

## Chapter 2

# Child Perceptions of Health

*Health is not simply a definition. It can't just be something in a dictionary, it's more complicated than that.*

—Focus group participant

This Convention encourages adults to listen to the opinions of children....

—Convention on the Rights of the Child, Article 12

**Abstract** In this chapter, we intentionally listen to the opinions and ideas of children in order to understand the potential value or relevance, if any, of holism to child health. We present findings from a 2014 qualitative study with children from across Ontario, Canada. This novel study aimed to describe young people's perceptions of health. Several key findings emerged: (1) Children found standard definitions about health useful but limited in value; (2) Children wanted a model of health that was flexible enough to be “different for everyone”; (3) All the “different for everyone” aspects of health are interconnected; (4) Metaphors such as a cake, a house, a web and a maze were proposed by the children as useful ways of talking about health, and may offer a flexible, practical, holistic and fresh framework for engaging with children about health; and (5) Metaphors are a useful technique for engaging children with the abstract concept of holism.

**Keywords** Holism • Qualitative research • Metaphors • Perceptions of health • Generational theory

Ask an adult what health is, and she may tell you one thing. Ask a child, and you may hear something entirely different.

In Chap. 1 of this book, we discussed the idea of holism as having potential value for many aspects of child health. We saw this value reflected in school curricula as well as frameworks such as Comprehensive School Health (CSC, 2017), which is championed by the Pan Canadian Joint Consortium of School Health (2017). We also saw this idea reflected in key health promotion frameworks, notably in the Ottawa Charter (WHO, 1986). These approaches encourage us to make connections between the domains of health within an individual, but also to

recognize the interdependence of issues such as social justice, human rights, sustainability and technology with human health. Holistic ideas such as these are informing practice in various contexts around the world.

As much as we recognize the strength of these approaches, we also identified a challenge: how can we apply the theory of holism to health in a way that is meaningful to children? We believe that in order to truly be useful to contemporary children, any application of this theory to child health may benefit from consideration of real children in the context of their everyday lives. It is also important to pay attention to people's subjective experiences related to health because people themselves (including children) often have the greatest insight into their own health status and experiences (Lawton, 2003).

All of the voices so far have been those of adults, and the reality is that today's children may conceptualize important components of health in ways that do not fit with past paradigms envisioned by adults. As adult researchers whose work relates to child populations, one of our challenges is "to abandon the commonly held assumption that adults' knowledge is superior to that of children" (Alderson & Goodey, 1996). This relates to what Fletcher describes as "adultism", an agenda that involves prioritizing the beliefs, actions, attitudes and ideas of adults over young people and the favouring of adults by dismissing young people and their energy and ideas (Fletcher, 2015). However, if we do this, and only listen to adult voices, our research is impoverished and we will very likely miss out on important insights and concerns. The most useful way forward is to balance our adult knowledge with reports of children's own perspectives and experiences.

In the next two chapters, we intentionally listen to the opinions and ideas of children in order to understand the potential value or relevance, if any, of holism to child health. We do this by presenting findings from a 2014 qualitative study with children from across Ontario, Canada that aimed to describe young people's perceptions of health. In Chap. 3, we present a second (2016/17) and complementary qualitative study that builds on what was learned from the first.

## **Child Perceptions of Health: A Qualitative Study**

Qualitative research methods are used to gather information or data that is not in numerical form, in order to provide rich accounts of human perceptions and experiences. They are a powerful way to gain understanding about complex issues and human experiences.

Using a focus group method, we compiled a range of stories and insights about children's experiences of health. Participants in our qualitative study were 40 girls and boys between the ages of 11 and 15, organized in seven focus groups from a mix of rural and urban locations throughout Ontario, Canada. Rather than engage these children in a philosophical discussion about holism, our goal was to engage them in thinking about what would make up the health of a whole person. We were curious if they would tell us that there were certain components that should be included, or if

some aspects of health were more important than others. We wondered if thinking about health in this way would even resonate with this population group, or if a more reductionist or compartmentalized approach would be easier to understand. Various techniques were used to elicit ideas. The full methods for this study are reported in Appendix A and here we primarily report and discuss our results.

