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Using a Storybook Method to Understand Young Children's Narratives of Illness

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Abstract

Appreciation of the role that families play in young children's meaning-making about the causes of illness could assist educators and healthcare practitioners to provide more effective support for young children and their families. 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. Adopting a socio-constructivist perspective and a narrative methodology, I sought to identify ways in which young children's illness causality concepts are embedded within the familial context. Fieldwork included in-depth interviews with five four-year-old children, their parents/guardians; sibling/s aged five to nine years, and two other family members. Participants from Manukau City, New Zealand, reflected a diversity of cultural communities, spiritual orientations, and family structure. To aid the elicitation of young children's narratives of illness causality, child participants were invited to construct a storybook about 'getting sick' utilizing art materials and photographs of children experiencing illness. A social interactional approach was employed to interpret participants' narratives and suggests that young children's illness causality constructions are significantly influenced by the particular illness experiences, illness prevention messages and behavioural rules within families. Findings indicate that children's existing understandings and associated family practices need to be utilized as the context for children's learning about health and well-being.

Keywords: behaviour, children, families, illness causality, narrative, sociocultural context

Introduction

With the current prioritizing of child health promotion and health literacy programmes (see National Health and Hospitals Reform Commission, 2008; US Department of Health and Human Services, 2000), practitioners in health, education, and family support 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 illness causality has the potential to assist practitioners in this task. To date, researchers have largely focused on children's understanding of illness at various stages of cognitive development rather than exploring how children might acquire, process and share their knowledge within particular social contexts. Traditional maturational models of children's conceptualization emphasize domain-general knowledge and universality of children's concepts (see Bibace & Walsh, 1980), however, current research highlights the existence of domain-specific knowledge and queries normative assumptions. Specific cultural influences have recently been highlighted in investigations of young children's biological reasoning (Legare & Gelman, 2009; Zhu, Liu & Tardif, 2009). Additionally, studies have related familial and cultural practices to biological understandings, although few have specifically focused on illness (Zhu et al., 2009). Consequently, there is currently a need for contextually-based research regarding young children's understandings that can inform both the field of cognitive development and the design of educational programmes (Au et al., 2009; Legare & Gelman, 2009; Zhu et al., 2009).

Over the last two decades the influence of sociocultural contexts on knowledge construction, as highlighted by Vygotsky (1978), has been increasingly recognized within the field of education. Vygotsky's sociocultural perspective focuses on the child-in-context emphasizing the way in which children's social and cultural experiences guide their thinking. This notion of 'culture' embraces the shared understandings and practices developed by communities over time as members work towards achieving shared goals. As knowledge is co-constructed, the child both influences and is influenced by the views of others. Furthermore, access to knowledge is mediated by cultural constraints (Bird & Podmore, 1990). The elements of context (both immediate and socio-historical) and culture are critical in understanding young children's learning and development.

The primary sociocultural context for young children is the family. In the terminology of Wenger (1998), the family is a 'community of practice' in which children are engaged in 'repertoires of cultural practices'. The beliefs and experiences of parents, siblings, extended family members, and family friends have a profound influence on the young child's construction of meaning. Through these people, belief systems and practices are relayed, and children are given the cultural tools to make sense of their world. One of the main cultural tools is narrative. The stories people tell provide insights into specific cultural rules and meanings, and stories about themselves and others are the first tools available to young children for understanding and sharing their experience of the world (Bruner, 1990; Langellier & Peterson, 2004). Seeking to explore children's meaning-making about illness causality in relation to the family context, I decided to use a narrative methodology that acknowledges the social construction of an individual's worldview.

Method

Data Collection

Fieldwork was based at a public kindergarten in Manukau City, New Zealand. I chose this location because of the diversity of families in the kindergarten community in terms of participation in cultural communities, religious affiliation, and family structure. Following ethics approval, I liaised with teaching staff and recruited five four-year-old children along with their parents; sibling/s aged five to nine years, and two other family members, for example, grandparents, aunts and uncles. Most of the data was gathered via in-depth interviews over a period of six weeks. To elicit children's narratives, I invited each child to make his/her own storybook about 'getting sick' using art materials and photographs of children experiencing illness. Using familiar activities and media was an important part of this process especially as 'illness' is a relatively abstract concept for young children. With children's permission, additional data was collected via family members' feedback regarding children's storybooks. Participants' comments during subsequent home visits, particularly when reviewing their transcripts, was also included in the data set.

I interviewed the parents first so that I could ask about each child's experience of illness and become aware of any potentially sensitive issues that might arise during the interview process. I also showed parents the photographic resource so that they were aware of the material that I would be showing to their children. I interviewed the four-year-olds in the kindergarten in view of the teachers and interviewed the older children at home with their parents on site. I wanted to interview children individually so that I could hear each child's personal thoughts rather than ideas generated during a group interview. I also wanted to avoid children seeing the storybooks that others had written before they had had their turn. To achieve this, I interviewed siblings at a similar time and returned the storybooks to the children after all of the interviews had been completed.

