Self-Care at School: Perceptions of 6-Year-Old Children

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Occupational therapists who work with young children routinely evaluate self-care and consider it an important domain of practice. Little is known about what children perceive is important self-care or what they experience as self-care within a school context. Without knowledge about children's perspectives of self-care, occupational therapists cannot know whether or not they are targeting areas that are central to children's needs. The purpose of this naturalistic study was to explore 6-year-old children's perceptions of self-care in their school day. Participant observation and group interviewing were used to elicit descriptive information from 24 Grade One children, attending an elementary school located in Sydney, Australia. A fishing game, drawing activity, and excerpts from a videotape of their day at school were used as stimuli to explore how the children described and attributed meaning to their self-care occupations. Findings showed that children described self-care at school two ways. First, they named specific self-care tasks that mirrored adult views of self-care and represented culturally shared views of the concept of self-care across ages. Second, children described highly individual views about self-care that were derived from their own experience of doing self-care at school. These views seemed to be based on their personal perceptions of salient factors in operation at the time of self-care performance such as social and physical contexts, perceived skill, and expectations of others. The findings suggest that occupational therapy assessment and intervention for self-care include sensitivity to experiential differences between adult views of self-care and those of children. This sensitivity should include an attempt to understand children's experiences of self-care in specific contexts such as school.


Background Information

Young children spend many waking hours at school. Whether reading, playing with friends, eating lunch, writing, drawing, or using a computer, children typically engage in purposeful pursuits that collectively and sequentially structure their existence and give meaning to their lives. These culturally defined “chunks” of purposeful activity have been categorized conceptually as self-care, work, play, and rest (Case-Smith, 2001; Christiansen & Baum, 1997; Humphrey, 2002, Pierce, 2001). Although information about children's experiences of play (Wing, 1995) and work (Marshall, 1994) at school is available, little is known about how children experience self-care or the meaning they attribute to it. This article describes what 24 typical 6-year-olds understood as self-care at school, and explores their understanding of the concept. The results in this paper are derived from a larger study that sought to describe the children's experiences of work, play, self-care, and rest within a school context (Chapparo & Hooper, 2002).

Adult Views of Children's Self-Care at School

Self-care generally refers to what people do to preserve health and well-being in their physical and sociocultural environment (Chapparo & Ranka, 1997). A variety of terms have been used to define the concept of self-care in occupational therapy literature. Recognizing this, Primeau and Ferguson (1999) observed that across...
all definitions, the common purpose of “looking after the self” is served (p. 485). Adult notions of health and well-being are known to be individually derived in response to salient internal (personal) and external (environmental) factors (Hillman & Chapparo, 1996; Nelson, 1996). However, in pediatric occupational therapy there is little information about what children experience as self-care or the factors that influence their perceptions of it. Rather, there is an emphasis on the development of proficiency in tasks such as dressing, eating, and personal hygiene that are associated with adult sociocultural views of self-care (Kramer & Hinojosa, 1999; Swart, Kanny, Massaglim, & Engel, 1996).

Lawlor and Henderson (1989) and Swart et al. (1996) found the majority of pediatric occupational therapist respondents routinely evaluated self-care in young children and considered it an important domain of practice. Orr and Schkade (1996) found consistency between teacher and therapist ideas of what activities were considered important for self-care function within the early childhood education classroom. Examples of these tasks were moving to class, lunch, and work station, keeping to the daily schedule, managing clothes and books, staying in line, and toilet care. Similar self-care tasks are the focus of occupational therapy texts that describe occupational therapy assessment and intervention of children’s self-care proficiency within the school environment (Case-Smith, 2001; Kramer & Hinojosa, 1999). There is scant information about what young children think is important to do to maintain their “health and well-being” within the classroom or what they experience as “looking after the self.”

