14. Using visual research methods for research with chronically ill children

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INTRODUCTION

The use of visual methods (drawing, photography, videos) has become particularly prominent in the last two decades in research conducted with children (Mitchell, 2006). Visual methods have been found to be particularly suited for conducting research with these actors due to their flexible and interactive nature (O'Connell, 2013; see also Chapters 9 and 11 in this volume). When conducting research with children, it is important to acknowledge that there can be a power imbalance between them and the adult researcher (Moore et al., 2008) which can be mitigated by task-based methods (such as photo-elicitation or drawing-elicitation interviews) since these might enable children to feel more comfortable in the presence of the adult researcher (Punch, 2002). Furthermore, children might feel more relaxed when in contact with visual models of representation (O'Connell, 2013). The use of visual elicitation tools when conducting research with children might allow them to assume a position of power by exerting some control over data generation (Martin, 2019). Nevertheless, absolute 'ethical symmetry' (Christensen & Prout, 2002) might not be achieved due to the inherent vulnerability of children's status.

Engaging children in research and enhancing their voices is key to understanding their experiences and increasing their agency (Spencer et al., 2020). The idea of children's agency is based on the belief that these actors can make sense of the world around them and therefore provide a valid and unique perspective on issues concerning their health and wellbeing (Tay-Lim & Lim, 2013). In the field of health and illness, drawings have been used as a powerful visual elicitation tool for understanding children's experiences and perceptions (Bendelow et al., 1996; Pridmore & Bendelow, 1995). Drawing is a familiar activity for most children and can be considered a child-friendly method of data collection (Horstman et al., 2008; Liamputtong & Fernandez, 2015). Through drawing, children might be able to freely express their feelings and thoughts (Hill et al., 1996). Drawings might indeed offer a rich visual description of children's worlds (Punch, 2002), highlighting the complexities of their lived experiences (Mitchell, 2006; Liamputtong & Fernandez, 2015; Abdulah et al., 2021).

Researchers have proposed a shift from the 'idea of a child as "becoming" an adult to the "being child"' (Harden et al., 2000, p.104). Therefore, it is important that not only the experiences of children be taken seriously but that researchers offer them the chance to participate in research as children (Moore et al., 2008). Drawing is a suitable activity for children as it is aligned with their cognitive and communicative age skills (Mitchell, 2006). The use of the 'draw, write and tell' technique allows children of different ages to tell their stories in an informal environment using instruments that are familiar to them (that is, pencils, paper, and markers) (Horstman et al., 2008). In addition to drawing, 'write and tell' might enable children to contribute to data interpretation (Angell et al., 2015). Thereby, instead of passive collaborators, children might be active participants in the data collection process, assigning meaning to their productions (Martin, 2019).

While it is key to enhance children's participation in research (Spencer et al., 2020), their inherent vulnerability should also be taken into consideration by researchers. Indeed, children are a vulnerable population because they cannot make personal life choices or personal decisions (Moore & Miller, 1999; see also Chapters 1, 15 & 16 in this volume). This vulnerability is augmented when the children under study suffer from a health condition (Hilário & Augusto, 2019). Nevertheless, as pointed out by Benzon and Blerk (2017, p.897), 'vulnerability is socially-constructed and dependent on how power relations are created between marginalized people'. Despite their inherent vulnerability, children are agents capable of interpreting their reality and providing important information about their experiences (Brady et al., 2015; Jenkins, 2015). It is essential to recognise children's agency and give them a voice so that they can speak out on issues that concern them (Valentine, 2011). The inherent vulnerability of children might be mitigated with the use of drawings to elicit their voices (Eggleton et al., 2017). Attempting to understand children's inner worlds starts with placing them as producers of research data and knowledge vis-à-vis the researchers. Through visual methods such as drawings, children can have the opportunity to be active participants in the research process (Honkanen et al., 2018). Furthermore, it enables researchers to listen to children's experiences, albeit in a different way (Cook & Hess, 2007). We took as a starting point that children have different capabilities than adults (Punch, 2002). Inviting children to draw their experiences creates space for them to share their perceptions and understandings (Einarsdottir et al., 2009) while enhancing their skills. We have used 'draw, write and tell' (Angell et al., 2015) as an elicitation tool to understand how children make sense of chronic illness. In addition to the vulnerability of children, the sensitivity of the topic under investigation makes drawing an even more fruitful technique as it enables them to have a degree of control in the research process, namely in the production of data and knowledge (Honkanen et al., 2018). This technique has already used to assess children's experiences of pain in emergency departments (see Pope et al., 2018a). In this study, children as young as four years old were able to describe in detail their pain experiences, including its visual, auditory and sensory dimensions. However, the applicability of the 'draw, write and tell' method to explore chronic pain in children is still understudied.