## ***Definitions of Health***

We began by showing the children four standard definitions of health, and asked them to choose the definition of health that resonated with them most. Examples included the WHO standard definition of health (WHO, 1948), as well as the “medicine wheel” that remains foundational to Indigenous thinking (Svenson & Lafontaine, 1999). This exercise turned out to be a challenge for all the participants, who overall shared the view that the definitions were not necessarily bad but that they did not fully capture their ideas about health. One participant summed up what seemed to reflect the overarching consensus in all groups: “Health is not simply a definition. It can’t just be something in a dictionary, it’s more complicated than that”.

## ***Modelling Health Step 1: “What Does Health Look like in a Whole Person?”***

After this initial discussion about definitions, we asked participants to imagine what health would look like “in a whole person”. Using picture cards to fuel discussion, participants engaged in lively discussions, and readily came up with many (depending on the group, 30–40) aspects of health that they thought were important to a whole person. Most groups included aspects like physical activity, social and mental health, nutrition and sleep. Other ideas emerged that we did not necessarily expect, including “being skilled”, “having ability”, “music” and “having potential”. We were told that a healthy person “isn’t hunched over” and that “they feel comfortable with themselves”.

The focus group participants’ ideas were thoughtful, sophisticated and nuanced. One 13 year old told us: “I know someone who has a disease where their hair falls out; but they exercise a lot and they are a happy person. I think that I would consider them a healthy person but they are a sick healthy person”. While participants readily described health as having a diversity of constituent parts, there was no consensus as to what the various aspects of health in a whole person would be. Repeatedly, and without exception, children in every group told us that “everyone is different”. Thus, any model that reflected positive, holistic health for one person would need to be adapted for the next person because “health is different for everyone”.

## ***Modelling Health Step 2: Organizing the Aspects of Health into Categories***

The next step in our study was to ask participants to organize the various aspects of health into different categories that would reflect the health of a whole person, and to give each category a descriptive name. Each group approached this task in a slightly different manner. Most groups had a category simply called “physical health”. Some of their categories related to supportive systems, such as family, peers and schools. One group named a group of pictures they thought connected to relaxation as a “zen mode”. Another group wanted to distinguish between positive mental health and barriers to mental health. They called one category “positive mental” and another “twisted ideals mental,” which they told us reflected mental health struggles related to social pressures around body image. Each group wound up with a unique set of categories of health (usually 4–7) that they thought were important to the overall health of a person (though precisely what aspects would go into each category was never fully established).

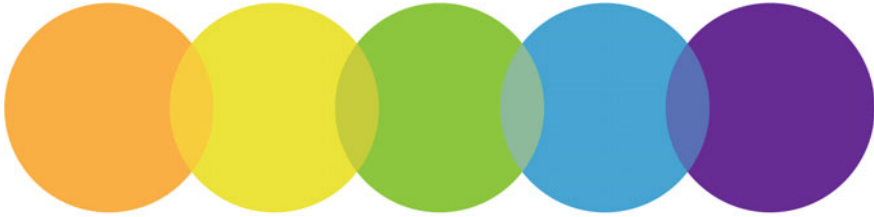
## ***Modelling Health Step 3: Organizing the Categories into the Health of a Whole Person***

After the categories were established, we transcribed the names of each category onto 8-inch translucent circles. We then invited participants to organize the circles into a model that would “show us what health looks like all together in a whole person their age”. It was here that another real challenge began. While there was a great deal of animated discussion, the only thing that was agreed upon was that this modelling could not be done. This was because, as the children had repeatedly said, everyone is different. And so, how the categories would go together in a person would be “different for everyone” too. As one person put it:

Different people need different amounts of each one. It depends on who you are and what you need to be healthy. Some people want more time with other people and that makes them feel healthier and then some people want more time by themselves and that makes them feel healthier. It depends on the person.

However the parts went together, the children did agree on a few key things: health has many components, and all the component parts are interrelated and vital to the whole. As one participant told us, “Every category of health ties in with the others”. Another said “No matter how you categorize them they will be interconnected and a lot of people will experience all of them and they will all tie into one thing”. Not only are all the components interconnected, but “... if we take one thing out, everything else suffers”.

Figures 2.1 and 2.2 are illustrative examples of the models that were made in two different groups.