Educational researchers assert that children benefit from knowing the meaning and purpose of the activities they do at school (Osborn, Sherwood, & Cole, 1991). In addition, children have been shown to more readily engage in learning when their interests are addressed and when the activities taught are applicable to their world (Losardo & Notari-Syverson, 2001). If a primary goal of occupational therapy is to ensure that children are taught self-care skills required for school, it is important that occupational therapists understand the meaning of self-care to children and know which self-care activities are of concern to them. Currently, it is not known whether young children use and consider it an important domain of practice. Orr and Schkade (1996) found consistency between teacher and therapist ideas of what activities were considered important for self-care function within the early childhood education classroom. Examples of these tasks were moving to class, lunch, and work station, keeping to the daily schedule, managing clothes and books, staying in line, and toilet care. Similar self-care tasks are the focus of occupational therapy texts that describe occupational therapy assessment and intervention of children’s self-care proficiency within the school environment (Case-Smith, 2001; Kramer & Hinojosa, 1999). There is scant information about what young children think is important to do to maintain their “health and well-being” within the classroom or what they experience as “looking after the self.”

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Outside of the family, schooling is the most persuasive socializing influence in the life of a child (Florey & Greene, 1997). The primary goal of schooling is for children to acquire basic knowledge and academic skills (Board of Studies, New South Wales, 1999). However, in addition to the academic curriculum, young children are expected to achieve skills in self-care, including self-control and self-organization (Donelan-McCall, & Dunn, 1997; Marshall, 1994). By the time typical children enter Grade One, it is assumed that they are able to organize their own self-care routines such as going to the toilet, washing hands, feeding themselves, and managing tools. Moreover, these tasks are done at scheduled times, and within specifically defined spaces (Board of Studies, New South Wales, 1999).

In the literature on self-care for children within a school context, the main focus has been on the physical-technical issues that arise for children with disabilities, such as mobility, access, and ability to perform personal tasks required by the teacher (Prellwitz & Tamm, 2000). Despite the recognition that for children self-care is linked to feelings of self-worth (Primeau & Ferguson, 1999), there has been little exploration of the subjective experience of social and psychological elements of self-care. Helping others, being friends, feeling safe, feeling satisfaction, and mastery of personal care skills are closely linked, and are thought to support the type of classroom citizenship that is sought by all children.

Children’s Views of Self-Care

Defining occupation is an interpretative process, unique, and influenced by personal perceptions, feelings (Nelson, 1996), age (Hillman & Chapparo, 1996; Rudman, Cook & Polatajko, 1996), and context (Hinojosa, Suzuki, & Pedretti, 1993). There is often an assumption that adults and children share a common understanding of occupational experience (Cegłowski, 1997; Fine & Sandstrom, 1988; Reifel, 1988). This assumption may not always mirror reality. For example, within the classroom, children’s play is often directed by an adult based on an adult’s view of what play is (Harley, 1999). Similarly, therapists may believe they assess and intervene for self-care in a way that is meaningful to children (Swart et al., 1997; Wilson, 1998) based on their own experience and understanding of self-care. Rarely are children’s perceptions of self-care sought, or the context of their self-care experience described.

Children are active learners who have their own perspective and understanding of occupation (Dau & Jones, 1999; Klein, Kantor, & Fernie, 1988; Weinstein, 1983). They interpret their occupation differently from adults because they view it through the culture of childhood (Davies, 1982). Although researchers and therapists acknowledge that children construct individual conceptual views of occupation (Bennathan, 1996), little is known...
about how children, with or without disability, ascribe meaning to self-care. School is one example wherein children develop perceptions about self-care relative to a specific context. It can be hypothesized that, as with adults, the primacy of subjective experience is central to the way children assign meaning to self-care. There is growing awareness that it is this subjective perspective that should be the focus of research to determine how children experience occupation and thereby guide the focus of therapists who seek to structure meaningful intervention (Pierce, 2001). Despite this view, the subjective perceptions of children with disability (Lightfoot, Wright, & Sloper, 1999; Mattson, 1994; Prellwitz & Tamm, 2000) and without disability (Morgan, Bieberich, Walker, & Schwerdtfeger, 1998) about self-care are sparsely represented in contemporary literature (Klein, Walker, Palfrey, Handley-Derry, & Singer, 1989; Mattson, 1995).

