

Participatory Arts-Based Health Research with Primary School Children: “Muddling through” Complexities for Mutual Understanding

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Abstract:

The production of knowledge is considered to be the domain of adults and experts. Participatory arts-based research engages children in the process of knowledge production. It resonates with the normative ideals of critical pedagogy to create a space for children to express their voice and become a subject of power in order to contribute to social inclusion and social justice. Balancing power more equally confronts us (adults, researchers) with our own power, values, and normative beliefs. This complex role of power and morality involved in research with children is often overlooked, especially in the field of health promotion to counter the “obesity pandemic.” We take inspiration from Schön’s notion of the “swampy lowland” as a place wherein we have to deal with messy problems that cannot easily be fixed and controlled. We reflect on these messy problems as participatory researchers via three in-depth stories on resistance: a teacher who preferred discipline instead of playful experimentation, a girl who wanted to stay invisible, and a boy who constantly challenged our actions. These stories were generated in the context of two primary schools and four school classes with 75 children aged 10-12 years old with whom we worked for four years (2015-2019) in the city of Rotterdam, The Netherlands. The stories show how we attended to these messy but crucially important problems to develop our craftsmanship. We had to experience and reflect on situations, give up on ideas, work by trial and error, rely on intuition and muddle through to create mutual understanding.

Keywords: Critical Pedagogy; Children; Experiential Learning; Primary School; Participatory Arts-Based Health Research; Power; Understanding



Image 1: Children not willing to join the Capoeira

My son loved to join Capoeira. It offered him a space to express himself, and to channel his energy and emotions in a peer group. I was very surprised to learn that some of the children we worked with associated it with sexuality, and felt ashamed. Especially some of the boys. So I wondered whether we should offer such activities. Who am I to think what can enrich their lives, if they stubbornly reject them? But what about all those other kids who did love to move and dance?

Introduction

The above reflection came from one of the researchers in a participatory arts-based research project with primary school children living in a deprived multi-ethnic neighborhood in Rotterdam. It demonstrates the social distance between the white, highly educated female researcher and the young boys, mainly Turkish and Moroccan, in the neighbourhood. While the researcher assumed, based on her experience with her son, that the children would be enthusiastic when she introduced Capoeira—a Brazilian martial art—to them, a group of boys intentionally sabotaged the activity. The photograph shows the boys who demonstratively hid their faces and sat on the bench during the Capoeira lesson in their school (image 1) while in another class the whole group is enjoying the activity (image 2). This act of resistance confronted the researcher with her privileged position and normative assumptions about what is good and healthy for children. The resistance of the children confused her, but also triggered a reflection on her own power in relation to that of the children. In general, children do not have much power, because adults are, to a large extent, determining their lives with rules and norms about what children should do and not do. Knowledge-making is also considered to be the domain of adults (Kellett, 2014).

Such power asymmetry is especially prevalent in a school context with a disciplinary regimen (Arrastia, 2018), instructions and restrictions, and sanctions: good grades if one succeeds on exams and bad grades if one fails or does not obey rules. Moreover, teachers and other adults determine the content of what needs to be learned. This means that in the schooling context, children are often the object of power. They need to do what teachers tell them to do, and are often seen and treated as vulnerable, passive, innocent, and in need of protection or correction (Kellett, 2014). Their voice is not very important or does not count at all. The above-stated sabotage of the boys in our project can be interpreted as one way they attempted to use their power, which suggests that they felt the opportunity to express their voice (Kellett, 2014). This was not the power to make something happen, but rather the power to hinder some kind of activity. Yet, the power to hinder and sabotage activities is often the only power children can exert. They typically do not have the capacities and resources to take initiative to control situations, but they can disturb the event, as in the case of the Capoeira.

In our project, we approached children as knowledge-bearing experts and agents of change; we tried to create a space where they could express their voice (Groundwater-Smith, Dockett and Bottrell, 2015; Mitchell, De Lange & Moletsane, 2017). However, although the response of the boys was exactly what we as critical participatory researchers wanted—to give children the room to express their voice and become a subject of power—it also hit us as troublesome because it confronted us with our own power, values, and normative beliefs. To our knowledge, not much is written about these difficult and uneasy situations in the context of participatory health research. There are a few examples of critical inquiry and critical pedagogy in the field of health (Azzarito & Hill, 2013; Fitzpatrick & Russell, 2015), but the role of power and moral issues involved are

often overlooked or brushed under the carpet (Lenette et al., 2019). In his work on the “reflexive practitioner,” Donald Schön (1983) refers to these situations as “swampy lowlands”:

In the varied topography of professional practice, there is a high, hard ground where practitioners can make effective use of research-based theory and technique, and there is a swampy lowland where situations are confusing “messes” incapable of technical solution. The difficulty of the problems of the high ground, however great their interest, are often relatively unimportant to clients or to the larger society, while in the swamp are the problems of greatest human concern. (p.42)

The swampy lowland confronts practitioners, including participatory researchers, with complexities that cannot be fixed and resolved with handbook knowledge. Yet, these are also the places where the issues of “greatest human concern” are at stake. Checklists, rational decisions, and protocols fall short in these situations, and Schön emphasizes that practitioners have to “muddle through” these situations to deal with the moral and existential issues at stake. In participatory health research, many of these political, relational, and ethical questions arise (Banks & Brydon-Miller, 2019), but these are seldom thoroughly addressed in the literature (Lenette, et al., 2019). Ignoring these sticky questions might be attributable, in part, to participatory researchers not wanting to make themselves vulnerable to critique, but also to a tendency to avoid these messy situations in favour of finding security in the safe “high ground.” Yet, we believe that such difficult situations offer a rich learning potential for participatory researchers to develop their moral compass and craftsmanship. We therefore selected three stories that contain difficulties we encountered in our participatory research with children in primary schools.

We begin by presenting the story of a teacher whose disciplinary teaching style conflicts with our experimental and free approach. The next story relates our experience with a young girl who confronted us with our own prejudices and challenged our initial idea to publish photographs of her lifeworld. The final narrative is about the boy who met us with resistance in the Capoeira lessons. Together these stories capture some of the complexities of participatory health research with children in a primary school context.

The stories were generated in the context of two primary schools and four school classes with children aged 10-12 years old with whom we worked for four years (2015-2019). In what follows, we present our participatory arts-based research approach followed by the research setting and methodology. These are followed by the three stories, a discussion, and epilogue.