**Fig. 2.1** Organizing categories of health, model 1

**Fig. 2.2** Organizing categories of health, model 2



This idea about the interdependence between the parts was very much in keeping with the framework for holistic health that we presented in Chap. 1. And yet, upon reflection, we realized that we needed to interpret this with caution. We had intentionally asked our participants to consider what health looks like in a whole person, and so it makes sense that they would respond with a holistic, interconnected model. Had we asked for a reductionist model, they might just as easily have responded with such. Because of this, we cannot conclude from this study that young people naturally view health in holistic ways. What our study does suggest, however, is that holistic and integrated ways of thinking about health resonate well with this age group.

### ***Health Is Different for Everyone?***

One of our goals was to discover a useful and practical way of using holistic thinking to talk about health with young people that would resonate with their own

experiences. What these qualitative findings showed us was that any model or framework for holistic health that we developed would have to recognize the unique context, needs and health status of each child.

On reflection, this is perhaps not a surprise, and is in keeping with contemporary generational theory. The children who participated in our study were all born at the end of the 1990s or early 2000s. They are at the early end of what some have described as the iGeneration (Rosen, 2010; Wood et al., 2013). The “i” represents not only the type of technologies used by this group (iTunes, iPhones, iPads, etc.), but also reflects the highly individualized activities and profiles that are facilitated by these technologies. Wood et al., (2013) reflect on characteristics of this generation in the realm of healthcare, writing: “If music, television, advertising, and internet search engines can be customized and available in a click or a tap, then the same expectation will be placed upon healthcare” (p. 1). The refrain “health is different for everyone” also reflects a trend in this population group toward inclusivity (Jonas-Dwyer & Pospisil, 2004). If positive health is truly viewed as different for everyone, then each person’s health state can be viewed as normative and no one is left out.

There was little agreement amongst our participants about what components would go into a holistic model of health, or how those components would be organized. But they did agree on this: any model of health that will work for children their age needs to be inclusive and customized, and recognize the uniqueness of every person. Our challenge, then, was to find a way of talking about and modeling health that was malleable, and that could adapt to each person’s health state, behaviours, ideas and context. We needed something concrete yet flexible. This was a tall order.

And yet, an unexpected and innovative idea emerged early on, straight from our participants. How about using metaphors to talk about health?

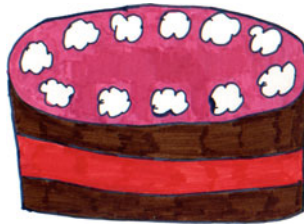
## **Using Metaphors as a Framework for Talking About Health**

A metaphor is a comparison; it is a way of showing how two distinct things that are not alike in most ways are similar in another important way. The metaphor may provide clarity, or offer insight into similar ideas between them. Here is an example. Saying an idea is “food for thought” doesn’t mean that an idea will quite literally be eaten. It is a metaphor about an idea being substantial enough to provide cognitive or intellectual nourishment. In this and similar ways, metaphors are powerful tools for fostering understanding between two conceptual domains. Typically, one of the domains is more abstract (like “ideas” or, in our case, “health”) while the other is more concrete (like “food”) (Lakoff & Johnson, 1980).

The idea of using metaphors to talk about holistic health was unanticipated by our research team. Indeed, the idea of using metaphors had emerged two or three times in our focus groups before we began to give it due attention. While the participants did not discount the definitions or models, they were unanimous in their enthusiasm for using the metaphors as the most helpful vehicle for talking about health because as one participant told us, “they are easier to compare and see how they relate and how they connect”. When we discussed the definitions of health, we constantly had to prompt the children to share their ideas. However, when the metaphors were introduced, the energy in the groups changed. Participants shared creatively, and readily made connections to their own lives.

In the next section, we report some of the initial ideas that the young people shared about how metaphors could be used to think about the health of a whole person.

### *Health Is a Cake*



In our first focus group, participants were having an engaging discussion about the different components that make up the health of a whole person. Here is the conversation that transpired.

First participant      *“You need all of those [different parts] to be healthy. It keeps you all together or something like that. You need all of them... if you are baking something you need everything to be the best it can”.*

Second participant    *“Expanding on the metaphor...sometimes you won’t have all those so you might have to make adjustments to the recipe but that is okay and it might turn out. It might be a surprise... Every person has a different recipe of their life. Some people have...”.*

Third participant      *“Different priorities....”.*

We were intrigued with this metaphor and presented it to subsequent groups as a potential way of talking about health. The children responded to this idea with

enthusiasm, and shared many ideas about ways of thinking about a cake that they found helpful in understanding health. In one group, a child told us that there are “so many components that need to be together to make one really good thing”. Others had all kinds of ideas about what the ingredients of a good health cake would be: physical, mental, and social well-being; respect, emotional health, water, sleep, food, friends, exercise and family. One boy shared that happiness would go into his cake, as a way of supporting his emotional and mental health. And another shared that people with physical challenges or diseases would need “extra ingredients in their cake” to help them because “when you have cancer it takes down your energy and you have other things to think about”.

