calls the world of directly experienced social reality, where “you and I” become “we.” The relationship to the human beings in the world of directly experienced social reality is the face-to-face meeting here and now (Schutz, 2002). The actual togetherness seem important for the well-being of
children as good relationships are described by them in terms of having someone to feel close to, being supported by others, being helped or cared for. Such relationships can promote positive health behavior as Lowery, Chung and Ellen (2005) found that the social support provided by a close friendship in children 12–18 years old, have an impact on seeking confidential healthcare service thus providing a positive effect on health behavior and health promotion. Hartup (1996) describe friends as providing cognitive and social scaffolding for each other.

The negative relationships the schoolchildren described as feeling excluded, being violated, harmed or wounded show that togetherness is not always a good thing. According to Heidegger (1992), it is not feeling empathy that constitutes the being-together but the being-together that make it possible to understand and feel empathy for another human being. While we are together, feelings of empathy are motivated by negative feelings, which do exist within the togetherness (Heidegger, 1992). The children described being violated through threats, being forced to do something against their will or not being treated with respect. Some of their examples were experiences of peer bullying, a common problem in Swedish schools according to the Swedish School Ministry (Skolverket, 2002). One aspect of being violated through bullying was understood as a no-power situation when the adults surrounding the children do not understand their experience or help end the harassment, thus cause the children experiences of suffering. In Olweus’ program against bullying (Olweus, 1998) one key for prevention is to bring out children’s experiences of being violated to educate teachers. American researchers echo this approach emphasizing the involvement of schoolchildren in the bullying prevention process (Dake, Price, Teljohanna & Funk, 2003), letting their voices be heard.

The schoolchildren’s lived experience reveal how lacking the togetherness seems to have a negative effect on their well-being as they described how missing someone, being forced to separation or loneliness and the experience of loss made them feel bad. According to Luecken (2000), social support or lack thereof has a great impact on children’s health indicating that poor family relationships during childhood are associated with increased hostility and depression and lower social support in adulthood. Being separated by time and place in a relationship can have long-lasting effects for the children’s well-being. Canetti et al. (2000) argue that the impact of separation from parents involve a greater risk for psychopathology than the loss of a parent although a good relationship with the parent the child is missing moderates the negative impact of separation from them.

The schoolchildren in this study described not being able to influence participation as a negative experience, thus lowering their spirits. Similarly, the Swedish Children’s Ombudsman found schoolchildren dissatisfied with adults not listening to them and if they were listened to they experienced how they were not taken seriously (Barnombudsmannen, 2003). According to Cashmore (2002) children “want to ‘have a say’ rather than ‘their own way’” (p. 845), and the key is giving them a choice and opportunity to take part. The schoolchildren’s lived experience points out that being able to influence their participation in activities made the experience better than if they were forced to be involved. Schwab (1997) describes the connection between being able to influence and experience of health, “We all want the power to determine events that affect our lives. It is a basic human right and an important determinant of health” (p. 11).

According to the schoolchildren in this study, active participation can turn out badly depending on the situation and outcome. Inviting schoolchildren to participate actively in health promotion efforts can be a way to elicit children’s experience of health and well-being. However, eliciting efforts will be in vain if children’s experiences are not taken seriously. Using Schutz’ (2002) phenomenology of the social world where a meeting can take place in the world of directly experienced social reality fostering well-being but a meeting can also take place in this very world without much interest or involvement. An encounter or a meeting with no focus on the other is much like a meeting in the world of contemporaries where the distance between humans is evident (Schutz, 2002). There seems to be a need to widen the invitation to include children not only for the sake of invitation but also as partners in health promotion work to risk not generalizing their well-being needs. Generalizations limit the view of the lifeworld and become a distant view of fellow human beings (Schutz, 2002). It is, therefore, important to engage in health promotion work with a “we” in mind as Schutz (2002) explains that the we-relationship makes it possible to turn as an I towards another living you.

The children in this study perceived well-being as when they had the power to decide to participate or not, as well as influence the way they participate. Booth et al. (1991) conclude that, “power can be healthy” (p. 31) and continued that this power enables human beings to be actively participating.

Morrow and Richards (1996) suggest not taking children for granted or give them provincial status but meeting them with respect. Treating children
with respect is empowering (Eder & Fingerson, 2002) and empowerment emerges as a transactional partnering process between adults and children (Cargo, Grams, Ottoson, Ward & Green, 2003). When able to meet children as a “we”, making room for their agenda and respecting their thoughts, the meeting and the communication process itself can be empowering as well as health promoting.

The schoolchildren in this study described how they felt bad when not being able to trust someone in a relationship or not being trusted by others. According to Beisecker and Beisecker (1993), paternalistic ideologies ask patients (hence children) to trust health care providers (hence adults) while consumer ideologies expect health care providers, to also trust and be accountable to patients in an exchanging relationship. Hart-Zeldin, Kalnins, Polack and Love (1990) point out that children are viewed as passive beneficiaries of health care efforts but should become active participants in activities promoting health. Beidler and Dickey (2001), however, present an argument against the claim that children should be involved in healthcare decisions due to lack of empirical evidence, indicating that more research is needed. The results in this study are based on schoolchildren sharing their lived experience of health and well-being through open letters. This leads us to agree with Alerby (2003) who argues that children are able to put their experience into words and their capability to do so can be trusted. In addition, Pelander and Leino-Kilpi (2004) found that children were competent in evaluating health care as well as capable to offer valuable insights on development of pediatric nursing care.

Asking children to write open letters is one way of developing an understanding of schoolchildren’s health and well-being from their own perspective, as we did in this study. Merleau-Ponty (1962) refers to our consciousness as the intentional arc where our present is integrated with our past and future. One needs to bear in mind that a limiting factor might be the child’s capability to express in writing the physical, ideological, and moral situations included in the intentional arc (c.f. Merleau-Ponty, 1962). However, according to van Manen (1990) when the adults, in this case the researchers, reflect on their own lived experience when trying to detect the thematic meaning in the children’s descriptions a process is taking place where the value of truth in the experiences expressed is evoked and enhanced. It is through our own experience as a child we can understand the child we are trying to gain an understanding about (Langeveld, 1984). Matthews and Tucker (2000) describe one of the disadvantages with written communication as disempowering children due to them not being in control of the process. According to Sorensen (1989), one can give children room to express themselves with an open form of writing like a diary guided by topics yet keeping it as open-ended as possible. By semi-structuring the open letter through an open sentence without ending the focus was directed at the topic at hand, in this case children’s health and well-being, leaving room for original individual responses (c.f. Sorensen, 1989). Involving the children in the research process through participation in group discussions might also alleviate the problem of children lacking control of the process, putting them in charge of what is important to share. Van Manen (1990) points out that returning to the source can be twofold, both gathering of experiential material and serve as an occasion to further the reflection. Within this study the returning back to the children as a group involving them in the process gave not only support for the analyzing process but it also aimed at empowering the children and send a message that their experience, thoughts and ideas were important.

According to Eder and Fingerson (2002), reporting findings of a research project not only helps validate the researchers’ interpretation of the data collected, but also engages the children in the process. Engaging children in the research process is one way of ensuring that they are not viewed only as informants with the risk of being exploited (Matthews, Limb & Taylor, 1998).

According to Bengtsson (1999), the researcher can receive insights from the child’s life-world and a change in perspective can be the result. However, one need to bear in mind that the meaning one gives another human being cannot be the same as their own but merely an interpretation (Schutz, 2002). Van Manen (1990) adds that descriptions of lived experience are never identical to lived experience itself, “…the meanings we bring to the surface from the depths of life’s ocean have already lost the natural quiver of their undisturbed existence” (p. 54). This study was done in the arctic region of the world within the Swedish school system including schoolchildren from this area. The results and the findings can be applied in similar contexts, and can be considered when communicating with children about health and well-being, eliciting their needs as well as when including them in health promoting efforts.

Acknowledgements
First, we should like to thank all the schoolchildren who wrote open letters and participated in the group discussions. Thank you to the parents, the principals, and teachers for making this study possible.
The Arctic Children project, EU Interreg IIIA, as well as Luleå University of Technology, the Department of Health Sciences supported this study.

References


Paper 2
The meaning of stress from schoolchildren’s perspective

Catrine Kostenius* and Kerstin Öhrling

Department of Health Sciences, Luleå University of Technology, Sweden

Summary

Researching schoolchildren’s lived experiences of stress was seen in this article as a holistic approach to stress research. The aim of this study was to illuminate the meaning of stress from schoolchildren’s perspective. A total of 23 Swedish schoolchildren, aged 10–12 years, wrote open letters and were interviewed. The phenomenological–hermeneutical analysis resulted in five themes: being out of time; being less than one can be; being run by others; being in a fleeing, fighting body; and being lifted to excel. This updated understanding of the meaning of stress for schoolchildren included an emerged focus on their being caught in life’s challenges. These challenges included a lack of freedom and time, as well as an opportunity for potential growth. Our understanding of the schoolchildren’s lived experiences of stress may be used to facilitate the development of early stress intervention. Copyright © 2008 John Wiley & Sons, Ltd.

Key Words

health; stress; schoolchildren; lived experience; phenomenological–hermeneutic analysis

Introduction

The mental health of Swedish children and youth is declining (SOU, 2006). Claussen, Petersson, and Berg (2003) found that schoolchildren in Sweden are physically healthy but psychosocially unhealthy, as psychosomatic complaints are more common as are problems with low self-esteem. According to Öhrling (2006), there has been an increase in psychosomatic complaints compared with 25 years ago, arguing that it is clear something has happened to interfere with Swedish schoolchildren’s experience of psychosocial health. The schoolchildren report an increase in headaches, abdominal pain, tiredness, exhaustion and difficulties in sleeping. Symptoms which, according to Levi (1985), can be considered stress related. Lau (2002) raises the need to further research stress in children. This need is echoed in a report from The Swedish National Agency for Education concluding that stress in schoolchildren is a growing problem (Skolverket, 2001).