Image 2: Kids enjoying Capoeira

KLICK and Critical Pedagogy

Our participatory health research project was called **KLICK**. **KLICK** stood for the click of the camera and the click with yourself and your surroundings. **KLICK** aimed to work *with* children on health-related issues. The project was grounded in the ideals of autonomy, equality, dialogue, and social justice. Concretely, four classes from two primary schools participated for three school years, between 2015 until 2019. The classes had approximately 20 children each and the children were in grade four (8-9 years) at the start and grade six (11-12 years) in the third year. In total we worked with 80 children. Experiential, playful and creative learning activities were developed, through which the children could actively inquire and experience their own bodies, habits, and lives. During the activities, children were asked to express themselves via arts-based methods like photovoice, game-playing, mind-maps, and drawings.

Through the use of symbolic tools other than language, children were enabled to express themselves and generate rich insight into their perspectives. The photos and other creative artefacts were used to elicit meaning (Clark, 2007, 2010, 2011). Photos and creative artefacts do not speak for themselves and contain multiple layers of meaning. In order to grasp the meaning endowed to these artefacts by the children themselves we set up a process to elicitate its meaning by engaging the children in a conversation on what they pictured, drew or created. So, instead of us interpreting the meaning of the artifacts, we involved the children in the meaning making process. The creative artefacts functioned as “conversation pieces” in this participatory analysis. An example of such elicitation process is the following: we asked children in a photovoice workshop to picture their surroundings, and later set up a conversation about the meaning of the pictures they selected. We asked them to think of captions for the pictures. One of the girls selected a photo with her sitting on the swing stool, and explained the meaning by the title “Jumping into the air.” Swinging meant freedom to her (Abma & Schrijver, 2019).

In addition, participant observation took place during all activities and an extensive observational diary was kept. One researcher, being a professional documentary photographer, captured the process in photos. Data were analyzed interpretatively and crosschecked by the researchers (Abma & Schrijver, 2019).

KLICK was set up in Oud-Charlois, an underprivileged neighbourhood of Rotterdam, one of the largest cities in The Netherlands. Rotterdam is the poorest city in The Netherlands, and one out four children grows up in poverty. In this particular neighbourhood the situation is even worse. Its population is relatively young and culturally mixed (Moroccan, Turkish, Surinamese and lately also East-European), has low levels of education, and high rates of unemployment and poverty. At the same time the neighbourhood was not only or just a typical deprived area, even though it was often portrayed as such in the media. In reality it is culturally very rich: a lot of artists and creative entrepreneurs are attracted to this area because of cheap rentals. Our aim was to mobilize this rich cultural potential for the children and families that were less well off. The project was financially sponsored by FondsNutsOhra (FNO), a charity fund in The Netherlands, as part of their program called “A Healthy Future Nearby”. **KLICK** was approved by the institutional ethical board. Besides informed consent and confidentiality, various additional ethical principles were taken into consideration during this project: working on mutual respect, participation, active learning, making a positive change, contributing to collective action and personal integrity (Banks & Brydon-Miller, 2019). Approval was obtained for the publication of all photos used for publications. All parents were approached at the beginning of each new school year to give permission to portray their children and the **KLICK** activities through a written informed consent form. The children were also

asked verbally to give permission when the photographer took pictures, and they were asked again for permission if we intended to publish a photograph. As we will show, this was a constant process of negotiation with the children.

We initiated KLIK as an alternative to current plans and policies to tackle the “obesity epidemic” (Campos et al., 2005; Oliver, 2006). The problem with these policies are the associated and interconnected messages around health. These policies are influenced by neoliberal ideas and norms that each and every one should be active, healthy and fit, and that this is an individual responsibility. It may lead to the stigmatization of fat bodies and result in feelings of shame if one does not fulfil the norm of having a sportive, lean body. Bodies that do not fit into this ideal are object of public disgust or shame; so the discourse functions as a process of normalization and disciplinary power. This may result in bullying children who are considered too heavy, which may have an enormous emotional impact on the child (Abma & Schrijver, 2019). Moreover, it also sensitizes “healthy” weight children to the risk of fatness, thus setting up future body image issues. In school contexts this has led to the measurement of bodies, which is extremely stressful for children. The whole screening and measurement culture aimed at detecting bodies-at-risk is focused on how one should behave (food and exercise patterns), and not on what children already do to live healthy. The subjective experience is hardly explored, and this may lead to wrong presumptions about behaviour. For instance, a critical ethnographic study among young girls—who are considered to be the most risky in terms of bodily behaviour—demonstrated how the girls were physically active, but in other spaces and in other types of physical exercise than expected (Azzarito & Hill, 2013). The girls loved to dance in front of mirrors at home, and use the Wii to exercise at home. This study also showed that to be able to exercise, socio-economic resources are needed. So being healthy is not just a matter of the will to do so, or an individual failure, but related to structural inequalities.

Moreover, health promotion projects are often mainly driven by adults determining what children need, and dislocated from their lived experience (Alexander, et al., 2014). We felt that if children do not know *why* they need, for example, to do exercises or eat healthier, they will never be intrinsically motivated to change their actions and behaviour. They may do it for someone else or because they are told so, but not because they believe in it or feel what it can bring them. Moreover, information and knowledge alone will not do the trick. We discovered most children knew already what is healthy or not; they knew fruit and vegetables were better than candy and chips. Most of them knew that energy drinks and sodas contain too much sugar. Yet, healthy food is more expensive than junk food, and healthy food is less available in the neighbourhood where there are more snack bars than supermarkets. Most of them knew that you need to move and do exercises, but many children did not have access to a sporting club or the resources to pay for a membership. What children already knew became clear during activities in class where they were invited to draw a mind-map of what they thought was healthy. These mind maps contained fruit, vegetables, but also topics like dance, sport and physical exercise (see image 3: mind map).