It didn’t take long before the “different for everyone” priority was applied to the metaphors. In one group, participants were discussing social health, and we asked if that would be an ingredient in a health cake. One person replied:

I think if you are happy without being social then that is like okay ...being social would not make everyone happy. So if it makes you happy then I think it needs to be a part of it but if you are fine with being on your own and not being social then I don’t think it needs to be a part of it.

Another person told us that everyone has “a different recipe for their life”. Our challenge had been to find a way of talking about health with young people that was concrete (and focussed on health), but also allowed for flexibility. The metaphor of health as a cake had accomplished this.

There was depth and nuance to the conversation, and participants in this group were adamant that a health cake does not necessarily have only good things in it. We asked them to say more about this:

First participant *You don’t live a life without unhappy things. I have never met somebody that everything good happens to them like I won the lottery and oh I won it again. You always have disappointments in your life....*

Second participant *I have never met someone who has never been sad basically or unhappy.*

We asked how this related to a health cake and were told it would be reflected in the colours and the different layers:

Second participant *If you are unhappy [the bottom layer] would be black... some people are always unhappy because of depression and stuff like that and then half or more of the cake would be black.*

This theme of health as a cake, and the opportunity to discuss the ingredients in their own health cake, captivated this group, and gave them a framework for exploring creative new perspectives and ideas about health.



## ***Health Is a House***



The house metaphor was suggested in our second group, and inspired just as lively a conversation as the cake. Children described all sorts of different materials that would make up a healthy house, including social well-being, and mental and physical health. Friends and family would be the “walls to hold the house up” and healthy eating and exercise would be “maybe the roof or the halls and the doors”. One child told us that “you need to have emotions in your health so maybe the lights would be sadness” and another said that for her, “lights would be happiness. I am not sure if it is a simile or metaphor but one moment of kindness can change a person’s day”.

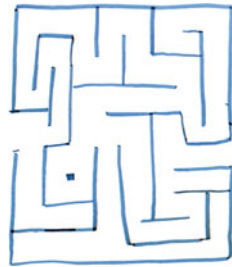
Participants spent a good amount of time discussing the foundation of the house, one participant claiming that it “would be the most important part”. For one child, the foundation would be “healthy/active living and mental and emotional health”. Another boy told us that the foundation of his house would include “happiness and all the good parts” while a girl said “I like the idea that mental health is the ground and floor and the people are the walls”.

The idea of the interconnected nature of health emerged strongly with this house metaphor. One child reflected that “*If you are missing some components, which is like a brick, then your house won’t be as steady*”. Another told us this:

Your walls could be made of glass so beautiful on the outside but can break really easily. So if it breaks the whole thing could shatter and then drop. So if one strand is compromised then it has the ability to bring down the whole house. If the foundation is compromised then the house has nothing to stand on. And I think the house really illuminates that idea of staying strong and what everything is made out of.

Again, just as when young people in focus groups talked about the baking and the cake, it was the young people’s ideas that drove the conversation and they genuinely seemed to enjoy thinking about health in this way.

## *Health Is a Maze*



New metaphors continued to emerge, and in the third focus group, the idea of health as a maze was introduced.

- First participant      *To me [health] looks like a maze and you have to go through the maze to get to the end. You start at the very beginning of your health spot and get to your goal by the end of the maze.*
- Second participant    *And there are obstacles in the middle and you have to overcome challenges and obstacles...*
- Third participant      *So to get to the end to get to where you want to be...." (We asked "What is at the end of your maze?")...Like what your goal is and what you want to be and what you want to achieve.*

For these children, it was clearly important to discuss obstacles. One girl told us that "if you are trying to get fit and eat healthy then there are certain days where you just completely forget about doing it and that would be an obstacle day of the maze". We were curious about what was meant by "obstacle day" and when we probed, several different participants shared ideas. The first child told us that obstacles could be "depression" or "being upset". One boy was particularly interested in talking about obstacles related to health that you would find in your maze. He said "when the obstacles come you can choose to get back up or to stay down in self-pity when you get knocked down".

