

ORIGINAL ARTICLE

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

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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 analyze 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 unite 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 was 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

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 (Greene & Hogan, 2005). This study is based on a phenomenological lifeworld ontology, inspired by Merleau-Ponty, who claims the importance of the wholeness of *that* we are and *what* we are (Merleau-Ponty, 1962), as well as with additions by Schutz's (2002) phenomenology of the social world and van Manen's (1990) way of ensuring children's perspectives. This poses methodological consequences like openness for the complexity of the lifeworld, affirming its diversity. According to van Manen (1990), the world of lived experience is both the source and the object when conducting research based on a phenomenological ontology. In order to answer the posed question the source and object of this study was, therefore, schoolchildren's world of lived experience.

Research context and participants

Bengtsson (1999) describes regionalizing as a way to define an area of research, as it is impossible to study everything in a lifeworld, which in this study is children's lived experience of health and well-being. To define this area, schoolchildren aged 10–12 years old were chosen based on The National Board of Health and Welfare in Sweden stating that children as young as 10 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 are the research context, as Stewart-Brown (2001) points out that schools are continuing to play an important role as an arena for health education and health promotion by being a natural infrastructure for interventions reaching children at an early age. The need for research in the area of psychosocial 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. Therefore, this study is including Swedish schoolchildren living in the northern part of the country, in what is considered the arctic region of the world. The smallest and largest schools, one suburban, and one rural, in a school district were chosen to keep an openness for the complexity of schoolchildren's lifeworlds. To allow a wide scope for the illumination of the phenomenon all children aged 10–12 years in all five classes in both schools, attending fourth to sixth grade were included, totaling 100 students. Two children were home sick the week of the primary data collection (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 & Nyström, 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 themes 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 ed class [Special Education class]. But the bullying continued through us, they said we were pussies 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 lose 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 we-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 were being trespassed by others. The schoolchildren in this study described meeting others in good and bad ways in 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, Telljohann & 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, Pollack 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 chil-

dren 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 lifeworld 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.

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