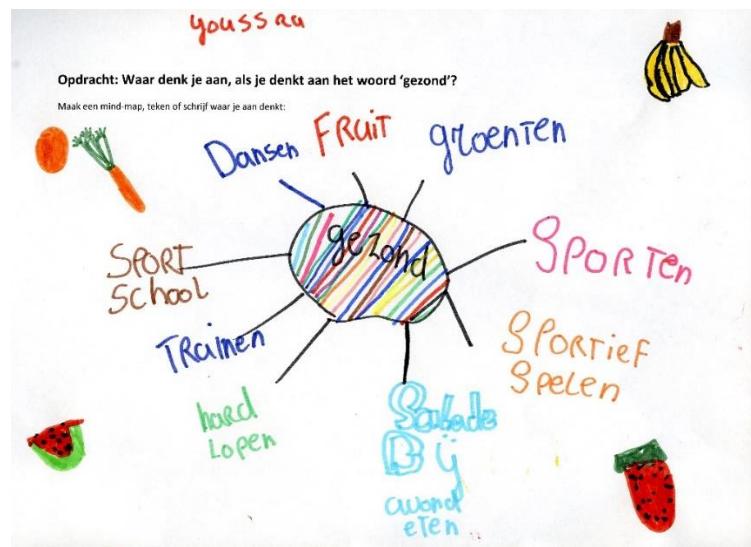


Image 3: Mind map in response to the question: "What do you think about when you hear the word healthy?"

To translate this knowledge into action was a whole other story. Giving information and knowledge is a very cerebral and rational way of approaching children and health promotion. As Freire (1970) points out, giving information is based on a “banking” concept of education. This “banking” model is based on the assumption that educators “deposit” knowledge into children, the depositories. In such a model, children are mere objects; the teacher talks, the children listen; the teacher chooses and enforces, the children comply. The problem with this model is that it leads to withdrawal, and that it does not engage children into thinking. It is focused on memorization. Another problem is that the content of education is detached from reality, it is emptied of concreteness and therefore not meaningful for children. Therefore we wanted to find out if children—when we spoke to their life world and they literally felt and connected with their senses—would develop a more conscious and intimate relation with their body, its needs and desires, and get engaged in finding out what healthy living means. Finally, we felt that we needed a less teacher-controlled and rational, and more playful way to relate and connect to the children as a group and as individual persons, and to really engage them in fun and joyful activities (Cook & Hess, 2007). Playfulness meant openness to uncertainties and surprises (Shier, 2001, 2017). For us, it also meant playing team games instead of being in an individual competition with each other. Playfulness was important to heighten their curiosity, creativity, and inventiveness as most children had little of those skills (Abma & Schrijver, 2019), and yet such skills are particularly important for young people to learn, especially if they are experiencing adversarial circumstances like poverty and discrimination.

This approach is in line with the critical pedagogy of Paulo Freire (1970) and related approaches, including Action Research (Adelman, 1993), Participatory Action Research (MacTaggart, 1997; Fals-Borda & Rahman, 1991; Kemmis & MacTaggart, 1986) and Community-Based Health Research (Minkler & Wallerstein, 2008). These approaches share a focus on overcoming the theory-practice divide, and the domination of expert knowledge of the elites over the knowledge of people themselves by fostering action-reflection-learning cycles with those whose lives and work is at stake. Such approaches aim for social transformation through localized collective action. The purpose is to heighten the understanding of people in the local context, so that they get a better grip on their situation, and hence, become more capable of starting actions to improve their situation, including interpersonal and negotiation skills. Key in all this work is the

value of questioning rather than accepting autocratic dictates about how one should live or work, giving credence to:

the development of powers of reflective thought, discussion, decision and action by ordinary people participating in collective research on “private troubles” (Wright Mills, 1959) that they have in common. (Adelman, 1993, p. 8)

The choice for methods in participatory research is based on the possibilities it offers for maximum participation and gendering critical inquiry of one’s life and work (Abma et al., 2019). In our case, we selected creative methods to better include the voices of the children. One of these methods was photo-voice (Abma & Schrijver, 2019). Children received a camera to explore their life-worlds and make pictures of pressing issues in their lives. Receiving a camera, which they were allowed to take home, generated among these children, much excitement. The cameras were obviously new and expensive, and the children could hardly believe they were trusted to their care. Photovoice was combined with photography by the researcher to visualize the broader life-world context of the children, including their neighbourhood, a technique used in visual anthropology (Pink, 2003).

We focused on experiential learning and tried to build more horizontal relationships where adults did not stand above children but respected their knowledge and perspectives. The project engaged children in playful and creative activities, like Capoeira, to broaden their horizon, and worked from there to explore what health and healthy living meant for them. As such, we did not start from the normative position what they should do to become and stay healthy but engaged them in inquiry and activities in which they could experience their embodied being. This was also motivated by our impression that many children felt alienated from their bodies, and what they actually wanted. If we, for example, asked the children what they would like to do, nobody would answer. They seemingly did not know what they wanted or missed a connection with their desires and needs. They simply looked around the class to see what others might say but remained remote and silent. To break through this silence and alienation we offered them new sensuous, affective, and emotional activities. For example, we engaged in a wildpluk walk where the children gathered eatable wild plants from the neighborhood to mix into a fruit smoothie. We also organized a plant lab wherein they set up an experiment to find out more about a topic that interested them: growth. We offered each of them one plant, asked them to split the plant into halves, put these in a pot, and then take care of the similar plants: one plant received loving care, the other plant was neglected. After a few weeks the kids compared their plants to see what happened (image 4: the plant lab experiment). We then asked them what a plant needed to grow. The plant was a metaphor for their bodies and well-being.



Image 4: The plant lab

This active, embodied, and explorative approach in relation to health-related topics was a completely new experience for them as many parents did not have the resources to offer these experiences to their kids and teachers were often too busy with cognitive tasks and controlling the classroom.

Our research approach also resembles critical teaching in schools as well as critical pedagogical approaches to health and physical education (Arrastia, 2018; Azzarito & Hill, 2013; Chu, 2018; Fitzpatrick & Russell, 2015). Critical pedagogy departs from the notion that the teacher has a crucial role in either reproducing the status quo in society or facilitating critical consciousness to stimulate kids to question their world, to raise critical issues, to take control over their lives, to resist power and dominant constructions of reality and destabilize stereotypes. Critical pedagogy acknowledges the complexity of children's lives, and structural inequalities (Azzarito & Hill, 2013). It is critical of attempts to make children individually responsible for their health and well-being, an approach which ignores the structural inequalities that serve as barriers to the improvement of quality of life and health. It is concerned with demystifying a singular notion of health and wellness which is often fueled by the so-called "obesity epidemic" and its tendency to medicalize and exclude certain children and undermine their humanness (Rich & Evans, 2015). As we will demonstrate, participatory research and critical teaching are messy because such approaches create room for the engagement of children and are thus not completely controlled by teachers. These approaches are therefore troubling and disruptive in conservative institutions like the university and schools which are built on a banking model of education (Cook, 1998, 2009; Fraser, Flewitt & Hammersley, 2014).