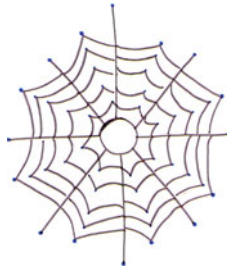
The health maze metaphor discussion revealed diverse ideas that we had not yet heard. For example, one person had an idea about challenging yourself to think about how you handle your own health: "The walls could be different parts or questions in the maze. Like you have to pass a question to move on". The question might be: "How do you deal with mental health?" or "Are you physically active?".

For another participant, there was a progressive element to the maze:

*Health is a maze. It is like when you first start off it is easy and you know what to do and then it gets harder. So when I first started to eat healthy or act healthy it is easy to think, I am going to do this and this. But then it gets harder like a maze. When you are going through a maze it gets harder.*

As researchers, we were very curious about this maze metaphor, and wondered what they thought that they needed to navigate their health maze well, or to find their way out. One youth responded "A strong adult that you would trust".

## ***Health Is a Web***



The final metaphor to emerge from this series of focus groups was a web. One child used this image to describe the way all of health is “intertwined”. Another told us that all parts of health “tie in altogether. You do sports with your friends too so you have your physical side and your mental side”. The observation that different aspects of health are interconnected continued in a subsequent group: “All the parts have to fit together in a certain way so...you have to make sure that your activity corresponds to what you eat so ...if you are doing a lot of activity you have to eat a lot and it all connects together”.

While we have fewer illustrative examples of how young people used the web, we suspect that this is not because it was less meaningful than the other three metaphors but rather, that it emerged in one of the later groups. One girl who chose the web as her favourite of the four metaphors saw it as a way of connecting every part of health together “by one main thing, kind of”. But what the one main thing would be, of course, she told us, “might be different for everyone”.

## ***Summary Insights About Metaphors***



By the final focus group, four metaphors for health had emerged directly from our discussions: the cake, the house, the maze and the web. New and creative ideas developed with each metaphor and alternative and creative perspectives about health emerged. Once we recognized how deeply the metaphor theme was resonating with focus participants, we began asking the young people to vote on which metaphor they preferred. The votes were nearly always evenly split between the

four metaphors (with many of the participants telling us “I like all of them”). Several of the participants told us that all the metaphors were connected, and one even went so far as to say “all your metaphors mean the same thing”.

We were encouraged by how readily the young people engaged with the metaphors, and how much they seemed to enjoy the discussions. One child told us this:

I wanted to say that this exercise is really cool.... It is cool to see different people's perspectives... to see different people with different beliefs and styles than me. It is cool to see everyone organizing and explaining why and I can see why everybody does everything but it is like they... they all have something that changes and makes them different than everybody else. It is nice to see that.

For the participants in our study, the real value seemed to be that each metaphor provided a framework for discussion that was concrete yet flexible, and that afforded everyone the freedom to develop the metaphor with respect to their own unique experiences. Recall Lakoff and Johnson's (1980) idea that one part of a metaphor is generally concrete (like a house or a cake) while the other is more abstract (like holistic health). It is the concrete side of the metaphor that provided a shared and familiar framework. The house, for example, was familiar to all participants; there was a general consensus that a house should have a foundation, a door, a roof, windows, and lights. When put together with the more abstract idea of health, alternative and creative perspectives were formed. The house was concrete, yet it was also abstract and flexible enough that it could still look different for every person.

Metaphors became a vivid way of facilitating the young people to think deeply about health and to dialogue with others about their ideas. Whereas definitions had offered bounded structure, metaphors had offered a conceptual framework that became a starting point for a dynamic discussion. Through metaphor, the laboratory of health science was connected to their real, human lives.

We return to Lakoff and Johnson, whose groundbreaking work in this area has demonstrated that we are wired to understand concepts metaphorically, and that concepts that are abstract or more complex (for example, health) become better understood in relation to more familiar concepts. In other words, metaphors help us take what we know about something that is known (such as a house or cake) and from that prior knowledge, move to better understanding about what is unknown (Lakoff & Johnson, 1980). Metaphors can function as a kind of “cognitive shortcut” that can help children to understand complex ideas. Mabeck and Oleson (1996) take this argument even further and suggest that metaphors go beyond describing similarities (health and a cake both have ingredients) to creating new ideas (Mabeck & Oleson, 1996). When “this” is like “that”, each conceptual category informs the other, and new, alternative and creative perspectives are formed. In retrospect, it is logical that metaphors from their everyday lives helped the children in our study to form new ideas about their health.