There are studies on stress in children, such as Lindblad, Lindahl, Theorell, and von Scheele (2006) showing children’s worrying thoughts in test situations at school adding to the stress reaction. Furthermore, Stefanello (2004) indicates a possible relationship between weight and the symptoms of stress in children. The differences in how boys and girls perceive stress is offered by Hampel and Petermann (2006). Gustafsson, Gustafsson, and Nelson (2006) add to stress research with children in mind, confirming that a relationship exists between psychosocial factors and cortisol levels. However, more can be done.

* Correspondence to: Catrine Kostenius, Luleå University of Technology, Department of Health Sciences, 971 87 Luleå, Sweden.
† E-mail: catrine.kostenius@ltu.se

Contract/grant sponsor: The Arctic Children Project, EU Grant Interreg III Kolarctic.
Contract/grant number: KA 0087.
A holistic approach in stress research is called for by Nelson and Cooper (2005), making room for both distress and eustress. In addition, Lindsay and Lewis (2000) suggest that researching children's perspectives is undeveloped but important as a means of ensuring that children's voices are heard. According to The United Nations' Convention on the Rights of the Child (United Nations and Human Rights, 1959), it is important to listen to children's subjective point of view. Alérby (2000) argues for researching children's lived experiences in order to provide an important understanding for matters concerning them. Researching children's lived experiences may be one way to take on a holistic approach to stress research, offering yet another piece of the stress puzzle. Therefore, the aim of this study was to illuminate the meaning of stress from schoolchildren's perspective.

Methods

This article draws on data collected as part of a larger qualitative study focusing on schoolchildren's lived experiences of health and ill health. According to van Manen (1990), researching lived experience based on a phenomenological-hermeneutical perspective focuses on the meaning embedded in situations as human beings experience them. The study presented in this article deals with the meaning of stress from the perspective of several schoolchildren. The method used to analyse the data was inspired by a phenomenological-hermeneutical method for researching lived experience influenced by the French philosopher Paul Ricoeur (Lindseth & Norberg, 2004).

Ethical considerations

According to an ethical law in Sweden (SFS, 2003), informed consent must be collected from children participating in a research project, and because they are under the age of 18, the parents need to provide permission as well. This was done through written information to the parents as well as written and oral information to the children. The first author conducted the interviews after explaining free participation and autonomy and receiving permission from the children and their parent(s). Before the research project started, it was further approved by the ethical committee at the university where this research project was based.

Research context and participants

The participants were selected from a study where 96 schoolchildren, from two schools in the northern part of Sweden, wrote open letters telling stories about their health and ill health as well as stress and how they cope with it. The schoolchildren were ages 10–12, all of them attending grades 4–6 in the smallest and largest schools in a school district, one suburban and one rural. To keep openness for the illumination of the phenomenon of stress, 23 letters were chosen based on variations in expressions of stress and stress coping as well as a lack thereof. The 23 children, 12 boys and 11 girls, who had written the selected open letters, were then invited to a personal interview. All of the invited children consented to participate.

Data collection and data analysis

The children's lived experiences of stress were captured in the open letters using the following open-ended sentence: 'Now I'm going to tell you about one time when I was stressed that was . . . '. This open-ended sentence was presented at the top of the page followed by a full page of open lines inviting the children to tell their 'stress story'. Dahlberg, Drew, and Nyström (2001) add that written information can stimulate dialogue about a particular topic, which makes the open letters—collecting schoolchildren's stories about the phenomenon stress—helpful when later engaging in interviews with the same children.

The interviews were tape-recorded and started with the first author asking the child to read out loud his or her own stress story. With the point of departure in each child's unique story, questions were asked to widen the scope of the child's lived experience of stress. Questions asked, for example, were 'What happened then?', 'How did you feel then?', 'What do you think about that?' and 'Tell me more?' in order to support the children when communicating their experience of stress. After the interview tapes were transcribed verbatim, the text pertaining to the children's experience of stress was analysed. The analysis of the text was done in three steps by both authors: naïve reading, structural analysis and comprehen-
The meaning of stress for schoolchildren

The aim of the analysis was not to understand the schoolchildren’s intentions but to understand the meaning of the phenomenon stress in the text. Ricoeur (1993) claims that a text has a surplus meaning within itself and is free from its author. The computer text document was read through a number of times to obtain a sense of the whole. The second step of the process was structural analysis, seeking to identify and formulate themes through interpretation. The text was read repeatedly and organized into different meaning units of experiences as well as interpreted in several steps. Finally, the meaning units were reduced to broader themes illuminating the children’s meanings of stress (Table I). The third step, comprehensive understanding, was a process that included reading and discussing the text again as a whole with the naïve understanding and the themes in mind (cf. Lindseth & Norberg, 2004).

Results

Naïve understanding

The meaning of stress to the schoolchildren seems to be the experience of not being able to be on time and not having enough time, in other words, feelings of time pressure emerged in their stories. The children also expressed feeling worried, being afraid and feeling inadequate when stressed. The children described stress as an experience of emotional imbalance or changes in the body increasing irrational behaviour, causing ineffectiveness. The children pointed out that stress generates more stress and can become a negative spiral if not handled. A little stress can be inspiring and have a positive effect, but is most of the time experienced as negative. Stress can be limited to an individual’s thoughts but can also be socially activated when other human beings’ stress or actions become a stress source.

Structural analysis

The analysis revealed five themes with sub-themes illuminating the meaning of stress from schoolchildren’s perspective (Table II).

<table>
<thead>
<tr>
<th>Meaning units</th>
<th>Sub-themes</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>... when we had been in Thailand and we were going to the airport. We came</td>
<td>Being in a hurry</td>
<td>Being out of time</td>
</tr>
<tr>
<td>there ten minutes before the plane was going to lift off and then we had</td>
<td></td>
<td></td>
</tr>
<tr>
<td>to run like crazy to catch the plane before it was taking off. Then I was</td>
<td></td>
<td></td>
</tr>
<tr>
<td>very stressed ...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>... when I’m sitting at the computer ... it’s a time limit and like that,</td>
<td>Being pressured by time</td>
<td></td>
</tr>
<tr>
<td>then I get stressed ... yea, it’s mostly because time runs out.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table I. Examples of meaning units, sub-themes and themes in the structural analysis of schoolchildren’s lived experiences of stress.
gotten about it and I was at a friend at well twenty after three and then I remembered and I had to really hurry home'. The children explained how they wanted everything to go fast when in a hurry and how stressful it was when activities, circumstances or human beings around them had a slower pace, slowing them down.

**Being pressured by time.** The children described feeling overloaded, like this child: 'I get dizzy . . . having to do everything at once'. Being overtaken by time was expressed in a number of different ways, such as when there was no more time available to finish tasks, as voiced by this child, who stated, 'it's a time limit and like that, then I get stressed . . . yea, it's mostly because time runs out'. Tasks not normally stressful could become stressful if not enough time was allotted. The children explained being stressed when responsibilities were not in reasonable proportions to the time allowed. The stress in these situations ranged from an irritation over having to clean one's room to being a burden to the level of hopelessness. One child described how stressed she was because she had no choice but to walk her little brother to the day care every morning for months all by herself.

**Being less than one can be**

This theme was formed by sub-themes expressing the children feeling like they were not being good enough and not being true to themselves and to others.

**Not being good enough.** The children were stressed when they were left behind, were unable to remember something important or were lost. Being stressed over not having the personal resources to do something was described by these children: ‘...I often get stressed if I feel that I can't handle it . . . ’ and ‘And I often feel stressed if I feel that I don’t really know how to manage . . . ’. Being unable to do well, being unable to understand something or being ineffective was experienced as stressful by the children. One child sighed out loud and shared the feeling of ineffectiveness: ‘Well, I think mostly wow, wow, wow . . . now I have to hurry but then I get much less done’. The children were doing things fast and not well or even wrong when stressed, leaving them with a sloppy result and the feeling of not being good enough. Being behind in their school work made the children feel stressed. They expressed how they were lacking self-confidence, being embarrassed, uncomfortable and unhappy when not able to do as well as they had expected of themselves or others had expected of them.

**Not being true to oneself and to others.** The children experienced stress connected to being worried about what others might think about how they look or what they do. Being afraid of showing their true self was stressful, as there was a risk they would not be accepted. One stress source was what they looked like and the worry of being different in some way. Being embarrassed over wearing braces or laughed at for wearing the wrong clothes was stressful. Lying to someone or not being completely truthful was experienced as stressful as well as experiencing the risk of being caught. Having done something behind someone’s back or not handling a situation satisfactorily was also stressful.

**Being run by others**

This theme was formed by sub-themes expressing the children being pressured to perform as well as feeling powerless.

---

Table II. The meaning of stress from schoolchildren's perspective.

<table>
<thead>
<tr>
<th>Themes</th>
<th>Sub-themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being out of time</td>
<td>Being in a hurry</td>
</tr>
<tr>
<td>Being less than one can be</td>
<td>Being pressured by time</td>
</tr>
<tr>
<td>Not being good enough</td>
<td>Not being true to oneself and others</td>
</tr>
<tr>
<td>Being run by others</td>
<td>Being pressured to perform</td>
</tr>
<tr>
<td>Feeling powerless</td>
<td>Feeling changes in a body on the run</td>
</tr>
<tr>
<td>Being in a fleeing, fighting body</td>
<td>Being easily ticked off</td>
</tr>
<tr>
<td>Being lifted to excel</td>
<td>Being focused and effective</td>
</tr>
<tr>
<td></td>
<td>Being active and motivated</td>
</tr>
</tbody>
</table>
Being pressured to perform. The children felt stressed when pressured to be a part of an activity or to do a task they did not feel they wanted to do or be a part of. They expressed this in words like ‘I have to . . .’, ‘I must . . .’ and ‘I don’t like it but . . .’ in connection to feeling stressed. In a pressured situation, the children described being confused about what to say or do, as this child described what happens when having to speak in front of the class: ‘Oh and then one gets so stressed about what to say’. The children felt pressured to perform in a number of different locations like school, home or at after-school activities. They also felt stressed in different situations such as when doing homework or being tested in a school subject.