Chronic illness might be considered a sensitive topic to be discussed by children in the sense that it might lead them to experience discomfort, concern, or embarrassment (Moore et al., 2021). Nevertheless, this might be mitigated by the context in which the research takes place and the relationship established between children and researchers (Powell et al., 2020). This chapter discusses the use of the "draw, write and tell' technique as an elicitation tool to understand how children make sense of chronic illness (see also Chapters 9, 11 & 21). We will present two different studies: the first study focuses on the experiences of children with chronic pain; the second study highlights the experiences of siblings of children with a chronic and advanced illness. We intend to reflect on the potentialities and challenges associated with the use of this type of methodological strategy.

‘DRAW, WRITE AND TELL’ METHOD: OUR STUDIES

The data presented in this chapter derive from two qualitative studies using the ‘draw, write, and tell’ technique (Angell et al., 2015) with two convenience samples of participants. The first study intended to understand the experiences of chronic pain in childhood and its impact on family dynamics. Interviews were conducted with seven children aged between seven and 17 years (four girls and three boys) with chronic pain. All children were Black and suffered from sickle cell disorder. This illness is characterised by a high degree of uncertainty, and pain mainly occurs in a non-predictable way (Atkin & Ahmad, 2001). The children were recruited through a chronic pain consultation at a public hospital in Lisbon, Portugal. The second study aimed to explore children’s experiences when living with a brother or sister with a chronic and advanced illness. Five children aged between four and 10 years (two boys and three girls) who had a brother or sister with a chronic and advanced illness were interviewed. The children were recruited either through a palliative care unit or through snowball sampling. In both studies, parents and their children were informed about the research’s goals, the planned activities and follow-up feedback. Moreover, children were assured that their participation was voluntary and that they could withdraw from the study at any time if they wanted to, without having to give any reason. Following this disclosure, written consent was obtained from parents regarding the participation of their children, and oral consent was obtained from the youngsters. In the first study, children were asked to draw their chronic pain on blank A4 paper using crayons, write their thoughts, and tell the story of their picture. The ‘draw, write and tell’ technique was used to facilitate the discussion about children’s experiences of living with chronic pain. Children were positioned as ‘experts’ of their suffering (Horstman et al., 2008). In the second study, children were also provided with A4 blank paper and crayons, and they were invited to draw an activity they enjoy doing with their ill brother or sister. Instead of formally analysing the drawings, they were used as a prompt to elicit children’s explanations about its content, thus avoiding misinterpretations (Angell et al., 2015). In the following sections, we will discuss the potentialities and challenges of using the ‘draw, write and tell’ technique to explore children’s views on chronic illness.

STUDY 1: LIVING WITH CHRONIC PAIN: ACCOUNTS OF ILL CHILDREN THROUGH DRAWINGS

Chronic pain was defined as pain that lasts more than a month beyond the expected course of an acute disease, healing, or injury (Maciver et al., 2010). To date, little is known about the lived experience of chronic pain in childhood and adolescence. What is known about the day-to-day experience of children living with chronic pain mainly comes from children with other health conditions (Hilário & Augusto, 2019). In addition, much of the existing knowledge about the topic comes from quantitative studies (Pope et al., 2017). Therefore, it is crucial to develop qualitative social research that attributes centrality to the child’s perspective and the way these actors experience chronic pain (Clemente et al., 2008; Maciver et al., 2010). The adoption of a holistic approach is crucial for the identification of key insights about children’s views on chronic illness (Pope et al., 2017).

The seven children who participated in the study drew, wrote, and talked about their chronic pain experiences, also including a version of themselves in the picture. All the children drew themselves while experiencing pain. While four children only drew themselves, one child also included her mother in the drawing, one child included a friend, and another child included a healthcare professional. Children drew themselves in different places: outside their home waiting for the ambulance that would take them to the hospital due to a pain crisis (n = 1), in a garden (n = 1), at the hospital (n = 1), in their bedroom (n = 1), and outside playing football with a friend (n = 1). Two children simply drew themselves on blank paper.