We also see a resemblance with a "pedagogy of risk" developed to stress the unpredictability of education; therefore we cannot control how pupils respond, and that we as teachers need to take risks and show courage for the sake of engendering learning (Biesta, 2018). This involves leaving one's comfort zone. In our context this was related to the unfamiliarity of adults to share power with children as well to children who were engaged in unfamiliar ways of learning, partly through art. While some of our activities generated fun and joy, others met resistance like the Capoeira lesson. It was hard to predict how the children would respond, and some activities clearly generated discomfort. We now present three stories delving into the messy and uncomfortable

situations we experienced, how we ‘muddled through’ these situations, and discuss the lessons we can take from this muddling through the ‘swampy lowlands’ of participatory research.

The Teacher Story: “*My Children Need Clarity and Structure*”

Children in this study were already associated with various networks of power relations such as relations with their parents, peers and their teacher in the school. We knew this would be the case, but one of the teachers had a particular style of teaching that we found problematic. The above expression shows her view of the conditions for learning: “her” children needed, clarity and structure. In her eyes all the children were very much the same and in need of her protection. She explained this further: “I treat all my children as if they are autistic. This offers them safety.”

As researchers we struggled with this disconnect as we had a contrasting idea of what children needed to learn, and struggled to understand and respect this teacher at the same time because we knew we needed to collaborate with her to realize our project. We felt concerned whether we would be able to create room for the children in this class to experiment and learn in a more democratic and creative way. One of the issues was that, in our eyes, the teacher justified her power over the children with assertions about the need to protect the children from harm (i.e. offer safety) and act in their best interest, also reasserting the claim that her adult knowledge and judgement is superior to children’s. This was contrary to our idea of sharing power and power equality. In class we observed how the teacher was constantly commanding the children what to do by giving them instructions. We sensed there was a lot of confusion among the children in class because the many rules at school seemed to conflict with the way children were treated at home (El Hadioui, 2011). There was also a lot of shame in the classroom. For instance, if the children in that class were asked to make a drawing they would hide what they had drawn and present the drawing upside down to the researcher. If asked to answer a question they would look around and watch what the others would do. This was also the class where the boys felt ashamed to take part in Capoeira and would not wear lab coats for the food lab, sports lab and plant lab because dressing differently was considered odd.

Another example illustrates how influential the teacher was, and how this produced remoteness among children, and an environment contrary to the communicative space we wanted to create for the children to experiment and learn. A few months earlier one of us wanted to introduce one of the new researchers who would regularly come into the class, and soon this junior researcher would also join one of the activities that were planned. One of those activities was a trip to another city to visit Corpus, a spectacular museum in the form of a body, focused on the functioning of the body. We had reasoned that such a trip would be sensational for the children because many of them had never left their neighborhood and parents did not have the resources to visit such a site. That particular day the permanent teacher was replaced by an intern. One of the researchers asked the children if she could take a photo of them so that the new researcher could learn their names and faces. Immediately the children responded by hiding themselves and their faces under their tables. The researcher reacted with surprise and asked the children if they were still interested in KLIK activities. They responded with a total silence and apathy. She interpreted this silence as a way to express their discontent with what was going on in class that particular day and decided to adjust her plan to make pictures of the children. Later that week the researcher came back and heard that the intern had informed the teacher about what happened. In response the teacher told the children how rude their behavior was. She told them that going to museum Corpus was a very

special gift and also a very expensive trip. She insisted that they were more grateful, and also that they excused themselves in front of the researchers. And so they did.

Verbally this teacher was very strong, and she took a lot of conversation space to explain to the kids how awful their behavior was. She was not mean or unkind, but at the same time very insisting and demanding. She did not accept what was in her eyes a disrespectful response and enforced the children with reference to the high costs of the museum trip to make their excuses. This reminds us of Freire's banking model (1972) wherein teachers are talking and using their power over children to make them compliant. We also felt it was problematic that money was the main argument and reason to convince the children to be obedient and grateful, as this was reproducing the status quo in society wherein economic values and material richness is prioritized over social and ethical richness. The message was clear: one should obey and be grateful to those who held a power position based on financial resources. We felt it also reproduced the pattern many children experienced at home. As many of them came from a family living in poverty, they knew what it meant to be dependent on people and welfare state institutions that offer money on certain conditions. In the neighborhood we saw many parents who coped with this scarcity by being silent and remote, or by being very aggressive and angry. We saw this reproduced in the meek attitude of the children. The importance of behaving well was later explained to the researcher by the teacher with the following statement: "How the children behave in the museum is, in my opinion, a showcase for the school."

Although the teacher wanted to support our activities, she did in a way that sometimes conflicted with our approach. The instructive, demanding, and disciplinary way she communicated with the kids was paradoxical. It installed an object-subject relation where she knew, as teacher, what the kids needed in life and how to behave well. In a kind but yet intimidating voice she repeatedly told the children how special this all was, and how special they were—but only if they obeyed the rules. We know that children are very sensitive to messages wherein content and form do not match; they do not trust such communication and focus on the form and tone of voice. In this class this resulted in apathy and shame among the children when we touched on subjects related to their bodies. For example, when we asked the children in the last year of our study, after having been at the Corpus museum what they thought of as stupid, dirty or weird, many of the girls would answer "the womb" and many boys would say "sperm." The children aged around twelve by that time seemed to have very limited knowledge in these areas, as the information about fertilization and birth appeared to be new for many of them (Abma, Lips & Schrijver, 2020). No need to say that in such context it is hard to generate and engage children in critical inquiry, because they get such different messages. It struck us, for instance, that many children excused themselves if they created a mess, which was indeed often part of our activities (image 5). Such behavior was the result of relationships with adults, either teachers or parents, in which they were told to be neat and clean. Over the years in our project, the children learned that they did not need to worry about creating a mess when they worked with us, but at times this was confusing for them.

The story of the teacher revealed the complexities posed to us as we needed to collaborate with her to be able to work in her class, while at the same time creating room for our approach. This required an intense working relationship with a lot of face-to-face contact. We discovered that the teacher herself required structure and wanted to stay in control. Communicating and informing her in a timely manner of our plans and lessons helped us to find a common ground. In addition, one of us often would drop by the school to talk things over with the teacher. This was not always easy and required significant interpersonal skills. Sometimes it felt like we needed to

give up on things because she wanted more structure, and often she would give feedback afterwards pointing out what went wrong in class. Yet, over the years we began to develop more empathy for her as she worked in a situation that was far from ideal given the shortage of qualified staff and case load in her class. We also learned more about her perspective, and how she wanted to compensate for what the children did not learn at home. At the same time the teacher also began to show more respect for our approach. She noticed it when children who were otherwise remote and distracted came alive. For example, she would say to us afterwards that a particular child that typically acted angry and recalcitrant was now very cooperative. She linked this to the activity that had clearly interested the child, and sparked a joy and willingness to engage in the activity.