Feeling powerless. Having to conform to other people’s decisions without having the power to change it was stressful for the children. The feeling of powerlessness was felt when not being able to leave the situation they were in or not feeling capable of changing the situation. Stress was also felt when not having the right to decline, such as when having to make a presentation in front of the class or when in a conversation with someone who was dominating or unfriendly. This child described the feeling of being trapped: ‘. . . I feel like I would like to escape’. Being able to make a decision but with no chance to make it satisfactorily was also described as stressful. The children experienced a connection between stress and fear when being afraid of punishment from others, such as after not being on time for school in the morning or not having completed a homework assignment.

Being in a fleeing, fighting body

This theme was formed by sub-themes expressing the children feeling changes in a body on the run and being easily ticked off.

Feeling changes in a body on the run. The children experienced rapid eye movement, tensed faces, heavy breathing and racing heartbeats when stressed. As one child explained, ‘. . . the heart was beating one hundred and twenty miles per hour’. They also described changes in their body temperature, first being warm and sweaty and then getting cold. Stress was felt in the stomach as pain or butterflies as well. As one child described, ‘. . . it feels jittery in my stomach’. The body, when stressed, was experienced by this child as a lump: ‘It feels like a big lump getting heavier and heavier’. Being in a body on the run was expressed in terms of being restless, wound up, running around or feeling nervous and jittery.

Being easily ticked off. When stressed, the children experienced being angry or irritated as well. As one child explained, ‘I get hysterical . . . and start like screaming . . . not like you have to make a crazy scream but I feel like a bit irritated’. The anger and irritation were reactions close at hand in stressful situations.

Being lifted to excel

This theme was formed by sub-themes expressing how the children were being focused, effective, active and motivated by stress.

Being focused and effective. The children felt that stress in the right amount made them focused and effective, as this child explained, ‘. . . it depends on how stressed I am . . . if I am very stressed I get very little done but if I am a little stressed I get more done’. Stress made the children anxious in a good way by making them focus on tasks that resulted in higher quality work. As one child explained, ‘Sometimes if I am a little behind in my (school) work I get stressed. I would like to be where most of the others are so then I stress a little to catch up, but I make sure that my work gets done well anyway’.

Being active and motivated. The children experienced the feeling that stress filled them with positive energy when trying to win a game or in any form of competition. Stress made the children more active. As this child explained, ‘I feel in high spirits . . . I just try to work’. Just the right amount of stress was described by the children as a motivating factor in a number of situations, such as when feeling spurred in a testing situation at school, when seeing the possibility to score one more goal in a game or when getting the feeling of having what it takes to succeed even though the time is running out.
C. Kostenius and K. Öhrling

Discussion

The meaning of stress captured in the themes made up by the children’s lived experiences can be understood as stress forcing, pressuring, lowering and lifting them. Such comprehensive understanding can be interpreted as an illumination of the meaning of stress for children as being caught in life’s challenges. When understanding the meaning of stress from schoolchildren’s perspective this way, one can wonder about what being caught up in the challenges of being a child is all about. The children in this study experienced being powerless when stressed. In this sense, being caught can be looked upon as a lack of freedom.

A lack of freedom can be viewed as the polar opposite of the freedom of choice, and this is connected to an overall lack of power and the general feeling of powerlessness. Being stressed might mean that children are being caught in life’s challenges, and in this, making them feel less likely to play. ‘To play is to be free’, claims Huizinga (1938/2004, p. 7) as he explained that all play is first of all based on free choice and that play is not possible when forced or ordered. With this way of seeing play, stress and play could be considered a contradiction in terms. The absence of play according to Huizinga (1938/2004) could pose a great loss, as the act of playing enriches life, adding that,

it decorates life, fills it and is in that sense indispensable—indispensable for the individual human being as a biological function and for the fellowship through its meaning, its significance, its expression of worth and through the spiritual and social relationships it forms… (Huizinga, 1938/2004; p. 19).

Being out of time was stressful for the children in this study, making them feel in a hurry and pressured. Time in this case seemed to be too little or too short in relation to what was needed in the specific situation and in the social context the child was in. Being caught in life’s challenges could, in this sense, be understood as having a lack of time. Heidegger (1989) explains, ‘Time is nothing. It persists merely as consequence of the events taking place in it’ (p. 3E). The sand in an hourglass slows down in the narrow part. Looking at stress as having a narrowing effect on the hourglass, it would choke the flow of time. If time is not seen as moving, but that change is what moves time, being caught could be understood as a roadblock for time. Using the words of Heidegger (1989) once again, ‘Since time itself is not movement, it must somehow have to do with movement. Time is encountered in those entities which are changeable; change is time’ (p. 4E). Being caught in life’s challenges can be understood as the lack of time in a vicious circle hindering change and, consequently, the flow of time.

One theme that emerged from the children’s lived experiences describes stress as being used in order to excel. When looking at being caught in life’s challenges from this angle, it could also be understood as a challenge offering an opportunity for potential growth. Being caught can, in this sense, be looked upon as a positive force helping the child to excel. According to Antonovsky (1993), a sense of coherence, where one important aspect is the capacity to handle the situation presented, is an important condition for health and well-being. A sense of coherence is expressed as a dynamic feeling of confidence when resources are available to meet the posed demands, as well as when the demands are challenges worthy of investment and engagement (Dahlin, Cederblad, Antonovsky & Hagnell, 1990). A sense of coherence can translate into a child being caught in a stressful situation while still feeling a sense of well-being (Dahlin et al., 1990).

The themes and sub-themes illuminating the meaning of stress from schoolchildren’s lived experiences can be seen as separate entities and at the same time making up a whole, mirroring different dimensions in which the meaning of stress for children can be understood. According to van Manen (1990), no one theme can capture the phenomenon one tries to understand, as ‘themes are the stars that make up the universes of meaning we live through’ (p. 90). Understanding the meaning of stress for children as being caught in life’s challenges is a broad picture of the meaning of stress.

There are some aspects that are not visible as this study did not cover all angles of children’s stress experiences. For example, we know nothing about the life in which the children experienced their stress situation, neither if the stress was decreasing or increasing over time, nor about how long or how often they were stressed. The children’s lived experiences illuminate a multifaceted picture of stress ranging from children who experienced a sense of fear and hopelessness to others who described situations that were much
less intense. Although far from a complete picture of children and stress, this article provides a needed albeit limited contribution to Burrow’s (2006) request to develop a professional and public understanding of the stress process facilitating early stress intervention.

Acknowledgments

We would like to thank the 23 schoolchildren who shared their lived experiences in the individual interviews. Thank you to the parents, the principals and the teachers for making this study possible. Finally, thank you to The Arctic Children Project, EU Interreg IIIA, as well as the Department of Health Sciences at Luleå University of Technology, for funding and support.

References


The meaning of stress for schoolchildren


Paper 3
Being Relaxed and Powerful: Children's Lived Experiences of Coping with Stress

Catrine Kostenius* and Kerstin Öhrling
Department of Health Science, Luleå University of Technology, Sweden

Our aim was to describe and develop an understanding of children’s lived experiences of coping with stress. Twenty-three Swedish children, ages 10–12, wrote open letters and were interviewed. The phenomenological analysis resulted in three main themes: (i) depending on oneself, others and the world around, (ii) choosing to be a doer and (iii) being in the here and now. We understood the children’s lived experiences of coping with stress as them being relaxed and powerful. The children chose to be active doers or inactive beings and their relationships, as well as their surroundings, helped or hindered their coping. Possible health promotion work is discussed. © 2008 The Author(s). Journal compilation © 2008 National Children’s Bureau.

Introduction

There has been research done, on an international level, to find ways to help children become and remain healthy (Stewart-Brown, 2001). During the past 20 years, there have also been attempts to specifically help children cope with stress. A number of stress-coping methods taught to children have been found to be successful. Setterlind (1984), for example, found relaxation techniques, including muscular relaxation, autogenic training as well as mental training useful in reducing stress in children. Gilbert and Orlick (1996) concluded that children in middle school can learn to control anxiety and successfully implement stress control strategies. Furthermore, physical activity as a stress reducer has been tested on children and shown positive results (McBride and Midford, 1999). A recent study, which used music intervention in grades 5 and 6, also proved successful in lowering children’s stress levels (Lindblad and others, 2007).

However, one can wonder if there are alternative ways to help children cope with stress other than teaching them specific coping strategies. Instead of testing different stress-coping methods and models on children, Richards and Steele (2007) asked children how they cope with stress to illuminate the coping that was occurring naturally. This would emphasise a salutogenetic perspective, as Antonovsky (1987) argued that identifying and focusing on healthy aspects of life is a prerequisite in health promotion. In another study carried out by Donaldson and others (2000), over 700 children were asked to complete a checklist to assess 10 cognitive and behavioural coping strategies. The result suggested that examining several different coping strategies in relation to one another offers useful information on children’s ability to cope with stress. This perspective widens the scope of how children cope with stress; yet, when using a questionnaire or a checklist, one needs to bear in mind that stress coping is in some way already pre-defined by those undertaking the study. To avoid an already pre-conceived opinion on what stress coping is, letting children’s lived experiences illuminate the phenomenon yields a perspective that leaves an openness to their perspective.
Likewise, the concept of stress can be left open to be defined by the children. Therefore, our aim with this study was to describe and develop an understanding of children’s lived experiences of coping with stress.