The use of metaphors in health settings is not a new idea. A powerful discussion of the ways that metaphors are used in the discourse on cancer is given by Resfield

and Wilson (2004). In another context, a football metaphor was used to engage men in mental health services (Spandler, Roy, & Mckeown, 2014). In the UK, the metaphor of the family was used to help practitioners understand the new responsibilities and challenges that came about because of changes to primary health care (Warne & Stark, 2003). The house metaphor was used to help in delivering better services for people with long term conditions (Coulter, Roberts, & Dixon, 2013) and the “Man Manual” (Banks, 2002), designed to mimic a car maintenance manual, uses the metaphor of the biological body as a machine to promote men’s health. Our study led us to realize that metaphors may have value too for engaging children in considering their own health.

We began this chapter by suggesting that child paradigms of health might be quite different from those constructed by adults. This new generation may not operate within older structures and logic, and in order to truly engage with today’s young people, we suggest that new frameworks for talking about health may be required. When we asked the young people to react to standard definitions of health, they gave us simple responses without much depth. However, when we invited them to interact with this idea of health as a metaphor, they were creative and engaged. Talking about health using metaphors appears to be a fresh and useful framework that resonates well with today’s young people. Metaphors were useful and dynamic tools for sparking conversations around health and helped the young people to organize their ideas in new and creative ways.

Another advantage of using metaphors is that they are flexible. In one participant’s house, for example, the lights represented happiness but for another, they symbolized being sad. What seemed important was not that each component of a house (or any of the other metaphors) had a direct parallel with health, but that the metaphor gave young people a way of talking about health that left room for the diversity and uniqueness of each person. This framework was flexible enough to allow for the idea that “health is different for everyone” and to allow for young people’s own subjective ideas to emerge. A “one-size-fits-all” approach is not going to be helpful for health promotion efforts that target this population.

## **Bridging Back to Holism**

By using metaphors, we discovered a flexible framework to engage in important conversations about health with young people. Metaphors have been a valuable tool to respect the ideas of children. These ideas are a necessary and vital springboard to the main purpose of this book, which is to apply basic principles of the theory of holism to many aspects of child health.

We want to do this in a way that resonates with and is meaningful to children, and that provides new insights that can inform children’s health in a variety of ways. We also want to do this in a way that supports the kind of holistic initiatives that we discussed in Chap. 1. For example, our initial exercise that had children determine different categories, or domains, of health was in keeping with the

Ontario Curriculum's goal of encouraging students to make connections between different aspects of their health, including physical, mental, spiritual, social and emotional domains. While our traditional, definition-based modeling exercise was frustrating for the children, when they began to explore the connections between the different categories using metaphors, the conversation was much richer, and the children were visibly excited by their own ideas. Further, their ideas reflected the two defining properties of holism that we presented in the last chapter: the whole is bigger than the sum of the parts (new ideas emerge that are not present when looking at the individual parts); and, the parts are interdependent, and gain new meaning when they are considered in relation to the whole.<sup>1</sup> Metaphors provide an intriguing framework for achieving this goal of talking about health holistically with children. The objective of the next chapter is to test this idea further.

### Key Insights from This Chapter

- The Convention on the Rights of the Child (1989) states that if children are being studied, they have a right to have a voice in matters that concern them
- Children's perceptions about health and associated needs might be different from those of adults
- Listening intentionally to the ideas and perspectives of children provides new opportunities to develop meaningful ways of engaging with children in conversations about health

### Key Findings

- We conducted a qualitative study in order to understand children's perceptions of holistic health
  - Children found standard definitions about health useful but limited in value
  - Children wanted a model of health that was flexible enough to be "different for everyone"

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<sup>1</sup>To argue that these metaphors are holistic needs qualification. Think back to Chap. 1, and the first example we gave of holism: the metaphor of a birthday cake. We wrote about how Jan Smuts (the first to popularize the term holism in the early 20th century), made a clear distinction between mechanical systems and true holism (Smuts, 1926). By Smuts' definition, only the cake would be a model of true holism because when the parts are combined, it changes on a metaphysical level (Smuts, 1926). It is no longer "eggs, flour, butter and sugar"; it is something entirely new. The house, the web and maze would all fall under the category of a mechanical system. Consider the many parts of a house. Even when the house is put together, a door is still a door, and a window is still a window. Even when they are a vital part of the whole house, they still maintain their own unique properties. And yet the eggs in the cake are no longer eggs—they are inextricably now cake. For the purposes of using metaphors to talk about health with young people, we argue that a purist form of holism does not matter. The practical value of the metaphors of cake, house, maze and web is high, and therefore should not be discounted because they do not represent what Smuts would consider true holism.