Within health care and educational services, children’s views are not routinely sought (Ferguson, 1993). There is now increasing recognition and acceptance that children’s perceptions need to be heard both as an ethical imperative and as a matter of practical utility (Curtin, 2000; Davie & Galloway, 1996). Occupational therapy service provision is said to be most effective when therapists take into account the ascertainable wishes of children, considered in light of their age and understanding (Davie & Galloway; Law & Mills, 1998). Although family-centered service delivery models are successfully shifting the focus of decision making from professionals to families, the shift has generally been between adult professionals and adult parents or carers. The voice of children is still neither fully recognized nor understood.

An important focus of occupational therapy is the acknowledgment that engagement in occupation is a distinctive experience for each person. Understanding children’s perceptions of their engagement in occupations such as self-care may provide occupational therapists with means to assist children define their own problems and develop coping strategies in ways that are consistent with children’s primary concerns and the contexts in which they live. Therefore the purpose of this study was to describe young children’s perceptions of self-care at school. The following two research questions directed the focus of the study. How do children identify activities at school as self-care? What meaning do children attach to their experience of doing self-care within a school context?

Participants and Context

This study took place in a first grade classroom in a small elementary school in a middle class suburb, south of Sydney, Australia. Twenty-four children (11 male, 13 female) between 6 and 7 years of age, together with their teacher (Mrs. M) participated. The classroom environment contained tables grouped together to form islands where six to eight children completed writing, drawing, and construction tasks. At the front of the class were large chalk- and storyboard, with floor space for the entire class to sit during reading, singing, and “news.” Most of the day was spent in teacher-directed whole-group lessons. Many activities were performed in small groups of four to six where sharing of tools and ideas was expected. During the week, the class went to the school library for reading, stories, and computer activities. Classroom activity was interspersed with recess and lunchtime when the children played outside.

Research Design and Procedures

The research employed a naturalistic qualitative approach (Lincoln & Guba, 1985). After obtaining approval from an ethics committee of the university, the following three data generation methods were used because no single technique is thought to adequately capture children’s perceptions, attitudes, and values (Docherty & Sandelowski, 1999; Malkiewicz & Stember, 1994).

Participant Observation

Adopting the role of classroom helpers by sitting with students during task performance, helping them set up equipment, and participating in play at recess and lunch, the researchers carried out participant observation for 60 hours during 18 visits in one school term. The children referred to the researchers by their first name and they were introduced as children’s “helpers,” rather than teacher’s assistants. This participatory role enabled the researchers to observe the children in their context, to participate in the children’s spontaneous behaviors (Silver & Ramsey, 1983), and establish a rapport with the children before interviewing began (Bowden, 1995). Field notes describing children's behaviors and researchers' responses, thoughts, and reactions to events during observations were kept by the researchers and used to develop interview questions later in the study.

Small-Group Interviews

To capture the meaning that the children attributed to their experience of occupation, they were interviewed in small groups of four in a room adjacent to the classroom. The grouping of the children was organized by the classroom teacher based on her knowledge of children who worked best together. Group interviewing was used because it was an extension of the small-group social milieu of the classroom (Preston & Symes, 1992). In addition, researchers have found that more in-depth information may be obtained from children during discussions with each other,
rather than during individual interviews with adults (Graue & Walsh, 1995). The children were encouraged to respond
to each other with prompts such as “Let’s all listen to
(name). . .” The researchers adopted a nondirective role in
this part of the discussion and consequently were able to
obtain insight into the children’s natural vocabulary about
self-care. When necessary, more direct prompts were used
such as, “What can we all say about Kylie’s story?” and, “Let’s
all look at what Andrew is doing on the videotape—can we
imagine how he is feeling...what he is thinking?” It was
assumed that the group context would make it easier for
children to question the researchers or express uncertainty
(Lewis, 1992).