Method

A phenomenological ontology was the point of departure as we aimed at capturing the children’s lived experiences. According to van Manen (1990), ‘lived experience is the starting point and the end point of phenomenological research’ (p. 36). In this study, the lived experiences of the children were gathered through open letters and individual interviews in order to describe and develop an understanding of their coping with stress.

Research context and participants

The first phase of this project was to consider the ethical issues facing us when collecting data from children. According to an ethical law in Sweden (SFS, 2003), informed consent must be collected from children participating in a research project. As they are under the age of 18, the parents must also give their permission. This was done through written information to the parents as well as written and oral information to the children. Before the research project started, it was also approved by the ethical committee at Luleå University of Technology (Dnr 2003075). The first part of the data consisted of open letters, collected as part of a larger phenomenological study in which 96 children from the northern part of Sweden participated. The children were of the ages 10–12 attending fourth through sixth grade in the smallest (rural) and largest (suburban) schools in the school district. They wrote open letters sharing their lived experiences of health and ill health as well as stress and how they coped with it. The phenomenon of stress and stress coping was not defined for the children in order to keep open for the possibility of them providing their own definitions. The children’s lived experiences of coping with stress were first captured in the open letters as the following open-ended sentence was used, ‘When I am stressed this is what I do to not feel stressed…’. At the top of the page, the open-ended sentence was presented followed by a full page of open lines inviting the children to tell their stress-coping story. To make possible for a wide range of illuminations of the phenomenon coping with stress we selected 23 open letters based on variations in expressions of stress and coping with stress as well as a lack thereof. The 23 children, 12 boys and 11 girls, who had written the selected open letters, were invited and then consented to participate in an individual interview.

Data collection and analysis

According to van Manen (1990), written reflection is a research tool that provides a layer of the life-world visible in a straightforward way. The researchers distributed the open letters to the children in envelopes in order to ensure privacy. In order to increase confidentiality, each child was assigned a number only known by the first author and the child. The open letters were collected, then read, discussed and analysed by both authors. The interviews held by the first author started with asking the child to read aloud their own words in the open letters on how they cope with stress. Questions were then asked to widen the scope of
the child’s lived experience of coping with stress. To ensure that the child’s perspective was prioritised, the first author made an effort to treat the child as a subject by always first asking what the experience was like for the child, as suggested by van Manen (1991). Questions asked included: ‘How did you feel then?’; ‘What do you think about that?’; ‘What happened then?’ and ‘Tell me more’. This was done in order to support the children in communicating their experiences (cf. Lippitz, 1983). The 23 tape-recorded interviews were between 10 and 27 min long and took place in a smaller room in each of the schools, where an uninterrupted conversation could be held.

The analysis process inspired by van Manen (1990) was a joint effort by both authors in three steps: first, seeking meaning; next, theme analysis; and finally, interpretation with reflection. The seeking meaning consisted of transcribing the interview tapes to a computer text document and reading the text pertaining to the children’s coping with stress in order to obtain a sense of the whole. The second step of the process was theme analysis, which involved trying to determine what the experiential structures that made up the children’s experiences of coping with stress were. The textual units from the open letters and the interviews were then organised into different experiences in several steps and finally reduced to broader themes of the children’s lived experiences. In the third and final step, we carried out an interpretation with reflection, a process of recovering the embodied meanings in the text in a free and insightful way (cf. van Manen, 1990).

Findings

The children’s lived experiences of coping with stress based on the three step analysing process resulted in three main themes: (i) depending on oneself, others and the world around, (ii) choosing to be a doer and (iii) being in the here and now. All three main themes included themes expressing the children’s different experiences of coping with stress (Table 1).

Depending on oneself, others and the world around

Tapping into personal resources
The children experienced themselves as resources in coping with stress, describing self-knowledge and learning by doing when trying out what works well or not so well in stressful situations. The insight that stress is a part of life and something that one has to live with

<table>
<thead>
<tr>
<th>Main themes</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depending on oneself, others and the world around</td>
<td>Tapping into personal resources</td>
</tr>
<tr>
<td></td>
<td>Being helped or hindered by others</td>
</tr>
<tr>
<td></td>
<td>Being affected by the surroundings</td>
</tr>
<tr>
<td>Choosing to be a doer</td>
<td>Taking charge of the situation</td>
</tr>
<tr>
<td></td>
<td>Thinking positive thoughts</td>
</tr>
<tr>
<td></td>
<td>Using external calming tools</td>
</tr>
<tr>
<td>Being in the here and now</td>
<td>Slowing down</td>
</tr>
<tr>
<td></td>
<td>Deep breathing</td>
</tr>
</tbody>
</table>

Table 1: Overview of main themes and themes describing schoolchildren’s lived experience of coping with stress
was described by the children. One child said, ‘...the stress never really goes away but it can be less stress or more stress’. Strategies to cope with stress were a result of their own logical thinking or could be found by accident as this child did: ‘Well I just fell asleep one time and found that it worked better’. The children described their ability to cope with stress as something natural that just happens and that they used a particular coping method but could not explain why or how it worked. Sometimes, ways to cope were taught by somebody else, but most often the children self-taught themselves, as with these children: ‘No, nobody taught me’; and, ‘I just figured it out on my own’.

The children described the insight that performing under stress is not as favorable as performing when being calm. Some activities were not chosen for the purpose of coping with stress but instead for the activity’s enjoyable aspects, promoting calmness in the process: ‘I don’t do it to feel less stressed but I sort of do it just because I like it’. Whether one had a favorite way to cope with stress or have a number of different methods to relax depended on the situation. Some experienced their methods as effective and some of the ways to cope were effective at first but not very helpful in the end: ‘Yes but it is not so good if you like are going somewhere and you want to be on time and you sit down to calm down then you just get even more late and then it is not so sure that the stress goes away because you sit down and try to take it easy’.

All children had experienced stressful situations and described themselves as often stressed, occasionally stressed, able to find ways to become less stressed or being basically calm most of the time. Tapping into personal resources was understood as the children depended on their intuition when choosing ways to cope with stress as well as having the self-knowledge and/or capability to find ways to become and stay calm.

**Being helped or hindered by others**

Other human beings were described by the children as either a resource to be able to cope with stress better or a problem that increased their sense of stress. Others could, just by their presence, add calmness to a stressful situation. Knowing that the social support was nearby helped the children cope with stress, as expressed by this child: ‘I have my friends that support me...when they are nearby I feel really calm’. Those who supported were described as helpful, friendly, funny, easy to talk to and always there when needed. Adults like mom, dad or the school nurse helped the children find coping strategies for especially stressful situations like taking an exam, being the last one picked in gym class, or being picked on when outdoors on recess. Getting a positive response by being listened to and respected was a big help in coping. When there was no forcing or pressure in the social interaction, others helped the children feel calm. Adults and peers were also described as good models when helping the children cope with their own stress.

However, other human beings were also described as a hindrance when trying to cope. One child exclaimed, ‘Others stress me!’ Being around others who were stressed was described by the children as contagious, i.e. adding to an already stressful situation. Trying to communicate and not being listened to made coping a challenge. Others were described as trying to help but instead being a hindrance; for example one father giving advice that ended up adding to the stressful situation. Peers or adults who added too much pressure in the relationship
were considered a hindrance when trying to cope with stress. The children described how they had to take on adult responsibilities or were stuck in a situation due to someone else: ‘I don’t know what to do…well maybe if my Mom got healthy… she could drop my brother off so I don’t have to stress’. Being helped or hindered by others was understood as either a trigger to reduce stress or to add to it. Interaction with others reduced stress by setting good examples and promoting stress-coping strategies, or hindered such efforts by being poor examples.

**Being affected by the surroundings**

The children experienced how the surroundings affected their stress level by increasing or decreasing it. They described how the physical aspects of a building were either positive or negative for their stress level. A larger versus smaller room, in relation to the number of people in it, assisted in lowering the stress levels. The colors on the walls also made a difference. As one child explained, ‘…like maybe red walls would be more stressful than if they are green like now…green walls are calmer’. Being outdoors had either a calming effect or added to the children’s stress. Traffic noise and lots of traffic activity made it harder to cope with stress. On the other hand when the outdoors offered fresh air, closeness to trees, hills or water the surroundings provided a feeling of serenity. There were special places outdoors that were specifically helpful when wanting to stay calm, for example a place in the mountains or an area in the woods near home. One child experienced the following: ‘I go with my family to our cottage…time does not exist there… we just lie around relaxing…’ Being affected by the surroundings was understood as children living in an ever changing environment which is reducing or adding to their stress level.

**Choosing to be a doer**

**Taking charge of the situation**

The children experienced coping with stress in situations where they chose to be actively taking charge of the situation. Actions included being physically active as the children described feeling calm after taking a walk or after engaging in a sporting activity. When feeling rushed to do a task, they decided not to watch TV but to prioritise what needed to be done; they choose not to look at the watch while working; or simply just decided to do the task at hand. The children actively took charge of stressful situations by trying harder, for example quite literally running to a plane which was leaving in a few minutes or stealing the soccer ball to be able to score a goal. Prioritising was yet another way of coping. One child explained, ‘Well, it’s like I do things so I don’t wait to do them very long so I don’t have lots to do at once’. Minimising the severity of a situation by deciding to stay calm was another way the children chose to cope with stress. One child described, ‘I calm myself down and just…don’t bother so much’. Instead of dealing with a stressful situation the children removed themselves from the situation: ‘I walk away so I don’t have to hear the yelling’. The children described how they clarified their boundaries or asked for help: ‘I get easily stressed when we are going to the movie theatre and the movie starts in fifteen minutes. Then I usually tell Mom and Dad that they have to drive faster’; and, ‘If they work too fast in English class I tell them not to work so fast’. Taking charge of the stressful situation at hand was understood as an expression of how the children choose to act for positive change.
Thinking positive thoughts

Using positive thoughts was a way to cope with stress according to the children. As one child explained, ‘I talk to myself to calm myself down’. Different positive thoughts were chosen by the children to fit the situation. When feeling stressed over not having enough time the children altered the situation by thinking that they had more time available than what was the case: ‘I pretend I have all the time in the world’. Positive thoughts were also used to rationalise the situation as described by this child: ‘I try to calm myself down and think that it is better to be a little late than to stress myself to death’. In situations when the pressure to perform was stressful, the children thought positively to cheer themselves on. When worried about future situations, thoughts were used to reassure themselves of a positive outcome: ‘I calm myself down by thinking that it is going to be all right’; and, ‘I think that I will make it’. To actively choose to forget by thinking about other positive things which had nothing to do with the stressful situation or problem, was another way to cope described by the children. Coping with stress by thinking positive thoughts was understood as the children using their minds to create a fictional reality or positive picture of the future to calm and motivate them.

