Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.
Young Children’s Meaning-making About the Causes of Illness within the Family Context

A thesis presented in partial fulfilment of the requirements for the degree of Doctor of Philosophy in Psychology

at Massey University, Manawatu, New Zealand.

Caroline Mary McIntosh 2013
Abstract

With the current prioritising of child health promotion, practitioners in health, education, and social services are facing the challenge of providing effective health education programmes for young children. Appreciation of the role that families play in young children’s meaning-making about the causes of illness is likely to assist practitioners to reach this goal. To date, researchers have largely sought to determine children’s understanding at various stages of cognitive development rather than exploring how children might acquire, process, and share their knowledge within particular social contexts. However, attention is increasingly turning to sociocultural aspects of children’s learning and development, and the need to explore the various ways in which children’s knowledge of health and illness is acquired in everyday contexts.

Adopting a socioconstructivist perspective of children’s learning and development, and using a narrative methodology, this study sought to identify the ways in which young children’s illness causality concepts are embedded in the sociocultural context of the family. In-depth interviews were undertaken with five four-year-old children, their parents/guardians, sibling/s aged five to nine years and two other family members (29 participants in total). Participants reflected a diversity of cultural communities, spiritual orientations, and family structure. To aid the elicitation of young children’s narrative accounts of illness causality, children were invited to create a storybook about ‘getting sick’ utilising art materials and photographs of children experiencing illness. A social interactional approach was then employed to interpret participants’ narratives.

Findings indicate that preschoolers draw heavily on their family contexts in their meaning-making about the causes of illness. Furthermore, young children’s illness causality constructions are significantly influenced by the particular illness experiences, illness prevention messages and behavioural rules within their families. Consequently, researchers are encouraged to further explore the social construction of children’s knowledge, and practitioners are urged to utilise children’s existing understandings and associated family practices as the context for children’s learning about health and well-being. By viewing family members as essential partners in the education of young children, practitioners may be better placed to develop effective health education programmes and provide enhanced psychosocial support for young children and their families.
Preface

The content of this thesis is based on research undertaken during two separate enrolments with two different faculties between October 2003 and September 2012. I began this thesis under the auspices of the Department of Learning and Teaching at Massey University but, due to ill health in my immediate family, needed to suspend my studies in July 2005. Returning to the doctoral programme in March 2010, with my previous supervisors having retired and/or relocated overseas, I commenced my study under the guidance of health psychology staff within the School of Psychology at Massey University. I believe that this thesis has benefited from my involvement with both faculties, and that the passage of time and ensuing academic, professional and life experiences during the past nine years have served to enhance this study.

The research described in this thesis was also disseminated in three research manuscripts which were published in the following journals: ‘Early Child Development and Care’; ‘Health’; and ‘Psychology, Health and Medicine’ over the period 2012-2013 (see Appendix 1). While my supervisors, Dr Christine Stephens and Dr Antonia Lyons, provided valuable advice regarding the publication of these manuscripts and are included as co-authors on the papers, the ideas contained within this thesis are entirely my own.

Ethical approval for this study was obtained from the Massey University Human Ethics Committee (reference number 04/68), and the kindergarten management’s research access and ethics committee (approval granted May 2005). In June 2010 ethical approval was extended for a further two years (to June 2012), and retention of the data extended until June 2014. Additionally, a series of letters were sent to participants informing them of the progress of the research (see Appendices 2-4).

Caroline McIntosh
Doctoral Candidate
Massey University
Acknowledgements

To all of the children and families who kindly participated in this project; thank you so much for generously sharing your stories. It was such a privilege to be welcomed into your homes and your lives, and I am deeply indebted to you for your assistance with this research.

Thank you also to the teaching team and management of the participant kindergarten. Your interest in this study and incredible hospitality and support is greatly appreciated.

To my hospital play specialist colleagues, teaching friends, and cultural advisors; thank you so much for sharing your time, wisdom and resources.

Sincere thanks to my supervisors Joy Cullen and Barbara MacLean of the College of Education (2003-2005), and Chris Stephens and Antonia Lyons of the School of Psychology (2010-2013). I have been extremely fortunate to benefit from your combined knowledge and expertise, and greatly appreciate your guidance and support. I also wish to thank the Massey University Doctoral Scholarships Committee for providing financial assistance during the course of this project.

Finally, I wish to acknowledge the unfailing support of my family and friends throughout the entire research process. To Ian, Riley and Fen; thank you so much for helping me ‘finish the book’. You’ve each made incredible sacrifices to help me on this journey. You are absolute stars. To my parents, extended family and friends; thank you so much for your encouragement and practical assistance over the last nine years.