Image 5: Cutting plants as part of the plant lab

The story of Armina: Being Invisible

We pointed out that topics related to intimate parts of the body and sexuality were met with reservation and shame. Such topics were not discussed at home nor in class, and very uncomfortable, but at the same time children reported they learned a lot from the conversations on these topics (Abma, Lips & Schrijver, 2020). We noticed shame was also a response observed among children who did not fit the healthy body norm. In the healthy fit programs in the schools, the focus lay on obesity. This is the driving motor of many healthy fit programs: to screen and prevent bodies-at-risk from getting worse. Bodies-at-risk are those bodies that are deemed too fat compared with the standard. Yearly, the children are therefore measured at school and only if one does not meet the norm—the children get a verbal warning: you are too fat and we will contact your parents to talk to the school dietician. The dietician offers the parents lifestyle advice and encourages them to change their child's eating patterns. Research has shown that such lifestyle advice often individualizes health problems and ignores structural inequalities such as children of poor families having less access to healthy food and physical exercise through sporting clubs (Braveman & Barclay, 2009; Gordon-Larsen, et al 2006; Mendoza, 2009). It may also foster shame as children feel that they do not belong to the group; they fall outside the body norm. The problem of measuring height and weight is that it objectifies the body. The body becomes an object of public gaze, and

in the context of a discourse on healthy bodies this leads to the stigmatizing of bodies that fall outside the norm.

In a similar vein we saw how girls in our study were very sensitive to being measured and controlled. Armina was one of those girls. The first time we met her was uneasy for us, because she confronted us with our own prejudices about fat bodies. We noticed that we immediately categorized and labelled her as “obese.” This label prevailed and framed how we saw her while she was, of course, much more than that. We noticed how all kinds of associated prejudices came to the surface: her being slow, unhealthy, weak, passive and indolent. As we got to know her though we learned she was physically quite strong and flexible. In that first encounter we also saw that she was distancing herself from the group. She seemed to isolate herself from the group, literally by standing apart from the group, and turning away her face. Taking pictures of the group and Armina during the wildpluk walk felt uncomfortable. We wondered whether we could publish such pictures without blurring her face (image 6 where we have blurred the faces for the sake of privacy). When asking her we soon learned she did not want to be photographed. Armina felt extremely vulnerable to be seen in public. Yet, we felt uneasy that, as a result, she had no face at all in our project; as if we were reproducing her invisibility. We wanted to create a space where she could be seen and heard but were also very concerned about her own agency and wanted to respect that, and thus created a dilemma for us as researchers.



Image 6. Wildpluk tour

In becoming better acquainted with Armina, we learned she had always been quite heavy, but gained more weight over the years. She was Turkish, 12 years old and raised by her father. She had one younger brother. The school considered it their responsibility to help Armina lose weight and had tried to refer her to a general practitioner and even to a hospital, but her father would not respond, even not after many attempts. When nothing helped, the school decided to leave the situation as it was, even though they remained concerned over the deprivation of the girl. We also discovered that Armina was quiet and shy. She never wanted pictures to be taken of her and she would not agree to share pictures in which she was visible. Seeing pictures of herself she typically would say: “Oh my God, I am really ugly.”

Being invisible was her strategy to survive. For example, if we asked her if she would be interested in undertaking some kind of activity as part of the festive ending of the project she replied: "No, I am more the type of shaming."

This meant that she had completely internalized the idea that she was not worth seeing. She thought she needed to be ashamed of herself and her body. Yet, it struck us that while she wanted not to be seen in public, she was interested in herself and taking pictures of herself. We found this out when we did the photovoice workshop with a group of children (Abma & Schrijver, 2019). Although we did not expect this, Armina felt much freer at home to make pictures. It took us by surprise that she took endless photos of herself. The series of selfies showed her face close-up, with all kinds of grimaces and several body postures in front of a mirror, clearly imitating and experimenting with the postures of top-models and pictures on social media. Apparently, she felt safe to experiment with herself at home. This was a private place where she did not feel objectified, but rather free from the public gaze. Photovoice as a visual method gave us an important insight in this girls' experience and lifeworld. It offered us a very intimate picture of how she felt, what she desired, but could not express publicly. It revealed she wanted to be seen but did not dare to be visible in public due to the public gaze, and fear of negative responses to her body. She felt too ashamed to be visible. Yet the camera gave her the power to see (instead of being seen). The photo where she uses the camera to look at us symbolizes her power (image 7).



Image 7: Girl with camera looks at us

When talking about the photos she made, she showed she understood the difference between perception and reality, and how what she saw in herself might not be the same as other people would see her. In her words: If I make pictures of myself, I see something else than what others will see in it. "Therefore I keep them to myself. I do not allow others in the school or neighbourhood to see these pictures."

When we talked about publishing her story and showing some of her pictures she was initially hesitant. We ensured that she understood the context and gave her time to think. She ultimately approved after having made a selection of two photos that she liked, and on which she could not be recognized.

The label being obese not only generated shame in relation to being the object of photographs in public space, but extended to physical activity as it led her to the incorrect belief that she was not able to do certain physical exercises. She believed that being heavy also implied that she was and could not be sportive. Upon reflection, we realize that our unconscious biases about large bodies led us to the same conclusion. However, these biases and beliefs were challenged during the sport lab when we did exercises to experience the power of muscles, and Armina discovered how strong she was; even stronger than the boys in her class. To underscore how she underestimated herself, one of the researchers said to her: “Now you have again learned something about what you are good at.”

Later, we experimented with the children how they could strengthen their muscles, condition and flexibility (image 8).



Image 8: The sport lab

Armina thought she would not be good at this and was surprised when she was much more flexible than expected: “I didn’t know I was flexible, I can stretch very far!”

She had thus wrongly assumed that she was not sportive because she was obese; a prejudice we also held. This almost became a self-fulfilling prophecy: the label led to inactivity because she expected that being heavy implied that one could not be strong, flexible, and graceful. These activities were eye-openers for her, and in the end she wrote to us: “In KLIK they explained a lot and did a lot for your body.”