Using external calming tools

There were a number of different tools, like props when putting on a play that the children described as helpful when coping with stress. Music had a calming effect although the kind of music they found stress reducing was subjective. Reading a book made the children feel less stressed. One child explained why reading a book was useful as a stress-reducing tool: ‘When I read a book, I like it very much and if I do that the world I live in disappears and I am part of the book instead’. Playing a board game or drawing a picture was also described as calming tools. Watching TV helped reduce stress: ‘I move my concentration to the TV and then I don’t have to think about what makes me feel stressed’. Eating and drinking also provided a calming effect as the children described drinking a glass of water or eating a piece of fruit to feel calmer. Having a material trigger to feel calm helped the children stay calm, as this child explained: ‘I hold onto my necklace and take a deep breath’. Using external calming tools was understood as children choosing different aids to help them to reduce the feeling of stress and replacing it with a sense of calmness.

Being in the here and now

Slowing down

In order to cope with stress, the children experienced situations where they chose to be inactive, slowing down instead of trying to keep going or stopping what they were doing altogether. As one child explained, ‘I slow down and walk instead of run’. Examples of how the children chose to be inactive included sitting down to relax, laying down to rest, or even taking a nap. One child explained, ‘I lie down on the sofa at home and think about whatever’. When stressed over a task, stopping the activity for even a moment helped the children cope, as with this child who described coping with stress while working on a school task: ‘I just put down everything on my desk then I sit there a while’. Having recess or choosing to change the present activity to something different were also ways to lower the stress level. Slowing down was understood as the children choosing to lower their pace to calm down or regroup and thus be able to handle the stressful situation.
Deep breathing

Coping with stress by using their breathing was also described by the children. Taking a deep breath or a few deep breaths helped them calm down. The breathing acted as a trigger, reminding them of a calm feeling. At times the children experienced quickened breathing when stressed and the deep breathing became an aid in lowering the breathing frequency. One child explained: ‘When I am stressed I take deep breaths because otherwise I cannot breath…’ Taking a deep breath became not only a physical tool, but also an actual calming trigger or an attitude changer. Taking a breath made it possible to feel calmness inside oneself. As one child expressed, ‘I think it’s better not to stress so I take a few deep breaths and calm myself down. It is much nicer and calmer when one is not stressed and it is much more comfortable too’. The children also described, in terms of deep breathing, the feeling of managing their stress due to the calm feeling of being in the moment. Deep breathing was understood as a physical form of help for the children to slow down their breathing and become relaxed as well as helping them to be in the here and now; getting in touch with the calmness within.

Discussion

Our understanding of children’s lived experiences of coping with stress was based on the discovery of three main themes: (i) depending on oneself, others and the world around (ii) choosing to be a doer and (iii) being in the here and now. These themes illuminate the children choosing to be active doers or inactive beings. The children’s own personal resources were an asset in coping with stress as well as relationships to others and the world around them. However, other people as well as other aspects of the children’s surrounding world could also pose problems when they were trying to handle stressful situations.

Our discussion about possible consequences and opportunities focuses on the idea that the children we met in this study were not victims vulnerable to stress but able to find ways to cope. We interpreted the children’s lived experiences as them being relaxed and powerful, at least part of the time. At times the children’s own resources were not enough, and sometimes others became a hindrance when trying to cope with stressful situations, which added to their stress level. When stress coping was successful, it often involved a state of relaxation made possible by other human beings, who helped the children by setting good examples and supporting stress-coping strategies. This can be compared with van Manen (1991) ‘in loco parentis (p. 4)’, where the adult is looking at the child as, ‘an agent of its own destiny (p. 3)’, thereby facilitating a situation whereby a relationship of shared responsibility is possible. We wonder what would happen if we look at children as able to cope with stress and if our role as adults would be to mainly facilitate their coping.

We believe that the starting point for such facilitation, as well as for health promotion with children, is the children’s lived experiences. When taking a closer look at the lived experiences of the children in this study, we could see them achieving a state of relaxation in the midst of all the stressors present in their lives. In order for stress coping to occur, certain activities became important: They turned off the TV, took a walk or a nap, worked hard on their assignment, voiced their opinion, listened to music or sat down to take a deep breath. By choosing a mental, emotional or physical activity or an external calming tool they reduced the feeling of stress and replaced it with a sense of calmness, making visible a sense of coherence. According to Antonovsky (1993 p. 972), a sense of coherence is expressed as a dynamic feeling of
confidence that resources are available to meet the demands posed by one's internal and external environments. When taking charge of their stress situations it is noticeable that the children's confidence in their actions increased. A person with a strong sense of coherence when coping with a stressor 'may fight, flee or freeze, as she or he deems appropriate to the situation. Put another way, one is not tied to one type of resource' (Antonovsky, 1993). The children's lived experiences shed light on the importance of being able to choose certain activities, building their confidence which in turn adds to the sense of coherence.

By thinking positive thoughts, the children in this study used their minds to create a fictional reality or a positive picture of the future to calm and motivate them. Similarly, children in another study who reported that they said to themselves, 'I can resolve this task' in a school test situation had a low morning increase of saliva cortisole showing low stress levels (Lindahl and others, 2005). In addition, slowing down and deep breathing were physical as well as emotional tools for the children in our study to get in touch with the calmness within. The combination of thinking positive thoughts and choosing to be inactive can, in some ways, be compared with mindfulness, which has been shown to be successful in reducing stress in trials with adults (Williams and others, 2001). Mindfulness is described as involving the learning of 'attentional control to develop nonjudgmental, moment-to-moment awareness of thoughts, feelings and body sensations (p. 423)'. Coming to a relaxed state of mind by being in the present, as the children in this study did, can be compared with practicing mindfulness. This can be viewed as an opportunity to develop mindfulness as a stress-coping tool in health promotion activities. Through reinforcing a healthy coping strategy, like mindfulness which seems to be to some extent already present in children, coping with stress can be supported and in some cases re-learned.

The lived experiences of the children in this study illuminate that the world around them was either reducing or adding to their stress level. According to van Manen (1990), lived space is difficult to put into words as the experience of lived space is largely pre-verbal and we do not ordinarily reflect on it. At the same time, we know that the space in which we find ourselves affects the way we feel, or as van Manen (1990) put it, 'we may say that we become the space we are in (p. 102)'. The children's lived experiences point at negative aspects of the environment that produce stress, such as noisy, crowded and uncomfortable places. The surroundings were also a source for stress reduction. The special places the children described are similar to the description van Manen and Levering (1996) offer of a child's secret space or hiding place, ‘...a place where one feels enveloped in a mood of tranquility’ (p. 24). They describe a space where children can conceal their presence, getting away from the noise of living to renew themselves in a self-creating process. Alerby (2004) notes that children think that having a quiet space in school is important to be able to enhance learning and well-being. To create surroundings and an overall atmosphere with these qualities, together with the children, or to help them seek out stress-reducing places, may be yet another important part of the stress-coping puzzle.

Limitations and future directions

As we all exist in the world sharing what Schutz (2002) calls the world of directly experienced social reality, other human's lived experience has a meaning to us without the need to live the other person's life. As researchers, our lived experience of having been children at one point, both being mothers as well as professionals in the child health care field, affected
our interpretation (cf. Christensen, 2004). Although trustworthiness can increase with such pre-understanding (cf. van Manen, 1990), one needs to bear in mind that the meaning one gives another human being’s experiences is only an interpretation (Schutz, 2002).

According to Lippitz (1983), researchers need to actively participate and communicate with children, allowing for the opening up of the field, to understand their life-world due to the fact that the children are the key. When working together with a child as a partner, treating the child with respect empowers the child and builds a foundation for mutual exchange (Eder and Fingerson, 2002). This environment of reciprocity is increased by asking open-ended questions, using the children’s own words, terminology and language structure (Eder and Fingerson, 2002), something which was done in this study. However, there is a limit to how much exchange could take place in the time we had allotted to spend with the children, which is a limitation with our study.

Another limitation with this study may be the research design, collecting data through open letters. Due to the aim of this research activity and article, we chose to only include the part of the open letter concerning children’s lived experiences of coping with stress. As the children shared a number of different experiences concerning their health and ill health, they might have felt unwilling to repeat situations in different parts of the letter. This could be a possible reason why none of the children chose to describe a stressful situation of serious nature like parents’ divorce or the death of a pet or a grandparent, experiences which they shared in other parts of the open letter when describing experiences of ill health (cf. Kostennius and Öhrling, 2006). Or it might be so that the children in this study, like the children of similar age in another study, perceive stress as daily hassles (Brobeck and others, 2007).