Thank you all for embracing the spirit of this inquiry and helping to bring it to fruition.
Table of Contents

Abstract ............................................................................................................................. ii
Preface .............................................................................................................................. iii
Acknowledgements .......................................................................................................... iv

Chapter One – Background ................................................................................................. 8
  1.1 Focus of inquiry ............................................................................................. 8
  1.2 Significance of the topic ................................................................................. 8
  1.3 Impetus for the study .................................................................................... 11
  1.4 Continuing research ...................................................................................... 14
  1.5 Research question and aims of the study ..................................................... 15
  1.6 Meaning of terms ......................................................................................... 15
  1.7 Outline of the thesis ...................................................................................... 16

Chapter Two – Views on young children’s knowledge of illness causality .................... 19
  2.1 Introduction .................................................................................................. 19
  2.2 Dominance of maturational models ............................................................. 20
  2.3 Challenges to traditional approaches ............................................................ 21
  2.4 Intuitive/naïve theories perspective .............................................................. 22
  2.5 Everyday understandings in everyday contexts ........................................... 24
  2.6 Importance of prior knowledge .................................................................... 26
  2.7 Advancing research and practice .................................................................. 27
  2.8 Summary ...................................................................................................... 30

Chapter Three – Methodology .......................................................................................... 32
  3.1 Introduction .................................................................................................. 32
  3.2 Socio-constructivist framework ................................................................... 33
  3.3 A focus on family ......................................................................................... 35
  3.4 Narrative inquiry .......................................................................................... 38
  3.5 Notions of childhood .................................................................................... 41
  3.6 Research with young children ...................................................................... 43
  3.7 Summary ...................................................................................................... 46

Chapter Four – Method .................................................................................................... 48
  4.1 Introduction .................................................................................................. 48
  4.2 Participants ................................................................................................... 49
4.3 Data collection ................................................................. 51
4.4 Working in relationship .................................................. 55
4.5 Evaluation ................................................................. 58
4.6 Summary ................................................................. 61

Chapter Five – Analysis ................................................................. 62
5.1 Introduction ................................................................. 62
5.2 Selecting a method of analysis ........................................... 62
5.3 A social interactional approach ......................................... 64
5.4 Reflections on the interpretive process .............................. 67
5.5 Summary ................................................................. 71

Chapter Six – Young children’s illness causality constructions .......... 72
6.1 Introduction ................................................................. 72
6.2 Behaviour-based understandings ....................................... 72
6.3 Illness prevention messages and behavioural rules ............... 74
6.4 Children’s constructions in relation to theory ....................... 75
6.5 Folkbiology and the regulation of health behaviours .......... 78
6.6 Summary ................................................................. 80

Chapter Seven – Young children’s meaning-making within the family context .... 82
7.1 Introduction ................................................................. 82
7.2 Constructing meanings via participation in family life .......... 82
7.3 Children’s meaning-making in relation to the family context .... 87
7.4 Situating meanings within family understandings and experiences .... 95
7.5 Summary ................................................................. 98

Chapter Eight – Conclusions ......................................................... 99
8.1 Introduction ................................................................. 99
8.2 Aims of the inquiry ........................................................ 99
8.3 Key arguments ........................................................... 100
8.4 Contributions ............................................................. 101
8.5 Implications ............................................................... 103
8.6 Recommended strategies in applied settings ...................... 107
8.7 Strengths and limitations ............................................... 112
8.8 Future research .......................................................... 114
8.9 Final reflections .......................................................... 115
Summary statements................................................................................................... 117
References .................................................................................................................... 118
Appendices ................................................................................................................... 141
  Appendix 1 Manuscript references ........................................................................ 141
  Appendix 2 Letter to participants (14 November 2006) ........................................ 142
  Appendix 3 Letter to participants (16 July 2010) ............................................... 143
  Appendix 4 Letter to participants (23 February 2012) ........................................ 144
  Appendix 5 Semi-structured interview questions ............................................... 145
  Appendix 6 Authority for the release of tape transcripts .................................... 147
  Appendix 7 Letter to kindergarten management ............................................... 148
  Appendix 8 Research access agreement ............................................................... 149
  Appendix 9 Information sheet for teachers .......................................................... 152
  Appendix 10 Consent form for head teachers ..................................................... 155
  Appendix 11 Consent form for teachers ............................................................... 156
  Appendix 12 Information sheet for parents/guardians ....................................... 157
  Appendix 13 Information sheet for family members .......................................... 160
  Appendix 14 Consent form for family members ................................................. 162
  Appendix 15 Consent form for parents/guardians .............................................. 163
  Appendix 16 Consent form for children ............................................................. 164
  Appendix 17 Transcript notation ....................................................................... 165
List of tables
  Table 1 Participant details ................................................................................... 50