Armina’s story shows that being invisible is a strategy to survive the public gaze on bodies that do not meet our body norms. Bodies-at-risk are hidden, which may result in inactivity. It also shows that gender norms play a role in this. Girls are more vulnerable because a fat girlish body is more problematic than a fat boyish body in our culture (Paechter, 2006). The strategy of becoming invisible reproduces gender and body norms, as well as gender inequalities (Paechter, 2006). It reproduces the traditional private-public sphere, where women stay at home, free from the public gaze. This means that girls like Armina have to bury their desire to be seen. As we deliberately sought ways to create room for her to be seen, we learned that our prejudices were not valid, and

that we had to adjust them. Girls like Armina suffer from the focus on body weight and size as well as the consequences of inequalities. Finally, the story shows that Armina began to see herself differently over the course of KLIK. This can be considered an important change and sign of her growing empowerment.

The story of Mehmet: Claiming Invisibility

Mehmet was one of the boys who sat on the bank when the class was doing Capoeira. We chose to offer Capoeira to the groups, because it has been shown to improve community building and wellbeing among groups of diverse and traumatized children (Momartin et al., 2018; IRIN, 2011). Yet, we have indicated how boys interpreted the Capoeira teachers' movements as a manifestation of sexuality, which they experienced as offensive, resulting in refusal to participate. Mehmet was one of them. He is Turkish and was 12 years old at the time of the Capoeira class, and was well known to us because he had previously refused to engage in activities. Mehmet did not want to wear a white lab coat, mainly because he thought this was just 'stupid.' When asked for approval to publish a photo with him in the KLIK kids newspaper made by and for children, he refused for privacy reasons. We wanted to respect his agency in this matter, but found it hard to understand why he did not want it to be published. It concerned a photo where he was pictured on his back, kneeling to the ground, so his face was not visible. At that point in time we assumed that children would only oppose to the publication of images if their faces could be identified. So we wondered why he opposed and asked him about that. Mehmet explained that the newspaper would be spread on the internet, which was indeed the case, and that he did not want to be noticed even though we assured him that his face was unidentifiable. Although we felt this was more a strategy to resist our power over him as adults than about privacy, we decided not to publish this photo and honor his will and control over the situation. Interestingly, after the newspaper came out without him being pictured, he asked one of us why he was not in the newspaper, indicating that he wanted to be in the newspaper after all.

Based on our observations of Mehmet, we developed the impression that he often was offended or angry, also showing off his masculinity. As such, we were not surprised when he refused to join the Capoeira and took the lead in this resistance. One of us, being there when this happened, took a photo of the scene, and later got entangled again in a discussion with him about the publication of the picture in the second KLIK newspaper. Mehmet again refused publication with reference to privacy. This time we had difficulty honoring his will. Partly, this was influenced by what had happened before; how he had refused and then later came back on his decision. Therefore, we decided to talk in class with the children about the Capoeira and the shame some of them felt about the movements. Mehmet was very articulate about this:

I felt ashamed for that kind of movement, to watch it and to repeat that movement, I felt ashamed...He (the teacher) stood with hands and feet on the ground and moved as fast as he could to the other side of the room. We did not want to see those movements, and the girls also started doing those moves. If I would have done those moves the girls would have seen me, and I felt ashamed about that, everybody felt ashamed in our class...It is strange if someone looks at our ass, especially with the girls around, I don't want them to see these body parts, you want to keep them to yourself.

In hindsight it became clear why Mehmet didn't want to be portrayed on his back, sitting on his knees with his bottom into their air, in the other newspaper. He felt ashamed. So, for him the issue of privacy went beyond his face not being pictured; he did not want to be portrayed in ways that felt disgraceful to him. The discussion in class about this issue helped us to better understand his motives and those of the other boys in class who supported him.

We can also see how our notions on privacy conflicted in this particular situation with Mehmet's ideas on what was private, and how this created misunderstanding, confusion and conflict. His ideas on privacy and this shame about what he associated with sexuality was influenced by his home culture and Muslim religion.

After all these misunderstandings it came as a surprise when he gave positive feedback on KLIK, and was even willing to acknowledge that the whole project had brought him a lot. In the final newspaper he wrote: "Sometimes it may have been as if I didn't like it, but when you look back it is different. It's bizarre how much you can learn in such a short time period."

Discussion

The purpose of this paper is to attend to the complexities of participatory health research with children in a primary school context. We have referred to Schön's work and his concept of the "swampy lowland" as a metaphor for those situations in which practitioners are confronted with the boundaries of scientific knowledge, rational accounts, and technological innovation. According to Schön (1983) reflexive practitioners need to attend to those situations to develop their craftsmanship. As he puts it:

They deliberately involve themselves in messy but crucially important problems, and when asked to describe their methods in inquiry, they speak of experience, trial and error, intuition and muddling through. (p. 43)

It is in the swampy lowland that practitioners experience personal dilemmas. We have shared such experiences by presenting three stories. These stories capture the difficulties one may anticipate when doing participatory research in a primary school context, and represent the situations in which we learned the most about what it means to do 'good' participatory research.

First, participatory research challenges and disrupts the traditional power hierarchy, and the mechanization and standardization of teaching (Arrastia, 2018). This means that as participatory researchers we should anticipate resistance, and find ways to collaborate with teachers and children in circumstances that are not always welcoming and favorable for the kind of work we like to do. One of the greatest challenges in our project was to encounter challenging situations in a respectful manner. If we take our own principles and values seriously, we cannot advocate in an authoritative manner what we believe in, but have to invest in building relationships and communicate intensively with people. It is all too easy to criticize teachers for being authoritative, or to disregard children for not being cooperative. We learned it is much more fruitful to invest in understanding why people act the way they do. Empathy, the willingness to show a real interest in the perspective of another person, is thus key in participatory research. This does not mean that we have to give up on our own ideals, but it does require of us to accept that not everyone is open and willing to accept complexity and embrace the values underlying participatory research.