In conclusion, as discussed at the beginning of this article teaching specific stress-coping strategies to children has been shown to be successful in certain contexts. However, according to Nelson and Cooper (2005), a great deal remains to be done. The findings of our study suggest that children can cope with stress and that they are able to verbalise their stress-coping experiences. We see this as an opportunity to shift focus from ‘teaching children stress-coping strategies’ to ‘making room for children’s own experiences’, viewing their lived experiences as a valuable source for stress coping. This way of looking at children’s stress coping, in addition to specific coping strategies, can, we believe, make a contribution to health promotion activities. The challenge as we see it, is to better understand how we as adults (be it parents, teachers, health care staff or researchers) can act as guides and facilitators, by appreciating children’s lived experiences and by viewing them as being capable and able to cope with stress.

Acknowledgements

This study was supported by the Arctic Children Project (EU grant Interreg III Kolarctic; Grant number: KA 0087).

References


*Correspondence to: Catrine Kostenius, Luleå University of Technology, Department of Health Sciences, 971 87 Luleå, Sweden, Tel.: +46 920 493288/+46 70 2000464; Fax: +46 920 493850. E-mail: catrine.kostenius@ltu.se

Accepted for publication 8 April 2008
Contributors’ details

**Catrine Kostenius** is a lecturer and researcher at the Department of Health Science at Luleå University of Technology in Sweden. Her background is in child health care and pedagogy with special interest in health education for children. Her doctorate is in Health Science. She co-founded the Health Guidance programme (Hälsovågledarutbildning) and her recent articles focus on health and well-being from the perspective of schoolchildren in the Arctic.

**Kerstin Öhrling** is the Head of the Department of Health Sciences at Luleå University of Technology in Sweden, as well as the Swedish Director of the international research and development project, Arctic Children. She is an R.N.T with special competency in child health care with a doctorate in education. Her recent research examines schoolchildren’s health and well-being in northern Scandinavia, IT-support at early discharge from the maternity ward and the experiences of parents who have premature infants.
Paper 4
‘Friendship is like an extra parachute’: reflections on the way schoolchildren share their lived experiences of well-being through drawings

Catrine Kostenius* and Kerstin Öhrling

Luleå University of Technology, Luleå, Sweden

The aim of this study was to create a new understanding of health promotion activities in the classroom setting through children’s perspectives. Nineteen Swedish schoolchildren, ages 10- to 11-years-old, participated in health promotion work in the classroom. Through drawings and an exhibition discussion analysing their own and each other’s drawings, they shared their lived experience of well-being and lack thereof. The phenomenological analysis resulted in three themes: (1) friends in good times and in bad; (2) the sunny side of life; (3) the bad and the mean. These themes were understood as friendship being like an extra parachute. Reflecting on the children’s lived experience of well-being and our own role in the research process, the concept of openness surfaced. This we believe is an important ethical aspect of research with children.

Keywords: drawings; empowerment; ethics; friendship; health promotion; schoolchildren; lived experience; reflection

Children’s well-being, their perspectives and involvement

Since Coyne (1998) noted, in the end of 1990, that there was a lack of research with children rather than on children, researchers have raised questions about how research with children can be conducted (see Christensen & Prout, 2002; Kortesluoma, Hentinen, & Nikkonen, 2003). In the same light reflecting on doing health promotion with children instead of doing health promotion for children might be a worthwhile focus in research as well. According to the World Health Organization there is a growing awareness about the positive effects of health promotion activities with school-aged children, although there is a need to increase health promotion globally (WHO, 1995). The United Nations Convention on the Rights of the Child (1989) Article 12 states clearly how children have the right to express their own views in all matters affecting themselves. A group of researchers concluded that children should be active participants in all health promotion activities (Hart-Zeldin, Kalnins, Pollack, & Love, 1990). Being actively part of health promotion efforts might even have a health promoting affect all in itself, as we found in a recent study that schoolchildren felt good being included and their experience of health and well-being increased when being met as a ‘we’ (Kostenius & Öhrling, 2006). However, children have a marginalized position in adult society; therefore, ‘society must rethink the position and roles that are assigned to children so that their valuable potential is not lost’ (Kalnins et al., 2002, p. 223). Children’s potential is in focus when the European Network of Health Promoting Schools links schools and health. A health promoting school works for a positive climate which is important when young people form relationships, make decisions and develop their values and attitudes affecting their health and well-being (ENHPS, 2006). Therefore the aim of this study was to create a new understanding of health promotion activities in the classroom setting through children’s perspectives.

*Corresponding author. Email: catrine.kostenius@ltu.se
Applying phenomenology to research with children in mind

This study is based on a phenomenological lifeworld ontology, which poses methodological consequences. According to Husserl (1970) the lifeworld is experienced as ‘the thing itself’ (p. 127) and the basic demand of phenomenological lifeworld research is openness to the complexity of the lifeworld, thus affirming its diversity. There are a number of dimensions intertwined in being humans. Merleau-Ponty (1962) refers to the life of consciousness as the intentional arc which is projecting our past and our future as well as our physical, ideological and moral situation. Husserl (1970) describes human beings as experiencing the world directly and intuitively, through our senses. Researching lived experience is according to van Manen (1990) a way to better understand other human being’s lives. He also suggests always asking yourself first what it is like for the child, as a way of ensuring the inclusion of a child’s perspective.

The children in this study: inviting and respecting them

Bengtsson (1999) describes regionalizing as a way to define an area of research, as it is impossible to study everything in a lifeworld. The regionalizing resulted in choosing a school in the arctic region of Sweden as the Arctic Council (2002) express a need for research in the area of psychosocial well-being of schoolchildren in the north. Alerby (1998) argues that children ages 7- to 16-years-old are able to formulate their thoughts about their lived experience and should not only have the opportunity to do so but be trusted in the process. One fourth grade class with 19 schoolchildren, 11 boys and 8 girls, from a suburban school in the northern part of Sweden, was chosen based on the teacher’s willingness to participate.

Before starting this study the key gatekeepers needed to grant permission for the class to participate in health promotion work during one school year (c.f Piercy & Hargate, 2004). At first the classroom teacher offered to be a partner in the research project after hearing Catrine describing the research plan during a visit, for another purpose, in the teachers lounge. After this the principal was contacted as well as the parents. According to an ethical law in Sweden (SFS 2003:460) informed consent must be collected from children participating in a research project and since they are under the age of 18 the parents needed to give their permission. This was done by both of us through written information to the parents as well as oral information at a parent meeting, giving the parents the opportunity to ask questions. Catrine met with the children in the class to inform them of the research study and their role as partners. Free participation and autonomy was explained and a conversation about what it means was held before receiving permission from the children. Before the research project started it was approved by the ethical committee at Luleå University of Technology.

There is however more to ethics in research with children, which needs to be addressed. The way we see it, the starting point is that every researcher carries a whole set of values and chooses to view the research work in light of these values (see James & Prout, 1995). When doing research, especially with children, it is important to make clear the researchers’ views on children and childhood. In other words, how we as researchers view children will most likely make a difference on how our research is carried out.

We have both been children at one point; we are also mothers as well as professionals in the child healthcare field. Our lived experience has built a view of children and childhood pointing in a similar direction. Kerstin feels that we as adults need to listen to children and value their lived experience. Catrine believes that children ought to be invited to be apart and be trusted and respected in the process. We are in agreement with Eder and Fingerson (2002) that we are living in a world where there exists a power imbalance between adults and children and we need to be aware of this and constantly reflecting on how to minimize the gap.
Although being aware of one’s view of children is of utmost importance, it is not the end of the ethical positioning but the beginning. Christensen and Prout (2002) argue that ‘the perspective of children as social actors has created a field with new ethical dilemmas and responsibilities for researchers’ (p. 477). In other words, even though one favors children’s participation in research, there still needs to be a constant awareness of ethics in every step of the research process. It is important to keep asking questions concerning ethical challenges when involving children in research (Morrow & Richards, 1996). In the honest recognition of difficulties and challenges when researching with children, an openness to solving problems and overcoming challenges is born. We concluded that certain questions were suitable to guide our research work: How can we strive to keep an openness to the children’s lifeworlds? How can we make an effort to convey this openness to the children? What can we do to make them feel comfortable – safe, if you will – in sharing their lived experience? How can we try to make the research process empowering for the children?

**Drawings: a tool to share schoolchildren’s lifeworlds**

Psychologists have often used drawings for the purpose of assessing children’s development (Cherney, Seiwert, Dickey, & Flichtbeil, 2006). Alerby (1998) adds that drawings have been used for the purpose of therapy but also as a way for researchers to elicit children’s views or lived experiences. In the work of Coyne (1998) drawings were used to establish rapport and to lower anxiety in children, making room for a non-threatening interview. In this article the method was to use drawings as narratives to better understand schoolchildren’s lived experience of well-being and lack thereof (see Groves & Laws, 2003). Backett-Milburn and McKie (1999) offer critique of the assumption that drawings enable children to communicate their thoughts better than through other methods. They suggest that talking to children and taking them seriously creates a true potential for children having their own ideas and explanations heard and understood, which would benefit health promotion efforts. Similarly Driessnack (2005) points at a deficit in using drawings when clinicians and researchers disregard children’s own words describing their drawings. With this in mind we let the children draw and use their own words to describe their drawing, as well as offer their interpretations of the other children’s drawings.

This article focuses on schoolchildren’s lifeworlds and their lived experience of health promotion activities in the classroom setting, drawn from data collected during a one-month period of a one-year study. The first health promotion activity with the children, which were also part of the data collection, was defining words. This was done for two reasons. First of all to let the children’s voices be heard from the very start, giving them the opportunity to describe the meaning of words connected to the aim of the research project, instead of letting the researcher’s definitions prevail. We also aimed at making the children feel important, showing them that their thoughts count, and in this way strengthening the researcher–child relationships we had started to build.