Three Activities

To prompt discussion about self-care, three activities were
incorporated into the group interviews. The researchers
chose this approach because children tend to find the com-
bination of doing something and talking about it easier and
more interesting than just talking (Bowden, 1995; Good &
Brophy, 1983; Tammivaara & Enright, 1986, Touliatos &
started with a fishing game, constructed by the researchers.
It lasted about 10 minutes and consisted of a fishing rod
and eight cardboard magnetic fish with the word “play,”
“self care,” “work,” or “rest” written on the back. In the
game, the children took turns to “catch” a fish. They were
then invited to discover which word was under the fish
(e.g., self-care, work, play, or rest), name an activity at
school that they thought corresponded with the word,
describe it, and act it out. The game introduced the concept
of self-care to the children, allowed them to define the term
without bias from the researchers, and then differentiate it
from rest, work, and play. The language used by the chil-
dren was employed to form further questions at later points
in the interview. For example, children often used the
phrases, “I look after myself” and “I care for myself,” when
talking about self-care. In follow-up questions the
researchers used the same terms in questions or prompts.

The next activity, drawing, lasted approximately 20
minutes. The children were invited to draw pictures about
their own self-care at school by the researchers saying “Can
you draw me a picture of you looking after yourself (caring for
yourself) at school?” While the children drew, they were
asked to describe their drawings and talk about dimensions
of what they experienced as self-care by prompts such as
“When you are drawing maybe you can tell a story about what
is happening in the picture.”

During the final part of the focus group the children
watched a stimulus video of themselves in the classroom.
The researchers began video recording of the children’s
school day on the eighth classroom visit. Eleven hours of
video footage over four visits was obtained and subseque-
tly reduced to form two 10-minute stimulus videos. Each
video focused on 12 children. All children in the class were
represented in either group or individual activity. Multiple
short scenarios of varying length depicting curriculum (e.g.,
desk activities, reading, painting, sport, singing, library)
and out-of-class activities (e.g., recess, lunch, going to the
toilet, school assembly) were represented across both videos.
Scenes as short as 10 seconds of video footage are consid-
ered long enough to prompt recall and plot personal repre-
sentation within an activity (Wilkinson & Birmingham,
2002). To counteract the possible effects of video recording
on the children’s classroom behavior, the camera was placed
in various corners of the classroom starting with the first
visit. Its novelty soon wore off and children pursued their
daily round of activities without comment. During the
interview process, watching the stimulus video captured
their attention for a long period and stimulated continued
interest in the topic under discussion (Browning & Hatch,
1995). Moreover, it assisted the children’s recall of class-
room occupations and context and enabled them to provide
more detailed explanations of their thoughts and feelings
during performance of specific activities. At various points
the tape was paused and the researchers asked the children
to talk about what they had just seen. This part of the inter-
view started with instructions such as “Now we get to look at
ourselves at school! We are going to watch for a little while.
Every now and then I’m going to stop the video and we can talk
about what you are doing.” The interview concluded with a
general discussion before returning to the classroom.

All aspects of the groups themselves were also vide-
taped by one of the researchers. The children had become
accustomed to being videotaped during participant obser-
vation and did not pay attention to the camera. Videotaping
the interviews not only yielded an audio copy of the
discussions for later transcription, but also captured
the nonverbal communication of the children. There were
numerous instances where they spontaneously mimed
activities and emotions when words failed them. For exam-
ple, when asked to describe her experience of watching tele-
vision in the classroom, one child lay down and put her
head on her arms. Further questioning confirmed that for
her, watching television was rest.

Data Analysis

Data from the videotapes were converted to written tran-
scripts. The transcripts and drawings were analyzed follow-
ing an open and axial coding process as described by Strauss
and Corbin (1990) and Bogdan and Biklen (1992). During open coding, the data were broken down into units that were categorized according to conceptual themes that appeared to relate to similar phenomena, such as self-care activities, self-care context, and self-care rules. Open coding began during data collection and sensitized the researchers to emerging themes (Denzin & Lincoln, 1998). During axial coding, connections were drawn within and between categories, based on the way the children appeared to link categories in their discussions, such as self-care and personal safety, and self-care as work, rest, or play. A quotation bank was developed that represented each of these categories and from which were drawn the quotes in this article. The coding process was ongoing through the data collection. Analysis of the initial interviews and observations started at the conclusion of each interview group and shaped further data collection prompts. The final analysis resulted in the themes and patterns described below, that specified the meaning that the children attached to the term self-care.

