

**IN SEARCH OF WHAT IT MEANS
TO PRESCHOOL CHILDREN TO BE ILL**

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**A thesis presented in fulfilment of the requirements for the
degree of Doctor of Philosophy in Nursing at the
University of Newcastle**

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STATEMENT OF ORIGINALITY

This work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. I give consent to this copy of my thesis, when deposited in the University Library, being made available for loan and photocopying subject to the provisions of the Copyright Act 1968.

ACKNOWLEDGEMENT OF AUTHORSHIP

I hereby certify that the work embodied in this Thesis is the result of original research, completed subsequent to admission to candidature for the degree.

Signature:

Date:

Paul Barry Watson

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ABSTRACT

Preschool children frequently experience illness and consequently are significant users of health services. Despite children's rights, children's understandings of illness are rarely given due consideration in health care. Nursing practice tends to rely on adult accounts of the child's illness. Children's limited language ability is seen as a barrier to understanding their views. Thus this thesis is a search for what it means to preschool children to be ill.

Careful analysis of the behavioural and cognitive literature on preschool children's understandings of illness reveals a dependence upon abstract adult models of illness as a point of comparison. Despite being marginalized in the literature children's kinaesthetic, intersubjective, situational, and spatial understandings of illness are uncovered.

Existing research methodologies present barriers to understanding the world as children do. Drawing on the writings of Maurice Merleau-Ponty, Eugene Gendlin and other phenomenological scholars a new ethnographic phenomenological methodology is detailed. This methodology reveals a relational edge from which adults can begin to understand the world as children do.

The methodology was used to identify how preschool children experience being ill from short-term illnesses and how they communicate those experiences to others. Field data was collected from 49 close observations with 10 children and eight parental interviews. Using field data and contemporary research, I explicate my thesis that preschool children understand illness inside-out, unimpeded by others. I examine how

children, initially devoid of boundaries between inner and outer, and in advance of what they can say, articulate their meaning ('inside' experience/body sense) of the illness through movement and gesticulation (out) as expression. This inside-out expression of the illness experience is unimpeded by others. Adults in intimate situations with ill children can begin to understand children's experience of illness by focusing on their own body-sense, which is related to the child's body sense, because there is an incomplete differentiation between self and other.

Knowing that children understand illness inside-out helps to understand the nature of preschool children's experience of illness. Such understandings should influence adult interactions with sick children.

KEY TO TRANSCRIPTS

In my thesis I use the following conventions when presenting excerpts from my close observation with children or interviews with parents:

P	P in the left hand margin represents me (the initial of my first name).
Initial	Any other letter in the left hand margin represents the initial of the pseudonym used for the particular participant(s) involved in the close observation or interview.
Names	Pseudonyms are used to identify all study participants or other people referred to in the transcripts.
Bold	The children's verbal content is always in a bold font.
<i>Superscript</i>	Nonverbal behaviour is presented in <i>superscript and in italics</i> and placed either to the left or the right of the verbal content to reflect its temporal relationship to the verbal content in the context of the interaction.
[-?-] or	Indicates a word or phrase too faint, garbled, or obscured to transcribe.
[-?-?-?-]	The number of question marks suggests the possible number of words.
(())	Represents either my thoughts at the time or content added by me to provide clarity or explanation.

EDITORIAL STYLE

This thesis applies ideas from a number of long and complex texts. Consistent with the fifth edition of the *Publication Manual of the American Psychological Association* (p. 121) where I have paraphrased an idea contained in a long text, I have tended to include the page number(s) in my reference to the source in the text of the thesis, in order to aid the interested reader in finding the relevant section.