The process of the data collected for this article was as follows: Catrine spent time in the classroom as a well known person the children had come to know since the beginning of the school year. The classroom teacher asked the children to brainstorm about the meaning of well-being and lack thereof. She made a mind map of the words the children came up with so all the children in the class could see their ‘collective picture of thoughts’ on the whiteboard. The words from the mind map were written down on pieces of paper by the teacher and folded in a bucket. The children were asked to pick a word from the bucket and then make a drawing symbolizing the word they picked. The children could decide to work alone, in pairs or in a group. If the children picked a word they did not feel inspire them to make a drawing, they picked another piece of paper until they found a word they liked to work with. One boy wanted to come up with his own word, which
he did. The words the children choose to work with were joy, friendship, togetherness, love, stress
and anger. They worked on the drawings for parts of two days and finished up with an exhibition,
hanging up all the pictures on one wall of the class-room. The child or group presented their draw-
ing first, followed by an exhibition discussion where the children were invited to offer alternative
interpretations of the drawings, analyzing their own and each other’s drawings. Catrine took notes
while the children offered their thoughts at the exhibition and their comments were considered a
first step in the process of analysis.

Discovering children’s lifeworlds in their drawings
The data consisted of the children’s drawings and the notes from the discussion at the exhibition.
The process of analysis was done in three steps by Catrine: seeking meaning, theme analysis and
interpretation with reflection inspired by van Manen (1990). After each step the progress was
discussed with Kerstin. The seeking meaning consisted of viewing the drawings and transcribing
the notes from the open discussion to a computer text document. The text was read a number of
times, and together with writing down what first came to mind when viewing the drawings a sense
of the whole was obtained. The second step of the process was theme analysis, trying to determine
what experiential structures could be found in the drawings and the notes from the discussion. We
looked for differences and similarities in the drawings and the text, trying to keep an eye out for
different aspects, patterns and variations. The text and the drawings were organized into different
experiences in several steps and finally reduced to broader themes of the children’s lived experi-
ence. The third and final step was interpretation with reflection, a process of recovering the
embodied meanings in the drawings and the text (see van Manen, 1990). We were trying to view
the drawings and text from as many different angles as possible, somewhat similar to how
Merleau-Ponty (1962) describes viewing a phenomenon. He gives an example of viewing a house
from different angles. Still using the house metaphor, it is like viewing a house (the child’s) from
the inside of another house (the researcher’s) who also has been a child at one point. It is through
our own experience as a child we can understand the children we are trying to gain an understand-
ing about (Barritt, Beekman, Bleeker, & Mulderij, 1983). However, in this process we were fully
aware that our interpretation was just that, an interpretation and nothing more, as we never can be
the other person, living their life (see Schutz, 2002).

‘Get the picture?’: schoolchildren’s lived experiences
The schoolchildren’s lived experience of well-being and lack thereof in drawings and text from
the discussion at the exhibition was based on a three step process of analysis. This process
resulted in three themes: (1) friends in good times and in bad; (2) the sunny side of life; (3) the
bad and the mean.

Theme 1: friends in good times and in bad
This first theme was made up of the schoolchildren’s descriptions of themselves together with
others in social settings. This theme seemed to override both Theme 2 and 3 as both the good in
life and the hard times can be shared with others as well as be increased by others. To describe
friendship the children used the words ‘respecting each other’, ‘keeping secrets’ and ‘having fun
together’. The children expressed how being there for each other and inviting others to be a part
of the group was important. One child said ‘a real friend says come and tag along’. A number of
times this theme overlapped with Theme 2, expressing the good things in life. The children
noted that the drawings showing togetherness and friendship had dimensions of the wonderful
things in life. Words the children used to describe this were, for example ‘happiness’, ‘fortune’ and ‘love’. They talked about laughing and playing together and about times being filled with overwhelming feelings of joy, appreciating being part of a good relationship. Although there were a lot of positive dimensions of friendship there was some sadness too, overlapping with Theme 3. When one child said ‘friendship is being with someone’, another child added ‘or not being with someone’.

One of the drawings (Figure 1) pictures an arrow piercing the heart, which could be hurtful. According to the children pain could be one aspect of friendship. One child explained this by saying ‘Love can maybe start with a fight’. The children described being a friend no matter what happened. Being there for each other and being able to count on each other was expressed by the children in these quotes: ‘Help is on its way’ and ‘He is saving me’. Friendship was having someone to share life’s challenges with. The drawings were symbolizing the togetherness with two people holding hands being happy (Figure 2 on the next page). In one picture there was a heart in front of the two people symbolizing the love between them.

Friendship in good times and in bad, was understood as the children shared life’s ups and downs with a significant other.

**Theme 2: the sunny side of life**

The second theme expressed the schoolchildren’s bright and enjoyable experiences, which were connected with a high level of well-being. The children used the words ‘love’, ‘summer’, ‘caring’, ‘honesty’, ‘joy’ and ‘happiness’ to describe what they considered the sunny side of life. The drawings show happy people, favorite activities or things. One of the children in the group who drew a happy girl said ‘the happiness shows in her face and in her glittering eyes’. There was a lot of happiness together with others. Being in love with someone, holding hands and sharing life was a wonderful experience. The two children who left the faces blank in their drawing explained that they did this so that anyone could picture themselves as being one of the people in love (Figure 3 on the next page). Love was not exclusively for a boy and a girl but love was possible between friends, between a parent and a child or between whomever.
Nature was also included in the joys of life with blue skies and flowers. The children shared their experience of well-being connected to having a home and feeling safe as well as being able to enjoy life. One child exclaimed ‘All children have the right to play’. The sunny side of life was understood as the children were showered with the great gifts of life.

**Theme 3: the bad and the mean**

The third theme expressed the schoolchildren’s experiences filled with pain and sorrow. To describe this, the children used words like ‘tough’, ‘scared’, ‘feeling sick’, ‘stress’ and ‘being angry’. One drawing show malice by picturing a bloodbath, people fighting and faces with pain.
written all over them (Figure 4). There are strong feelings of anger and revenge in this drawing, and one child explained ‘I get so angry I catch on fire’. Being hurt with lips cut open and one person almost being strangled expressed the suffering in the wake of anger.

Stress is depicted as a strain in life making the children feel sick – like one child said, ‘the well-being disappears’ – and another told a story of a dad who was in such a rush his car caught fire. The children described negative experiences, for example having to be in a hurry not knowing if it will be possible to manage to get where you need to be on time. There were dimensions in the children’s lived experience of feeling despondant and dejected. Sometimes life feels like a race, a race not able to win – as one child explained, ‘Time is running away’ (Figure 5).

The bad and the mean, was understood as the children had to struggle with lives challenges.

**Figure 4.** A detail of the schoolchildren’s drawing symbolizing anger.

**Figure 5.** The schoolchildren’s drawing symbolizing stress.

**Picture this: discussing and reflecting on our new understandings**

The understanding of schoolchildren’s lived experiences of well-being and lack thereof was guided by words used by the children; joy, friendship, togetherness, love, stress and anger. From the children’s drawings and the exhibition our analysis arrived at three themes: (1) friends in good times and in bad; (2) the sunny side of life; and (3) the bad and the mean. The central notion in all the three themes seemed to be of a social kind where friendship played an important role for the children. One of the drawings captured a rescue action where one boy saved another boy. The children’s own analysis included descriptions of being helpful to each other and saving one another. This could be understood as friendship is like having an extra parachute to unfold when
your own is not opening up. In good times the extra parachute is there as a security when gliding through the air enjoying the scenery from up above. However, in times of trouble the extra parachute is saving your life. This could very well be pictured, like a detail in one of the drawings of a person parachuting (Figure 6).

Friendships are according to the children in this study an important part of life, helping children cope with life’s challenges. Including ways to build and strengthen friendships can therefore be an important part of health promotion activities. We as adults, be it parents, teachers or researchers, need to ask ourselves ‘How can we help children build friendships with other children?’ and ‘How can friendships play a role in our relationships with children?’

Reflecting over the children’s lived experience of well-being and lack thereof and our own role in the research process, the concept of openness seemed to surface. This we believe is an important ethical aspect of research with children. Figuratively speaking an open parachute is helpful but a parachute packed away is, in time of need, not doing much good. When trying to achieve openness in contact with the children, two of the questions we continuously asked ourselves were connected to openness: ‘How can we strive to keep an openness to the children’s lifeworlds?’ and ‘How can we make an effort to convey this openness to the children?’ We have had the opportunity to reflect continuously through discussions among ourselves, but also with peers and others. Catrine, who documented the process, also kept a research diary. The first two questions concerning openness have been challenging because openness is, just like many words, open to interpretation. We regarded the challenge with openness as partly an ontological question, closing in on reality and how it can be understood. The ontological questions can be answered with Husserl’s (1989) phenomenological concept ‘going back to the things’. The two leading principles for this thinking are firstly turning towards the things, living or material, as a subject is turning towards another subject. Secondly humbleness towards the things is shown where openness to the complexity of the lifeworld is a pre-requisite. Due to this we believe that adopting a phenomenological lifeworld perspective, as we have done, is one part of our openness.

Openness we regard as a good thing when doing research with children; however, there is a limit to how much openness is possible. An example is Husserl, who in his quest to reach the true essence of ‘the things themselves’, developed transcendental phenomenology. We are joining the epoché critics choosing the existentialistic branch of phenomenology, sharing the understanding that the lifeworld can be studied. However, we are disregarding the belief of bracketing, when a

Figure 6. A detail of a person parachuting in the schoolchildren’s drawing symbolizing togetherness.
researcher ignores his or her pre-understanding. Pre-understanding plays an important role in our ability to understand another human being. Lippitz (1983) argues that the researcher’s view of children’s lifeworlds from a distance is inadequate, ‘the closeness of them, which they allow us, the participation in their life, makes our understanding possible’ (p. 64). However, the meaning one gives another human being cannot be the same as their own, but merely an interpretation (Schutz, 2002). Catrine engaged in participating observations while collecting data from the exhibition discussion. This was helpful when trying to understand children’s experience of well-being and lack thereof, as Catrine emerged into the children’s lifeworlds while they were reflecting over their own and other’s lived experiences. In face-to-face meetings a change in perspective can take place, seeing the lifeworld as the children do (Bengtsson, 1999). This change of perspective is considered to be an ideal situation in phenomenological lifeworld research (Bengtsson, 1999).