Credibility, or truth, value of a qualitative study such as this one resides in the ability of the researchers to discover the meaning of human experiences as they are lived and perceived by participants (LeCompte & Goetz, 1982). The distance between researchers and children was reduced through the use of research strategies that promoted natural and prolonged interaction rather than detachment. Credibility and applicability were further enhanced through the use of triangulation of data from several different data sources (children’s narratives, drawings, actions, teacher’s comments, researcher’s perceptions) and data collection methods (participant observation, interviewing, drawing, miming, and videotaping). Through the use of videotaped data collection methods, researchers were able to check the internal consistency of their data interpretation over time. In addition, external researchers with an interest in children’s performance at school were asked to view the stimulus videotapes and offer comments about interpretations made as well as to contribute additional interpretations of their own.

Findings

At all stages in group discussions, the children seemed to have definite ideas about how they designated activities as self-care, in comparison to work, rest, and play. Deciding what was self-care appeared to be influenced by the following: the type of activity, the experience of doing the activity, and the physical and social context. Each of these variables will be described using the words and drawings of the children where appropriate. Pseudonyms have been used for the children’s names.

What Is Self-Care? Naming Activities as Self-Care

During the fishing game, there was consensus among children that eating healthy food, drinking, going to the toilet, washing hands, tying shoelaces, taking care of belongings, and tidying desks were self-care activities. Catching a “self-care fish” and being asked to explain what it meant prompted comments such as “Easy! Easy!”, indicating no difficulty with understanding and using the term. For many children like Rebecca, naming self-care activities at school was a naive and uncomplicated process, relating to what they had learned in the school curriculum as “looking after yourself” (Board of Studies, New South Wales, 1999). For example, when asked, “How can I tell if you’re working or doing self-care?” she told the researchers to “Look through the camera and see what they are doing.” Rebecca’s statement illustrated how most children initially related general notions of self-care, to the type of activity rather than the experience of doing it.

What Is Self-Care? The Experience of Doing

Prompted by descriptions of drawings, and explanations of activities on videotape, the children’s discussion progressed to more personal notions of what it means to do self-care. Their descriptions of self-care no longer related to what was being done, but to the experience of doing it and the consequent meaning attributed to the experience. The children described a variety of experiences of doing self-care, and there were many differences of opinion about what self-care meant. What children experienced as self-care appeared to be more dependent on salient variables operating at the time of performance such as perceived skill and environmental factors, as described below.

Self-Care Experienced as Work, Play, and Rest

When viewing the videotape, some children described activities that had previously been defined as self-care, work, or play, relative to the conditions under which the task was performed. Three conditions determined when self-care became work: when children were directed to do tasks by adults; when the skill required was perceived to be too difficult; and when self-care inhibited play. For example, some children perceived eating lunch as work because it had to be done before they were able to play. Maree specifically found the effort of waiting to eat lunch before being “allowed” to play difficult and said, “You hate waiting! You like it when you’ve finished your lunch because you like going out to play!” Andrew, while watching himself on videotape, declared tying his shoelaces to be work because he was not easily able to accomplish the task. “It’s work. . . . I don’t like doing my
shoelaces up because I don’t know how to do it.” Conversely, self-care became play or rest when children used the self-care task to engage in restful or playful behaviours. This is illustrated in the following conversation among the children as they watched Benjamin on the videotape, coming out of the bathroom door:

Interviewer: “What’s happening?”
Mark: “He went to the toilet.”
Andrew: “Private.”
Jill: “Doing a wee—that’s looking after yourself.”
Mark and Paris: “Yeah!”
Andrew: “No! Rest! Because then I don’t have to work.”

During participant observation, it was noted that there were many instances of children going to the toilet during class time when it afforded them “time out” from a busy work activity.

**Self-Care Experienced as Personal Safety and Survival**

Further discussion indicated that the majority of children held views of self-care that related to personal safety and survival. Universally, their descriptions of physical safety and survival behaviors were linked to consequences. The children’s drawings of their own self-care provided numerous examples of how children experienced both the reality of doing self-care and the imagined consequences of not looking after themselves. Sally talked about the need to “put warm clothes on so you don’t catch a cold.” Ruth discussed the importance of “wearing our hats to stop us getting sunburnt” (Figure 1), or using an umbrella in the rain “to stop us getting wet.” Jill added “When it’s sunny and you haven’t got your hat, you go in the bits [of the playground] where there are trees.”