Another complexity is related to dealing with the broader societal responses to overweight and obesity. Our project was a critical response to health-promotion initiatives that tend to have a

normative character, and often do not match personal circumstances, especially those of the underprivileged families and children that may be most in need of, and have the biggest potential for, improvement. Yet, we had to deal with societal discourses on obesity on a personal level. Particularly disturbing was the confrontation with our own normative beliefs and prejudices about fat children and their parents. We have related how one of the girls who was labelled as obese was in our eyes part of the “target group” and how we unintentionally projected various stereotypes on her when we first met. When we began to show a real and genuine interest in her, we learned that she felt ashamed of her body, and especially vulnerable when measured as part of healthy fit programs. She felt subjugated to a public gaze. Our photography therefore met resistance as it again objectified her, and we had to search for other ways to create a space where she could be seen and heard on her own terms. Armina’s story illustrates the influence of stigmatizing societal norms: it led to a strategy of being invisible. Much to our surprise the visual method of photovoice offered her a tool to explore her identity, and offered us a much deeper understanding of her intimate lifeworld. While she wanted to be invisible, the series of selfies she took of herself at home revealed that she actually wanted to be seen, but not (yet) in public (Compare: Rich & Evans, 2005). KLIK helped Armina to gain more self-confidence and led to a reconstruction of our own prejudices.

Still another complexity was related to the normative values related to our social position (gender, class, cultural ethnicity). In retrospect, we can see that some boys wanted to hold control, prove their masculinity and protect their cultural-religious norms and values, while others wanted to join and liked the Capoeira (Chu, 2018). We learned to value silence as a way to express discontent (instead of approval) and to honor resistance as an expression of children’s agency; it offered them the experience that they can actually influence something in an adult defined school setting. We often adjusted our plans when the children expressed their discontent about what we wanted, and when we did not understand them we initiated conversations over their refusal. This often deepened their own understanding while also heightening our awareness of our own values, norms and interests. For example, how they understood the notion of privacy and what should be kept private, and for what reasons. Over the course of the study, we learned that most of the children were open to share their images, if they trusted the intentions and were included in negotiations about the images. Many children expressed they wanted to be photographed, but in a style and manner that they felt was in line with their values. In the end, the children learned to negotiate, and to use their power other than only refusing or hindering situations, for example by bringing up ideas for the festive end of the project where a couple of children presented what they had learned. They also learned to handle the balance between having voice and maintaining relationships (Gilligan, Rogers & Noel, 2018). Their power and control to influence situations grew and they became more knowledgeable about what they liked and disliked, and why. This may not change their lives dramatically, but it may increase their individual empowerment and feeling of control over situations as well as their capacities to develop trustful and genuine relationships (Rappaport, 1995). The ability to relate and negotiate may in the long run also prove to be an important skill in life (Arrastia, 2018; Williams, Labonte & O’Brien, 2003). In a visual culture it is very helpful to know why and how you want or do not want to be seen and identified.

Epilogue

Participatory health research with children in a primary school context challenges and disrupts the traditional power hierarchy, the standardization of teaching, and notions of who decides

and normalizes what is healthy for whom. As a result, we as participatory researchers encountered situations where we could not rely on simple handbook solutions. “Muddling through” these complexities led to a growth of mutual respect between us, the teachers and the children, and unexpected learning experiences. Participatory research was helpful in dealing with such issues, because action and reflection are paralleled, which allows for constant adaptation, and learning together from situations. Moreover, it offered interesting and valuable opportunities for children to learn and express themselves, as well as for educators and researchers to learn about and connect with them. This led to intense experiences of intimacy and human connection, surprise and humour, appeals on our creativity and inventiveness, and relational richness. We hope our approach may inspire and guide others in search of ways to reduce marginalization and inequity, and to disrupt teaching for the sake of more equal relationships, human flourishing, and social inclusion.

References

Abma, T.A., Banks, S., Cook, T., Dias, S., Madson, W., Springett, J., & Wright, M. (2019). *Participatory research for health and social well-being*, Switzerland: Springer Nature.

Abma, T.A. & Schrijver, J. (2019). Are we famous or something? Participatory health research with children using photovoice. *Educational Action Research*, DOI: 10.1080/09650792.2019.1627229: <https://doi.org/10.1080/09650792.2019.1627229>

Abma, T., Lips, S. and J. Schrijver. (2020) Sowing seeds to harvest healthier adults, *Journal of Environmental Research and Public Health*, 17, 451; doi:10.3390/ijerph17020451

Adelman, C. 1993 Kurt Lewin and the origins of action research. *Educational Action Research*, 1(1) 7-24.

Alexander, S.A., Frohlich, K.L. & Fusco, C. (2014). Problematizing “play-for-health” discourses through children’s photo-elicited narratives. *Qualitative Health Research*, 24(10), 1329-1341.

Arrastia, L. (2018). Love pedagogy: Teaching to disrupt. In N. Way, A. Ali, C. Gilligan, & P. Noguera. (Eds.), *The crisis of connection: Roots, consequences, and solutions* (pp. 231-249). New York, NY: New York University Press.

Azzarito, L. & J. Hill (2013) Girls looking for a ‘second home’: bodies, difference and places of inclusion. *Physical Education and Sport Pedagogy*, 18(4), 351-375, DOI: 10.1080/17408989.2012.666792.

Banks, S. & Brydon-Miller, M. (Eds.). (2019). *Ethics in participatory research for health and social well-being, Cases and commentaries*. New York, NY: Routledge.

Biesta, G. (2018). Het prachtige risico van onderwijs (The beautiful risk of pedagogy). Uitgeverij Phronese.

Braveman, P. & Barclay, C. (2009). Health disparities beginning in childhood: A life-course perspective. *Pediatrics*, 124(3), 163-175.

Bucknall, S. (2014). Doing qualitative research with children and young people. In: Clark, A. R. Flewitt, M. Hammersley & M. Robb (Eds.), *Understanding research with children and young people* (pp. 69-84). Thousand Oaks, CA: Sage.

Burt, I. (2015). Transcending traditional group work: Using the Brazilian martial art of Capoeira as a clinical therapeutic group for culturally diverse adolescents. *The Journal for Specialists in Group Work*, 40(2), 187-203

Braveman, P. & Barclay, C. (2009). Health disparities beginning in childhood: A life-course perspective. *Pediatrics*, 124(3), 163-175.

Campos, P., Saguy, A., Ernsberger, P., Oliver, E., and Gaesser, G. (2005). The epidemiology of overweight and obesity: public health crisis or moral panic? *International Journal of Epidemiology* 2006;35:55–60 doi:10.1093/ije/dyi254

Chu, J.Y. (2018). Boy's nature, boys culture, and a crisis of connection. In N. Way, A. Ali, C. Gilligan, & P. Noguera. (Eds.), *The crisis of connection: Roots, consequences, and solutions* (pp.88-105). New York, NY: New York University Press.