Connected to method we reflected on two more questions: ‘What can we do to make children feel comfortable and safe in sharing their lived experience?’ ‘How can we try to make the research process empowering for the children?’ We experienced bringing the openness questions to the level of methodology as one of the biggest challenges, as we needed to balance the responsibilities of being a prepared and organized researcher while at the same time leaving room for the children. In reference to the UK Children Act, Coyne (1998) describes the challenging effort of trying to strike a balance between the need to recognize the child as an independent person and so ensuring that the child’s views are fully taken into account, and the risk of casting a burden on the child of solving problems which should be dealt with by the adult. To overcome this we made a framework for the research project where we took the responsibilities of leadership without making key decisions on our own but leaving room for the children’s lived experiences to be the content. Leaving some of the control to the children and viewing them as partners was a bit like walking without a map, but we were confident that the children would draw the map for us. The methodological framework started taking shape at the very first meeting, with the children talking about free participation and having an alternative plan if someone did not want to join, as well as discussing confidentiality and anonymity. Catrine, who spent time with the children, promised confidentiality and said that the children had the right to influence the content of the well-being activities.

Morrow and Richards (1996) warns that ‘adult researchers must be aware that they have the power to interpret data in any way that they please’ (p. 103). This is echoed by Davis (1998) who raises the concern of researchers not being aware of their professional and personal preconceptions, and suggests that reflective inquiry is one way to overcome this problem. Morrow and Richards (1996) adds that ‘children, as a powerless group in society, are not in a position to challenge the way in which research findings about them are presented’ (p. 102). With this in mind we decided to involve the children in the process continuously, keeping an open dialogue and reflecting over their contributions. Part of the framework was letting the children define the concept of well-being with their own words. We built the health promotion work on their definitions, as the drawings were based on their words. They also had the freedom to choose the words they liked as well as work in teams or individually, to make the best work possible. Our non-controlling approach left decisions to the children, and asked them to take part of the responsibility. Catrine tried to make the openness explicit by telling the children that the goal was to understand what they had experienced, stressing that there was no right or wrong – just different experiences. Showing the drawings at the exhibition and hosting a discussion whereby the children got to interpret others’ drawings reinforced the openness to their thoughts and ideas.

It became evident that openness is about respecting children. Morrow and Richards (1996) argue that it is important not to take children for granted or give them provisional status but meet them with respect, underlining that ‘respect needs to become a methodological technique in itself’ (p. 100). According to UNICEF’s Right Respecting School there is a link between respect and
health (UNICEF, 2007). There are arguments for engaging children even further in the research process, involving them in the data collection itself (Matthews, Limb, & Taylor, 1998) as well as interpreting their own data (Morrow & Richards, 1996). Making room for the children’s agenda and encouraging children to do the asking and talking in a group can be seen as another way to empower children (Matthews et al., 1998). Viewing children as partners and thanking them for taking part in the discussions is important, as well as sharing the fact that without their assistance there would be no research project (Matthews et al., 1998).

Alard (1996) argues that acting as an advocate, helping children to verbalize their opinions, helps the empowering process. Booth et al. (1991) concluded that ‘power can be healthy’ (p. 31) and this power enables human beings to actively participate in their own health. Ghaye and Ghaye (1998) also describe empowerment as enabling and they suggest that empowering teachers can be done through reflection-on-practice. We suggest that the enabling within the empowerment process with the children we met was not a question of who was empowering who, but rather the reciprocal character of the reflection process itself. Making possible a reflective process together with the children about their lived experience, letting their voices be heard can in itself be empowering, although empowerment is much more complex than just ‘giving a voice’ (Ghaye, 2005). Putting these thoughts together there would be a connection between reflection, empowerment and health. If reflection aids the empowerment process, which in turn adds to the experience of health and well-being, the children taking part in this study were offered a healthy research process. The metaphor of friendship as an extra parachute could be compared with having extra social security. How can we help children pack that extra parachute with health promotion activities?

Drawing conclusions: a reflective conversation

There is a value in inviting others (participants, professionals in the studied field and/or peers) to the research process, to receive feedback on works in progress, which according to Bauer and Orbe (2001) also adds to the trustworthiness of the study. We choose to share the first draft of this article with a critical friend and the feedback resulted in a reflective conversation between the two of us. The following is a summary of that conversation; it will be the end of this article and hopefully also a starting point for continued discussions about how to appreciate schoolchildren’s lived experience, guiding them, involving them and empowering them to create health promotion activities.

Kerstin: When I reread our article with the feedback in mind, I wondered what it means to be listened to.
Catrine: And I have been thinking about how far we did what we intended to do when trying to meet the children in the class with openness. To listen I guess is one way to be open.
Kerstin: Yes, and there is more to the listening act as I believe it is right then when you put your thoughts into words and someone else is there to hear them, that will affect your health in a good way.
Catrine: But how do you listen to help increase someone’s experience of well-being?
Kerstin: I think that by focusing and paying attention to the schoolchildren’s needs, interests, state of well-being, as well as their expressions, you listen with what I would call ‘a sensitive ear’.
Catrine: And if we as researchers and the classroom teacher involved in the study indeed had ‘a sensitive ear’ in the interaction with the children we began to build a ground for mutual exchange. But it’s a little scary to go in the classroom with no plan of action other than listening, isn’t it?
Kerstin: Remember though how we met all the parents and said that our aim was to describe and understand their children’s experiences of health and well-being?
Catrine: Yes I do, and we did say to them just like we told the children that the schoolchildren are the main focus and therefore the well-being activities will be based on their participation.
Kerstin: That’s openness right?
Catrine: Yes but there is also a need to be open in each step of the research process.
Kerstin: Like when the children got to define the words and then draw symbols?
Reflective Practice

Kerstin: That’s where the drawings come in. You can let the children draw pictures, collect them and analyze them but with the exhibition we added something important, a space for the children to tell their story …

Catrine: … while the rest of the class was listening and in a sense helped to carry the child’s story, helped to share the joy or to ease the pain.

Kerstin: They were supported to talk in an active listening climate and they were also able to receive their own feedback by hearing themselves speak and also understand themselves better through the others’ responses.

Catrine: The exhibit included not only feedback on the spoken word but the rest of the group gave their thoughts on what they saw in the drawings, ’a picture is like a thousand words’.

Kerstin: That’s when the untold became visible and turned into spoken words by others.

Catrine: So who are we in this process? Are we researchers, friends, the children’s advocates?

Kerstin: I have played a different role than you Catrine. I have been a representative from the university meeting the teacher and the parents to show the dignity of the study. You on the other hand have been more like a facilitator, a guide or an enabler for the children and maybe a mentor or a coach for the classroom teacher.

Catrine: I agree but what would best show that ’alongsideness’ that I have hoped to achieve?

Kerstin: And not only making the ’alongsideness’ explicit but what would also best show the empowering aspect, which is adding to the sense of well-being?

We received these comments in the review process ‘You ask the question, “How can we strive to keep an openness to the children’s life worlds?” In what ways was this put under pressure? How successful were you in doing this?” and ’We felt a key sentence was spoken by Kerstin who said, “there is also a need to be open in each step of the process”’. What are your more detailed reflections on this please?’ Our further thoughts on this are that being open is to begin with not easy, even though we constantly have reflected on how far we succeeded to be open to the children’s thoughts and experiences. We believe that a genuine interest to listen to children is a prerequisite for openness, as well as to be able to communicate an I-hear-you-and-appreciate-you message back to them. However challenging there is a need to create time to reflect together with the children, since we are convinced that it is in the human interaction we grow, learn and better understand ourselves and others. This we tried to do as the classroom teacher asked the children to reflect on the process individually and in groups after each project session, using both written and oral communication. Catrine and the classroom teacher wrote reflections individually and discussed these either in a face-to-face meeting, via mail or by phone. The children’s comments after the first session made us realize that we were rushing them with our excitement and at one point a child described not feeling comfortable choosing even though we said ‘you can choose’. Maybe this can be avoided by asking questions like, ‘Are you feeling comfortable with the pace?’ and ‘We are saying you are free to choose, how can we make you feel comfortable to do that?’

Looking back at the research process together with the children we can say that we were open enough to make the children feel comfortable in sharing their lived experience as we were open to their positive comments as well as their critique and responded to both. The openness was an evolving process guided by reflection, sharing thoughts and listening with a ’sensitive ear’. Another challenge though is documentation: how can the openness be put on the page so that others can be enlightened and learn from that?

Acknowledgements

First of all we would like to thank the 19 schoolchildren who shared their lived experience through drawings and participating in the exhibition discussion. Thank you to the classroom teacher, the school principal and parents for making this study possible. The Arctic Children project, EU Interreg IIIA, as well as Luleå University of Technology, the Department of Health Sciences supported this study.
Notes on contributors

Catrine Kostenius is a lecturer and a Ph.D. student at the Department of Health Sciences at the Luleå University of Technology in Sweden. Her background is in child healthcare and pedagogy with a special interest in health education for children. She co-founded the Health Guidance Program (Hälsovågledarutbildning) and is teaching health promotion classes alongside her Ph.D. studies. Her recent articles focus on health and well-being from the perspectives of schoolchildren in the arctic region of the world.

Kerstin Öhrling is the head of the Department of Health Sciences at Luleå University of Technology in Sweden, as well as the Swedish director of the international research and development project Arctic Children. She is an RNT with special competency in child healthcare with a doctorate in education. Her recent research examines schoolchildren’s health and well-being in the north, IT support at early discharge from the maternity ward, and lived experience of parents to premature infants.

References