Regardless of their age, all children easily accepted the task of drawing, indicating that both teenagers and children feel comfortable with this method. This confirms that drawing is an accessible task for children of different ages (Horstman et al., 2008). Based on the drawings made, it was possible to understand some of the main elements characterising the pain experience of the children who participated in the research. Despite the subjectivity inherent in the materials produced (Angell et al., 2015), the researcher was able to access the aspects that children valued or highlighted when they felt pain, such as: i) the environment that surrounded them; ii) the people they were with; and iii) the actions taken. On the other hand, it was also possible to access absences; that is, aspects that children chose, consciously or unconsciously, not to include in the drawing (such as the absence of colour or surrounding elements).

The interpretation made of both visible and invisible elements usually involves, in fact, some level of subjectivity (Angell et al., 2015). However, the possible distance between what the child intends to transmit and the researcher's ability to understand can be mitigated with the double process of co-creation and co-interpretation inherent to the 'draw, write and tell' technique (Honkanen et al., 2018; Mitchell, 2006; Tay-Lim & Lim, 2013). In this sense, it is considered that the dialogue between the child and the researcher, as well as the reflexivity of these actors, are crucial elements for the richness of the data produced (Martin, 2019).

Drawing offered children the opportunity to express their experiences of chronic pain in their own terms and to create rich visual representations of their experiences. This was the case of a child who drew several broken hearts to represent the intensity of her pain. Indeed, through drawing, children may open the door to issues that are not easily displayed (Zartler & Richter, 2014). For instance, a child disclosed during the 'draw, write and tell' interview that she was afraid of dying as she knew about a singer with her illness who had died recently. The child revealed that she talked about this concern with her stepfather, who reassured the researcher that this matter was acknowledged within her family. This shows that the 'draw, write and tell' elicitation tool enabled children to make visible issues that were invisible to the researcher but significantly marked children's experiences of chronic pain.

Two children also wrote about their experience of pain: 'the mouth I do when I am not happy' and 'I cannot handle this anymore'. Writing enabled these two children to express their feelings in a complementary way to their drawings. This confirms that the use of both drawing and writing enables the production of 'richer' data (Angell et al., 2015). The articulation between different forms of expression allows the researcher to reinforce and clarify aspects that may have raised doubts (Caraher et al., 2004; Porcellato et al., 1999). Thus, for example, a caption on an ambiguous drawing can provide the necessary clues for a more effective and objective process of interpreting the child's thoughts, emotions and feelings.

It is recognised that the use of multiple methods can give rise to different ideas and perspectives (Angell et al., 2015). In this way, the articulation of data collection tools that stimulate different communicative capacities leads to the production of richer data. Through drawing, writing and telling, the child has the possibility of showing the researcher how they see their own world, as well as how they make sense of it (Guillemin, 2004; Punch, 2002).

When disclosing this information, the researcher was careful to support children and thereby offer them space to decide what they wanted to tell and when (Zartler & Richter, 2014). This was the case of a child who disclosed about self-medication and decided to change the topic of conversation when his mother entered the room. This situation illustrates the child's willingness to share a personal and sensitive topic with the researcher while hiding this matter from his own mother. Whilst the researcher tried to conduct most interviews with children alone, in most cases the mother was present. Negotiating privacy to conduct interviews with children has been found to be difficult due to parental conceptions that they should be present (Mauthner, 1997). Nevertheless, when mothers were present, they were respectful and did not try to exert any control over children's answers. Obtaining a separate space within the hospital to conduct the interviews was easy as healthcare professionals were sensitive to the issue of privacy. The power dynamics between the adult researcher and the interviewee child are of particular importance when research takes place in a healthcare setting. Indeed, hospitals are spaces where children have little control, and this may impact the research process (Martin, 2019). The elicitation tool 'draw, write and tell' enabled placing children at the centre of this process and overcoming power imbalances inherent in conducting research in a hospital.

STUDY 2: ELICITING SIBLINGS' VOICES: THE IMPORTANCE OF THE 'DRAW, WRITE AND TELL' METHOD

Children's accounts have been absent in understanding the experiences of having a brother or sister who suffers from a chronic illness. Few studies have explored sibling caring roles and responsibilities within families of chronically ill children (Hilário, 2022). However, the limited existing research points to profound changes in the lives of children who have a brother or sister suffering from a chronic illness (Woodgate et al., 2016). It is not only daily life that changes, but also the way the child perceives the family and their role within it. Thus, it is important to listen to these actors and realise the impact that the chronic illness of their brother or sister has on their childhood and relationship with others.