Clark, A. (2007). Views from inside the shed: Young children's perspectives of the outdoor environment. *Education* 3-13, 35(4), 349.

Clark, A. (2011). Breaking methodological boundaries? exploring visual, participatory methods with adults and young children. *European Early Childhood Education Research Journal*, 19(3), 321-330. doi:10.1080/1350293X.2011.597964.

Clark, A. (2010). Young children as protagonists and the role of participatory, visual methods in engaging multiple perspectives. *American Journal of Community Psychology*, 46(1), 115-123. doi:10.1007/s10464-010-9332-y

Cook, T (2009) The purpose of mess in action research: building rigour through a messy turn. *Educational Action Research*, 17(2), 277-292.

Cook, T. (1998) The Importance of Mess in Action Research. *Educational Action Research*, 6 (1), 93-108.

Cook, T. & Hess, E. (2007). What the camera sees and from whose perspective? Fun methodologies for engaging children in enlightening adults. *Childhood*, 14(1), 29-46.

Davo-Blanes, M. C. & La Parra, D. (2012) Children as agents of their own health: exploratory analysis of child discourse in Spain. *Health promotion international*, 28(3), 367-377.

El Hadioui, I. (2011) Hoe de straat de school binnendringt. Denken vanuit de pedagogische driehoek van de thuiscultuur, de schoolcultuur en de straatcultuur. Uitgave: © APS, Utrecht.

Fals-Borda, O. & Rahman, M (Eds.). (1991). *Action and knowledge: Breaking the monopoly with participatory action research*. New York, NY: Apex.

Fitzpatrick, K. & Russell, D. (2015). On being critical in health and physical education. *Physical Education and Sport Pedagogy*, 20(2), 159-173. DOI: 10.1080/17408989.2013.837436

Fraser, S., Flewitt, R., & Hammersley, M. (2014). What is research with children and young people? In Clark, A., Flewitt, R., Hammersley, M., & Robb, M. (2014). *Understanding research with children and young people* (pp. 34-50). Thousand Oaks, CA: Sage.

Freire, P. (1970). *Pedagogy of the oppressed*. New York, NY: Continuum.

Gibbs, L., Marinkovic, K., Black, A. L., Gladstone, B. M., Dedding, C., Dadich, A., O'Higgins, S., Abma, T., Casley, M., Cartmel, J., & Acharya, L. (YEAR). Kids in action - Participatory health research with children. In M. Wright & K. Kongats. (Eds.), *Participatory health research: Voices from around the world* (pp. 93-116). Switzerland: Springer Nature.

Gilligan, C, Rogers, A.G., & Noel, N. (2018) Cartography of a lost time: Mapping the crisis of connection. In N. Way, A. Ali, C. Gilligan, & P. Noguera. (Eds.), *The crisis of connection: Roots, consequences, and solutions* (pp. 65-87). New York, NY: New York University Press.

Groundwater-Smith, S., Dockett, S. & Bottrell, D. (2015). *Participatory research with children and young people*. Thousand Oaks, CA: Sage.

IRIN (2011). Capoeira to ease child trauma. Retrieved from: <http://www.irinnews.org/feature/2011/07/04/capoeira-ease-child-trauma>

Kellett, M. (2014). Images of childhood and their influence on research. In A. Clark, R. Flewitt, M. Hammersley & M. Robb. (Eds.) *Understanding research with children and young people* (pp. 11-14). Thousand Oaks, CA: Sage.

Kemmis, S & McTaggart, R. (1986). *The action research planner*. Geelong: Deakin University Press.

Kirby, P. & Gibbs, S. (2006). Facilitating participation: Adult's caring support roles within child-to-child projects in schools and after school settings, *Children & Society*, 20(30) 209-222.

McTaggart, R 1997. Guiding principles for participatory action research. In R. McTaggart (Ed.), *Participatory action research: International contexts and consequences* (pp.25-43). New York, NY: Albany.

Mendoza, F. (2009). Health disparities and children in immigrant families: A research agenda. *Pediatrics*, 124(3), 187-195.

Minkler, M. & Wallerstein, N. (Eds.). (2008). *Community based participatory research for health: Process to outcomes*. San Francisco, CA: Jossey Bass

Mitchell, C., De Lange, N., & Moletsane, R. (2017). *Participatory visual methodologies*, Thousand Oaks, CA: Sage.

Momartin, S., da Silva Miranda, E., Aroche, J., & Coello, M. (2018). Resilience building through alternative intervention: 'STARTTS "Project Bantu Capoeira Angola"'; on the road to recovery. *Intervention*, 16(2), 154-160. doi: 10.4103/INTV.INTV_6_18

Shier, H. (2001). Pathways to participation: Openings, opportunities and obligations. *Children and Society*, 15(2), 107-117.

Shier, H. (2017). Why the playworker's mind-set is ideal for research with children. Child researchers investigate education rights in Nicaragua. In P. King & S. Newstead (Eds.), *Researching play from a playwork perspective*. New York, NY: Routledge.

Oliver, E. (2006). *Fat politics: The real story behind America's obesity epidemic*. Oxford, UK: Oxford University Press.

Gordon-Larsen, P., Nelson, M. C., Page, P., & Popkin, B. M. (2006). Inequality in the built environment underlies key health disparities in physical activity and obesity, *Pediatrics*, 117(2), 417-424. doi: 10.1542/peds.2005-0058.

Paechter, C. (2006). Reconceptualizing the gendered body: learning and constructing masculinities and femininities in school. *Gender and Education*, 18(2), 121-135. doi: 10.1080/095402505 00380489

Pink, S. (2003) Interdisciplinary agendas in visual research: re-situating visual anthropology, *Visual Studies*, 18(2), 179-192. DOI: 10.1080/14725860310001632029

Rappaport, J. (1995). Empowerment meets narrative: Listening to stories and creating settings. *American Journal of Community Psychology*, 23, 795-807.

Rich, E. & Evans, J. (2005). 'Fat ethics': The obesity discourse and body politics. *Social Theory & Health*, 3, 341-358.

Schön, D. (1983). *The reflective practitioner: How professionals think in action*. New York, NY: Basic Books.

Williams, L., Labonte R. & O'Brien, M. (2003). Empowering social action through narratives of identity and culture. *Health Promotion International*, 18(1), 33-40.