Sally described how “You don’t run in the rain because you can slip and break your arm and leg.” This is similar to Jordan’s discussion about “not running on the road” or the consequence would be “you’ll get squashed.” Andrew talked about the importance of eating, “otherwise you’ll get sick.” Some drawings clearly demonstrated the desired self-care behavior and the consequence, separated by a line. Jordan’s picture (Figure 2), for example, depicts the side where he was eating to be sunny and bright and the other side, the consequence of not eating, as “darkness” and death.

The children devoted considerable time to describing a type of self-care that was linked to their psychosocial survival within the world of school. When asked, “What sort of things do you do to look after yourself at school?”, Felicity

![Figure 1. Ruth's drawing: “Wearing our hats to stop us getting sunburnt.”](http://ajot.aota.org)
and Kylie, (with maturity that seemed beyond their years), designated “playing around with my friends” to be a form of self-care because it kept them feeling “happy.” When prompted to describe “How is being happy self-care?”, Kylie stated, “Because when you’re sad, you feel sick.” Self-protection on the playground was a feature of most self-care discussions. This is illustrated by the following excerpt from one discussion group when watching the videotape of playground activities:

Interviewer: “What is looking after yourself here?”
John: “Staying away from big mean people.”
Sally: “Not talking to strangers.”
Mandy: “If someone’s going to spit, you just run away.”
Jill: “If someone’s going to bully you, just run away.”
Sally: “Or go home!!
John: “If a big kid in the playground says ‘give me your money—if you don’t I’ll bash you up with my friends’—you run!”

Sally’s further comment, “In the bus line you don’t get up or talk to anyone that you don’t know,” revealed a further interpretation of “stranger danger” as a form of self-care identified by a few children.

Rules of Self-Care at School

Children attached “rules” to performance of all school tasks. Rules were set by the school, teacher, and the children. Rules for play that emerged from the data related to where to play and for how long in addition to the rules of play for individual games that the children created. Rules for work related to the type and amount of work to be done and under what conditions and were largely set by the teacher. Self-care rules related to what children needed to do to ensure their safety and were set by the teachers, parents, and the children themselves.

The following example from the videotaped segment of children on the playground at lunchtime illustrates the types of rule making that children created for themselves. Rules for play, work, and self-care are expressed by each child relative to their experience of a game of “tag”:

![Figure 2. Jordan’s drawing: The consequences of not eating.](http://ajot.aota.org)
Emily: “Who’s in?”  
Eliza: “Not me!”

Kylie: “Not me, I hurt myself and I don’t want to be in.” (self-care as personal safety)

Carley: “I’ll be in then [said reluctantly].” (game becomes work for her)

Emily: “First we’ll eat and then we’ll start playing.” (rules for self-care)

Carley: “You can eat at the same time.” (incorporating self-care into play and changing the rules)

The realistic consequences of not abiding by the rules of safety were not always clear to the children and were often created within their own imagination. Ruth for example explained why self-care involved not running in the playground, as stipulated by the teacher. “If I fall over I run to the teacher. [pause] If it’s really bad and I broke my arm, I tell the teacher and then I have to go home and go to the hospital.” Michael added, “Like Scott—he got green!” Sally (jumping up and down) continued, “He got dark green all over his face because his heart stopped!” (children moved closer to the researchers momentarily, clearly anxious about the episode and seeking reassurance).

Perceptions of Self-Care Skill

Perceptions of personal skill and expectations of others within their school environment seemed paramount in children’s views of self-care. The children seemed acutely aware of the skills they possessed in performing all required self-care tasks. Mastery of self-care routines such as dressing, personal hygiene, and looking after belongings appeared to contribute to the children’s perceptions of success at school and positive feelings of self-efficacy. During participant observation and videotapes, children were given stickers and certificates as rewards for “helping others” and “keeping the class tidy” and “doing up shoelaces.” Paris said, “You get a really big surprise! You get a sticker!” When asked how that made her feel she quickly responded, “Happy!”