In the second study, the children were asked to draw themselves with their ill brother or sister doing an activity that they enjoyed. They were encouraged to think about their day-to-day life with their brother or sister and the way in which the illness shaped and influenced their family life. It is important to note that some children decided to also include brothers or sisters other than those with a chronic illness in the drawing. For example, an eight-year-old boy verbally expressed that all his brothers and sister were important to him, and he enjoyed being with all of them. In contrast, two sisters (aged ten and eight years) who were making the activity in the same room decided to not draw themselves together but only with their ill sister. As previously mentioned, the elements that children choose to include (or not include) in the drawing can provide important clues about the aspects that they value and/or are most present in their daily lives (Barfield & Driessnack, 2018). In this specific case, the option to include only the ill sister in the drawing seems to be related to conflicts that the participating children have with each other and which were made apparent during the interview. However, it can also indicate the centrality that the ill sister assumes in family dynamics. In fact, during the activity, the 10-year-old was constantly complaining about her younger sister, saying that she was bored. The drawings were an icebreaker that allowed the conversation to flow, first about the drawing itself and then about the family dynamics and the processes of relationality that otherwise could remain invisible. Indeed, the drawings allow the child to be brought into the situation of discussion relatively fluidly and peacefully, encouraging them to talk about subjects that are close to them (Horstman et al., 2008). By following a playful activity (drawing), the moment of the interview arises in a contextualised manner. Since the object of analysis is the work produced by the child, they naturally assume the roles of author and commentator of this subjective product (Literat, 2013).

During the drawing activity, these two sisters expressed their worries about drawing their ill sister properly as they wanted the drawing of the wheelchair to be accurate. An eight-year-old girl expressed her fear of not drawing properly and, therefore, took 15 minutes before beginning the task. She asked her mother for ideas about what and how to draw, and her mother patiently replied that it was up to her. The girl decided to use a square, as she expressed she would like to draw a TV properly. These two examples are illustrative of the importance that children give to the act of drawing and to expressing their experiences as close to their reality as possible. In addition, these examples also express the difficulty that children feel in bringing to the drawing both their 'absent body' and that of those close to them (Martin, 2019). The process of transferring the visualised reality to the drawn reality can constitute a communication barrier. However, this challenge can be mitigated with the interview moment (Honkanen et al., 2018).

Interestingly, some children did not make any physical distinction between themselves and their ill brother or sister. This was the case with an eight-year-old boy and a six-year-old girl. Even though their ill brother or sister used a wheelchair, these children decided not to draw it. For the six-year-old girl, it was more important to draw her own physical distinction: she was obese, and she expressed great concern about it during the conversation with the researcher. Drawings offer countless possibilities to children, allowing them to portray both what they consider to be real and what they would like to be real (Martin, 2019). Both situations allow the researcher to access relevant information, as by analysing expectations and/or the elements that are emphasised, it is possible to understand the main concerns of the children involved.

Another aspect to consider in the drawing is the visual story that the child chooses to tell. In this regard, the researcher must be particularly attentive to the general composition of the drawing and its content, such as the space where the action takes place (Barfield & Driessnack, 2018). While for some children it was important to represent outdoor activities performed with the ill brother or sister, other children preferred to emphasise day-to-day interactions, such as watching TV together. In these cases, the children who participated in the research chose to portray the ordinary instead of specific activities or events (such as birthdays).

While it was expected that the drawing activity would be exciting for all children, a seven-year-old boy refused to participate in the task, saying that he did not know what to draw. The mother insisted that the child should participate in the study. The researcher respected the child's decision not to draw and decided not to include him in the study. Later on that day, the mother sent a message to the researcher, saying that the child disclosed that he did not want to share his feelings with a stranger. By refusing to participate, this case shows that the drawing activity enables children to exercise their agency (Angell et al., 2015). In fact, through the use of the 'draw, write and tell' technique, children have the power to negotiate the ways and depths in which they wish to participate (or not) in the research. This type of challenge in the recruitment process is expected, especially in research that focuses on sensitive topics (Powell et al., 2020). To mitigate this, the various actors involved must be able to establish a relationship of trust (O'Brien et al., 2022). In this case, this mother's initiative of sending a message to the researcher explaining the reasons underlying her child's refusal to participate in the study was illustrative of the partnership established with the researcher (Wright, 2015). In other situations, however, this may be challenging to achieve in just a single encounter.

