

MEDICINE & THE ARTS: HUMANISING HEALTHCARE

UNIVERSITY OF CAPE TOWN



WEEK 2 MEDICINE & THE ARTS – CHILDREN’S VOICES AND HEALING GIVING VOICE TO CHILDREN’S EXPERIENCES

00:00:00

Storytelling is an age old tradition and ritual. We tell stories to connect to each other, to share information, to inspire, to entertain, and also to heal. The children's radio foundation uses storytelling and the medium of radio to create opportunities for youth leadership, for youth participation in their families and their communities, and also to ignite a sense of urgency in children and young people's lives.

While storytelling might be an age old ritual, there are very few spaces where youth and children can express themselves and where they are legitimately heard. There is a magic that happens when you tell your story. First, you realise, I have one. And it's important, and it locates me in the world. And it also has the power to move and influence others. And this latter point is perhaps the most resonant in our hospital project.

Where young people become good patients, they also get buried, their faculties of expression gets buried by specialised medical jargon, by the anxiety of an uncertain future, by worrying parents.



Creating a space for
children's self
expression



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And so that space and that freedom to express oneself just becomes more and more shut down.

So even though we bring the tools of radio to these young people, stories don't naturally just happen. A very important part of the process is creating the conditions for stories to happen.



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Young people need to be facilitated in that process. Part of it is having them shape the conditions of the sharing. How do I listen? How do I support my fellow when he's sharing my story? How do I conduct myself, and what are the consequences when I don't adhere to what we've agreed to?

Young people also learn the importance of permissions, and consent, and confidentiality. Stories also happen because they have a reason to be told. Some of the young patients at Red Cross Children's Hospital that we worked with really wanted to get to the bottom of the illness-- to understand what happened to them. And they got the opportunity to interview their caregivers and their families.



The importance of permissions, consent and confidentiality



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It was very interesting how we discovered that young people often took on a sense of blame and responsibility for what happened to them. And that was able to be clarified and shifted. At another facility where we worked— the Brooklyn Chest Tuberculosis Hospital in the Western Cape-- it happened that the young children wanted to share their experiences of living with TB and being treated at the facility so that they could equip new patients who were coming to the hospital, and so that they would be prepared for the trials and the triumphs of a long term residence.



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Part of creating the conditions for stories to happen is that we realised we had to work very consciously against the hierarchy of the ward. It's a highly factioned space with a very clear picking order. And some of our earlier sessions at the TB hospital really resembled something out of Lord of the Flies. It became impossible to work and create a safe space in the same place where the young people slept, where their beds were, where their personal possessions were kept, and where the nurses were operating.

So we actually had to find a more neutral space for this to happen. But the benefits we're really incredible, because it was in this space that the young people really could listen, could hold each other's stories, and could connect with each other-- recognising in each other's narratives, themselves-- those moments of mourning, and those moments of making meaning, and also those moments of dreaming.



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The microphone is also a very powerful tool. It gives children permission. And it enables a power dynamic to shift between patient and caregiver. Now he who is holding the mic has the power to set the agenda. And that's a very interesting thing for caregivers, I think, to be on the receiving end of interrogating questions.

It is also an opportunity in this shifting power dynamic for patients to realise that their caregivers are also people and not just doctors and nurses.



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It opens up a space where personhood is able to exhale. I'd really invite you to think about children and young people not as our most vulnerable, but perhaps as our most resilient.



Nina Callaghan, 2015

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