Environmental Salience and Self-Care: Physical and Social Contexts

Variables in the immediate environment seemed to play a defining role in how the children experienced self-care. Although the children described what they did and how they felt about engagement in various activities, they also described how they used an environmental context to determine whether an activity was perceived as self-care, rest, play, or work.

The children plotted work, play, rest, and self-care into different physical environments when drawing. For example, when Luke was asked, “What’s something you do at school that is work?” he replied, “You work in the classroom.” Desks, chairs, chalkboards, indoors, and windows featured prominently in most drawings of work. Analysis of video recordings of how the children constructed their drawings indicated that the physical context for work was drawn first, with the figures doing activities inserted last. In contrast, all drawings depicted play as outside in the playground and figures were drawn first, with environmental details and accoutrements of specific play scenarios inserted last. Felicity for example said, “You play a game, you play nothing—you just go outside and play!” Rest was depicted as private and personal. Many of the drawings of rest lacked any physical boundaries with figures free of surrounding structure. James described his rest drawing as “When you day dream you’re lost, you’re lost in your mind.” Boundaries of safety featured prominently in children’s drawings and descriptions of self-care. Andrew, for example, drew figures representing him and his friends surrounded by colored squares. He described how his drawing was a map of places on the playground where “it was safe” to run and play. While play, rest, and work occupations were restricted to very specific parts of the school (inside class or outside on the playground), self-care experiences were plotted across all parts of the school environment.

In addition to a physical environment, children also described the social environment of self-care. Unlike play where the social context included activities that were always done with other children as play partners, self-care was perceived to be largely an individual responsibility, to be carried out independently. Teachers featured as partners in performance of self-care tasks at school, but only as someone to set the rules, or provide safety. Rachel for example, described how “If a teacher lets you go out of bounds to get something, then that’s the only time you’re allowed to go out of bounds.” Andrew and Jordan talked about how teachers “care for you” because they “don’t let you run into dangerous places.” Occasionally, other children featured as self-care partners in a helping capacity. However, when one child helped another, the task that was initially identified as self-care was usually reclassified as play or work based on the changed performance perceptions of the child being helped (work) and the child helping (work or play). An example of this is in the following discussion among children that was stimulated by watching a videotape clip of one child helping another to tie shoelaces:

Interviewer: “What’s Emma doing?”

James: “Emma’s tying up Rebecca’s shoes.”

Tayla: “That’s not doing anything!”

James: “That’s looking after yourself.” (self-care)

Tayla: “No—because when you do it for someone else it’s fun!” (play)
Andrew: "My Mum does mine up because she’s not letting me have a go at it."
Sally: "You should feel sad because you want to have a go."
Andrew: "No. I feel good. . . . I don’t like doing up my shoelaces because I don’t know how to do it."
(work)

In summary, the findings of this study indicate that children as young as 6 years of age attribute meaning to their experience of school occupations and are able to describe and classify these meanings. The children in this study seemed to readily understand the concept of self-care. When asked to identify school tasks that were self-care, the children’s responses were in general agreement with adult notions of what is self-care. When asked to describe their experience of self-care at school, their personal descriptions included physical and psychological boundaries of safety and self-preservation.

Discussion and Conclusions

One of the aims of this study was to discover how children identify self-care at school. The children’s perspectives of self-care in this study seemed to reflect a well-developed understanding of a broad, sociocultural definition of self-care at school. This definition included naming tasks that were generally known as self-care (looking after yourself and staying healthy), self-care tasks that were important to others, where self-care was performed (classroom, bathroom, playground), and whether self-care was done independently. This finding seems to indicate that children of this age are already developing and using a shared cultural language of self-care and can engage in meaningful dialogue about general categories of occupational experience (Pierce, 2001).