During the storybook interviews, I showed the children a series of topic photographs and explained that they could use these photographs in their book. Photographs portrayed children engaged in a range of actions such as holding their head in their hands, wincing while holding their arms across their body, sneezing, and coughing. To help focus children's attention and leave the scenario open-ended, I specifically chose photographs that depicted one child on their own in a general context. I also chose photographs that featured children of various ethnic backgrounds and reflected the cultural communities in the local area. I invited children to lay the photographic cards out on their workspace and explained that all of the children in the pictures 'weren't feeling very well'. This prompted children to talk about the illnesses that they had experienced. I then encouraged children to select a photograph for each story in their book and asked an opening question such as 'What do you think is happening in this picture?' To draw out more storytelling I reflected children's comments; adopted their phrasing, for example, 'How come he "got the cough"?'; regularly recapped the stories; and frequently checked the content with the children. I was also mindful of attending to children's body language and cultural aspects of communication. Children chose the art materials that they wanted to use and decided whether to write the stories themselves or dictate their accounts for me to write down. Most of the children constructed five or six stories for their book.

Data Analysis

Data analysis was informed by a social interactional approach (see De Fina & Georgakopoulou, 2008) which views narrative as talk-in-interaction and focuses on the way that meaning is co-produced by the storyteller and the listener. This model acknowledges the stop/start nature of talk, non-linear sequencing, inconsistencies, and small stories that are part of the everyday conversations of both adults and children. Focusing on narrative as a form of social practice, the approach highlights layers of meaning at both 'micro- and macro-levels of social action and relationship' (De Fina & Geor-

gakopoulou, 2008), and integrates these meanings with broader sociocultural processes such as the transmission of knowledge and the allocation of roles within communities.

Findings

The four-year-olds in this study were very adept in providing spontaneous explanations for illness and frequently linked their meaning-making to experiences within their own world. During the interview process, children referred to a variety of illnesses and causes of illness. The most frequently cited illnesses or 'states of ill health' were as follows: 'cough', 'bleeding', 'sore eyes', and 'sore/hot head'. Illness references included symptoms, conditions, and both intentional and non-intentional injuries. References to death and dying were also present in young children's narratives, for example, Natalia's comment 'if you smash your car behind you that's when you're dead and then you go in a graveyard', and Joseph's remark 'she's gonna die…they're gonna cut her neck'. Analysis of young children's narrative accounts revealed two major threads regarding children's illness causality constructions: 'behaviour-based explanations for illness', and 'illness prevention messages and behavioural rules'.

Behaviour-Based Explanations for Illness

Children mostly referred to behavioural actions as the cause of illness, often locating responsibility for illness with a particular individual – either themselves or another person. Several stories featured 'eating too much food' (especially lollies and ice-cream) as a cause of illness, for example, 'if you eat too much ice-cream or stuff you get asthma'. Being in the cold and the wind was another causal factor frequently mentioned by children, for example, 'she was playing (outside) then she got cold'. Physical force inflicted by another person also featured strongly in children's stories, for example, 'someone hurt him on the head'.

Illness Prevention Messages and Behavioural Rules

In constructing narrative accounts, children frequently drew on the illness prevention messages and behavioural rules that are regularly communicated within their family and emphasized the importance of this information. Telling a story about a child in a topic photograph, Natalia commented:

Natalia:	Her eyes are down low. That means her eyes are sore.
Caroline:	Her eyes are sore, ok. And how did she get the sore eyes do you think?
Natalia:	When you rub them too much they get so ... they get so blinky and ... You don't rub them when they are sore, you blink them when they are sore…
Caroline:	Have you had sore eyes before?
Natalia:	Oh yeah. I keep on rubbing them…
Caroline:	Do other people in your family have sore eyes sometimes?
Natalia:	No. Remember when you cook these bubbles go up on your eyes eh? And they're sore eh? Remember the bubbles hurt you when you cook in the pan and you cook and it hurts eh?
Caroline:	Ah, ok. And what's in the pan when the bubbles ... ?
Natalia:	We ate some chicken noodles and we had some ham sandwich.

In this extract Natalia explains the link between the character's body language and sore eyes using the phrase 'that means' to provide more information and convey her understanding. In reply to the question about how the character came to have sore eyes, Natalia provides the instruction 'you don't rub them when they are sore, you blink them when they are sore'. Spontaneously repeating the caution, Natalia talks about the importance of the information being shared and stresses the need to 'remember' this information. At the close of this extract Natalia links the narrative to her own world with her comment 'we ate some chicken noodles and we had some ham sandwich'. Following the interview with Natalia, her mother talked about how she has told her children to stay back from the frying pan explaining the height of the pan and how the fat could 'go into their eyes' and hurt them.

Discussion

The behaviour-based understandings and related family practices highlighted in young children's narratives signal the importance of family socialization in children's understandings of illness. Educators and health practitioners need to be aware of the impact of health messages shared within the family, and develop health education and support programmes that recognize prior experiences, exchanges and understandings

within the family context. An acknowledgement of the sociocultural factors impacting upon children's knowledge construction, rather than reliance on maturational models, is required.

Because children engage in health-related practices that are based on the values and priorities of family members (Poutanen, 2006), children may have different rules as a result of the particular 'folklore' (Zhu et al., 2009) in their cultural context. Furthermore, children are likely to be able to understand health information at an earlier age if it is meaningful to them in terms of their family context (Borzekowski, 2009). Thus, it is vital that practitioners engage with families when providing health education and support, fully appreciating family members as both valued interpreters and essential partners in the education of young children. Practitioners also need to recognize that the beliefs of children and their families are inextricably connected to societal beliefs and values including social and political agendas (Ravindran & Myers, 2011). For health education programmes to be effective, children's existing understandings and associated family practices need to be utilized as the context for future learning. More exploratory work focusing on identifying the contribution of sociocultural aspects to young children's understanding of illness causality, especially regarding illness prevention messages and behavioural rules, could greatly aid the development of health education programmes and psychosocial support for young children and their families.

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