- For the children in our study, all the “different for everyone” aspects of health need to be interconnected
- Metaphors such as a cake, a house, a web and a maze were proposed by the children as useful ways of talking about health, and may offer a flexible, practical, holistic and fresh framework for engaging with children about health
- Metaphors are a useful technique by which one can engage with children about the abstract concept of holism

## References

- Alderson, P., & Goodey, C. (1996). Research with disabled children: How useful is child-centred ethics? *Children and Society*, 10(2), 106–116.
- Banks, I. (2002). *The man manual*. Sparkford, UK: JH Haynes & Co Ltd.
- Comprehensive School Health (CSC). (2017). Pan Canadian Joint Consortium for School Health. <http://www.jcsh-cces.ca/index.php/about/comprehensive-school-health>. Accessed 13th May 2017.
- Coulter, A., Roberts, S., & Dixon, A. (2013). *Delivering better services for people with long-term conditions: Building the house of care* (pp. 1–28). London: The King’s Fund.
- Fletcher, A. (2015). *Facing adultism*. CreateSpace Independent Publishing Platform.
- Jonas-Dwyer, D., & Pospisil, R. (2004). *Proceedings from the 2004 annual international conference of the higher education research and development society of Australasia (HERDSA): The millennial effect: Implications for academic development*. Malaysia: Sarawak.
- Lakoff, G., & Johnson, M. (1980). *Metaphors we live by*. Chicago: University of Chicago Press.
- Lawton, J. (2003). Lay experiences of health and illness: Past research and future agendas. *Sociology of Health & Illness*, 25, 23–40.
- Mabeck, C. E., & Oleson, F. (1996). Metaphors and understanding of disease. *Ugeskrift for Læger*, 158, 7384–7387.
- Pan Canadian Joint Consortium for School Health. (2017). <http://www.jcsh-cces.ca/>. Accessed 13th May 2017.
- Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19–22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.
- Resifield, G. M., & Wilson, G. R. (2004). Use of metaphor in the discourse on cancer. *Journal of Clinical Oncology*, 19, 4024–4027.
- Rosen, L. D. (2010). *Rewired: Understanding the iGeneration and the way they learn*. New York, NY: Palgrave Macmillan.
- Smuts, J. C. (2013). *Holism and evolution*. Gouldsboro, ME: Gestalt Journal Press. (Original work published 1926).
- Spandler, H., Roy, A. N., & Mckeown, M. (2014). Using football metaphor to engage men in mental health services. *Journal of Social Work Practice*, 28(2), 229–245.
- Svenson, K., & Lafontaine, C. (1999). The search for wellness. In G. McDonald (Ed.), *First Nations and Inuit regional health survey national report* (pp. 181–216). Retrieved from [http://uregina.ca/library/holdings/FN\\_Inuit\\_Health\\_Survey.pdf](http://uregina.ca/library/holdings/FN_Inuit_Health_Survey.pdf). Accessed 24th April 2017.

- Warne, T., & Stark, S. (2003). The family practitioner family: The use of metaphor in understanding changes in primary health care organizations. *Primary Health Care Research & Development*, 4(4), 292–300.
- WHO. (1986). *Ottawa charter for health promotion*. Proceedings from the First International Conference on Health Promotion. Ottawa, ON: World Health Organization. Retrieved from <http://www.euro.who.int/en/publications/policy-documents/ottawa-charter-for-health-promotion,-1986>. Accessed 24 April 2017.
- Wood, K. D., Greene, E. M., Franks, R. B., Poole, T. M., Ficzero, C. H., & Johnston, P. E. (2013). The healthcare future for the iGeneration: Integrating the patient and the healthcare system. *Innovations in Pharmacy*, 4(3), Article 122.



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