WHAT DO WE LEARN FROM THE STUDIES: DISCUSSION

The two studies presented here were guided by the fundamental rights of children to be heard on matters concerning them (United Nations, 1989). Children are active and competent agents of their worlds and should have a voice in societal matters that directly influence their lives (Tay-Lim & Lim, 2013). Despite their inherent vulnerability, children are capable of interpreting their reality and providing important information about their experiences (Brady et al., 2015; Jenkins, 2015). It is essential to recognise children's agency and give them a voice so that they can speak out on issues that concern them (Valentine, 2011). While numerous studies have been conducted on the experience of chronic illness from an adult perspective, limited research has been conducted with children and young people about this experience. The knowledge of children affected by chronic illness has been under-studied, and thereby, it is important to address their points of view with thoughtfulness (Honkanen et al., 2018). While chronic illness might be a sensitive topic to discuss, it is important to highlight that sensitivity is experienced subjectively and shaped by cultural and social bounds (Powell et al., 2020). The sensitivity of the topic under study became evident in children's drawings, namely in the manifestation of their emotions (Dickson-Swift et al., 2008). In addition, the children who participated in the study might be understood as a doubly vulnerable population. This might be so because of their child status as well as the existence of a health condition that can restrict their autonomy (Cheah & Parker, 2015). Nevertheless, the use of the 'draw, write and tell' method offered the children the possibility to openly express their experiences of living with a chronic illness (Study 1) or living with a chronic illness in the family setting (Study 2), recognising their agency and their right to participate in research. The analyses of the drawings allowed us to identify disease-related elements such as an ambulance, a hospital, a wheelchair, and children's perceived intensity of pain. These representations elicited children to spontaneously disclose highly sensitive topics such as self-medication, fear of dying and family dynamics. The experience of living (Study 1) or having a sibling living (Study 2) with a chronic disease is differently perceived by each child. Thus, the 'draw, write and tell' method seems to be particularly suitable for exploring children's experiences, allowing them to freely represent their inner world without constraining their responses.

The 'draw, write and tell' method enhanced communication between the researcher and children. Drawing is a playful and familiar activity for most children (Pope et al., 2018b) enabling them to communicate about their experiences, which otherwise might be difficult using only language (Tarr et al., 2018). This child-sensitive method allowed the researcher to access issues that otherwise could be difficult (Driessnack & Furukawa, 2012). Given its co-constructed design, the method offered the possibility for the researcher to work *with* children, in contrast to the traditional approach of working *on* children (Literat, 2013; Mitchell, 2006). Furthermore, children may have time to think about what they would like to draw and tell the researcher, which might be key for them as they may need more time to process their ideas in comparison to adults (Angell et al., 2015). The method also offers children the possibility to negotiate their participation by choosing not to draw (Horstman et al., 2008). While 'ethical symmetry' (Christensen & Prout, 2002) may not be possible due to the inherent vulnerability of the child status (Hilário & Augusto, 2019), the method enabled the development of a more egalitarian relationship between the adult researcher and the participant child. The children were offered the chance to interpret their own drawings, making them 'co-researchers' (Christensen & Prout, 2002).

In research with vulnerable individuals, such as children, it is important to be aware that there might be significant power imbalances. Usually, the researcher is considered the expert and tends to be the one who conducts the entire research process (Moore et al., 2008). However, the 'draw, write and tell' technique allows the traditional dynamics of power between researcher and participant to be changed (Martin, 2019). Even if it is the researcher who releases the first stimulus, it is up to the child to decide how they want to tell their story. Whether through the elements they choose to include in the drawing or through the narrative followed, the child has the power to determine part of the data production process (Aldridge, 2014). By giving children greater agency, this technique lessens the traditional hierarchy between the researcher and participants, thus contributing to greater compliance with ethical issues (Literat, 2013). In addition, children's voices are potentially richer than those of adults acting on their behalf. By experiencing in the first person the impacts and effects of a chronic disease, children have a unique perspective that cannot be replaced or replicated accurately by other actors (Tay-Lim & Lim, 2013).