The second aim of this study was to explore the meaning that children attributed to the experience of doing self-care at school. Children in this study differed from each other in their opinions about their personal experience of self-care and took time to think and develop a personal perspective. Children were concerned with what they had to do to preserve their physical, emotional, and social safety as well as master personal care. Moreover, the children often had different experiential views of self-care from adults who interacted with them. The findings of this study suggest that children of 6 years of age are beginning to invoke a personal standard in their classification of occupation and that adults who interact with them should take time to find out what those standards are. Intervention to develop self-care may be limited if therapists plan intervention based solely on their own personal meanings versus addressing the personal meanings of the child. The focus of this study was limited to a small number of children, 6 years of age. Longitudinal studies using similar methods to explore children’s perceptions of self-care over a number of years at school may help researchers discover whether views of self-care at school change, and identify which personal and environmental variables may contribute to changing views.

This study was limited to examination of the perspective of children without disability. However, the finding that self-care is perceived as work by children who have difficulty performing it, signals a need for closer examination in relation to children with disability and children without disability. Perhaps children with disability who experience difficulty with self-care have a greater workload than do children who can do self-care with ease. If this is so, occupational therapists need to look at the total self-care and academic workload expectations of children over the course of a whole day or week, rather than limit their assessment to proficiency in single tasks. The question needs to be asked: Is it a reasonable workload for children with disability to be independent in all self-care tasks, if so, at what age?

The findings that children who help other children with self-care view the task as work also needs further examination. Many children with disability require assistance for what is perceived as classroom self-care by either the teacher or other children. If daily help with self-care is viewed as work by classmates, this may interfere with forming friendships and jeopardize genuine classroom membership for children who are already socially vulnerable. When assessing whether children can perform self-care tasks required by the teacher, therapists may also need to investigate which self-care tasks are considered important by children. It is clear from this study that physical and psychological safety was paramount and that having strategies for maintaining personal safety were important. Further research may be able to identify how hard children have to work to obtain and maintain the level of physical and psychological safety they need within the school context.

The children in this study demonstrated how various environments at school trigger different experiences of self-care, confirming King’s position that “the context of an interaction” is one “source of its meaning” (1986, p. 37). These findings extend research that has explored children’s perceptions of the difference between work and play contexts at school (King, 1983; Marshall, 1994; Wing, 1995) by adding self-care. At school, children give self-care occupations clear and definite boundaries in terms of time and space. These findings reinforce the need for occupational therapists to consider not only the demands of the physical school environment to determine self-care skills that must be mastered, but also the social environments that contribute to shaping personal views of mastery. If therapy plans reflect children’s individual perceptions of their school environment and those of parents and teachers, therapists
are well-placed to communicate the relevance of occupational therapy to educators, parents, and most of all, children (Griswold, 1994).

Previous research into childhood occupations has often been based on adult perspectives and assumptions. This study examined children's perceptions of self-care at school by using data gathering methods that suited children. Participant observation coupled with group interviewing allowed researchers to obtain children's perceptions. Of most value in this study was the use of extensive videotaping. Used as a data recording tool, researchers were able to capture actual visual and auditory snapshots of children's spontaneous actions, language, stories, and drawings in a way that was free from editing and interpretation that is associated with data comprised of words only. Videotaping allowed researchers to revisit the data multiple times to obtain fresh insights or to confirm interpretations. Researchers, external to the study, were able to look at and listen to the children and experience the school context without conceptual or verbal mediation of the researchers. This offered the researchers invaluable opportunities to obtain various interpretations of the same event. Of particular importance to this study was the use of videotaping to prompt discussion among the children. Not only did the children talk about events captured on videotape, they often talked to the children in the tapes, as though they were transported back to the experience on the screen. Watching themselves on videotape proved to be a powerful way to prompt children's recall, facilitating the sharing of feelings and perceptions associated with each recorded event. This format allowed the researchers to separate general views of self-care from those that were prompted by salient, personal, and subjective experience.

Videotaping methods used in this study enabled the researchers to gain insight into the meaning of one occupational experience, self-care, to young children. The findings demonstrated that children's perceptions of self-care are both culturally shared and also experienced as individual and unique. These findings suggest that occupational therapy for self-care include sensitivity to experiential differences among adult views of self-care and those of children, among children, and among contexts.▲

References