Childhood health research is currently faced with an ethical dilemma based on the interplay of three demands: i) the need to provide access to childhood evidence-based healthcare; ii) ensuring that children's and young people's rights as research participants are fully respected; and iii) promoting children's autonomy in making decisions about their participation in research and in giving their input to the research agenda (Wright, 2015). The adoption of a qualitative approach, such as the technique of 'draw, write and tell' is key to promoting the balance of these factors, as it allows children to speak out about sensitive issues and their perceived impact on their lives. On the one hand, by representing their 'inner world' through drawings, children are able to emphasise the aspects they consider most relevant; on the other hand, by not including some elements in their drawings, children are free to not address topics that make them uncomfortable. Moreover, the data gathered through this technique can have important implications at both theoretical and practical levels. Concerning the former, the knowledge gathered about children's experiences with chronic pain may influence the direction of the future research agenda to promote children's wellbeing. Regarding the latter, involving children in health research can lead to key insights about how to manage children's chronic illnesses effectively. The drawings enable children to make visible certain details that otherwise could be missed by adults (Mitchell, 2006). The purpose of using a drawing activity is to offer children the possibility to explore, on their own terms, a matter that could be potentially sensitive to them. Drawing is a playful and accessible activity for most children, enabling them to be in control of what they would like to reveal to the researcher about their experiences (Martin, 2019). This also means that children should be able to decide the level of information they would like to disclose to the researcher (Zartler & Richter, 2014). Asking children to draw their experiences and perceptions and then tell the researcher about it places them as the 'experts' and increases their sense that their thoughts and feelings are valued (Horstman et al., 2008). Making children accountable for the interpretation process of their own drawings places the researcher in the position of the listener, which can be considered more ethical from a methodological point of view (Literat, 2013).

The materialities involved in the research process can determine the type of material produced (Mauthner, 1997). Using 'draw, write and tell' in a space that is familiar to the child (such as their room) can evoke specific thoughts, emotions and feelings. On the other hand, applying the method in a new environment can lead to the child forgetting important elements, which would only be evoked with certain visual stimuli. The 'draw, write and tell technique allows the child to express emotions that could remain invisible due to language barriers (Eggleton et al., 2017). When associated with the description of a disease, drawings tend to reflect the frustration, embarrassment, and anxiety of the child, usually through the use of different colours and symbols (Eggleton et al., 2017).

The 'spaces of research' and the actors that are present have a strong impact on the type of data that is produced (Barker & Weller, 2003). So that children can effectively be active collaborators in the investigation process, it is crucial that they feel safe and comfortable (Martin, 2019). In this sense, the researcher must make every possible effort to ensure an environment that allows children to express themselves freely. Faced with the impossibility of guaranteeing the 'ideal' conditions, the researcher must use their 'ethical reflexivity' and 'ethical sensitivity' to ensure the best possible outcome (Hilário & Augusto, 2020; Weaver, 2007). Reflexivity is key in this process as it allows the researcher to reflect on the involvement of children, as well as on their own involvement (Pope et al., 2018b). Through reflexivity, the researcher will be able to respond to unexpected situations that may happen along the research process (Guillemin & Gillam, 2004). Indeed, working with children might increase the unpredictability of the research process, leading the researcher to adopt anticipatory and situational strategies (Hilário & Augusto, 2019). For instance, the researcher had to use 'ethical mindfulness' (Warin, 2011) in the episode of a child who refused to draw and participate in the study, and the child who constantly insisted that the researcher play with him. Researchers need to be well-prepared to conduct research with children (a vulnerable population) on the experiences of chronic illness (i.e., a sensitive topic). The 'draw, write and tell' method might enable researchers to overcome these difficulties.

CONCLUSION AND FUTURE DIRECTIONS

Based on two sociological studies conducted in Portugal on chronic childhood illness and its impact on family dynamics, it was possible to carry out some reflections on the use of the 'draw, write and tell' technique. It is considered that this technique is flexible enough to value the child's agency and communication skills (Horstman et al., 2008). Among the main potentialities of this data collection instrument, the following stand out: i) the richness of the data produced; ii) the freedom and fluidity it allows; iii) the articulation of different communication tools; iv) the applicability to children of different age groups and from different sociocultural contexts; v) the collaborative nature; and vi) the reduction of power imbalances. Among the main challenges, the following were identified: i) the subjectivity of the designs; ii) the constraints associated with the data interpretation process; and iii) the difficulty in guaranteeing an adequate environment to pursue the technique. The empirical evidence derived from the two studies affirms the legitimacy of the 'draw, write and tell' method as an instrumental approach for investigating the experiences of chronic illness among children and young people. Confronted with a myriad of global health challenges that have the potential to exacerbate vulnerability, it is imperative to prioritise the implementation of creative and participatory methodologies. Notably, the ‘draw, write and tell’ technique emerges as a cornerstone method that facilitates a nuanced and comprehensive exploration of the unique experiences of children and young people. Beyond its utility as a research tool, this method catalyses fostering empathy, driving evidence-based interventions, and formulating policies that prioritise the health and well-being of children and young people.

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