Changing the subject of education: the impact of a crisis of vulnerability on approaches to well-being

Presentation to seminar ‘Child well-being, school and parental mediation’, EHESP, 26th - 27th June 2019

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Professional and academic concerns

- 20 years exploration of ways in which cultural ‘therapeutic’ trends:
  - emerge into/intertwine with curriculum content, pedagogy and assessment, beliefs and values
  - medicalise everyday problems and responses and increase expectations of psycho-emotional support
    - create tensions between encouraging self-reliance and ability to cope with everyday disappointments and challenges, and resourcing effective support for real psycho-emotional needs
    - reinforce and create profound social sense of crisis and ‘relentless problematisations’ (Engin Isin, 2014)
  - a contentious and difficult topic to debate publicly and professionally ‘unhelpful’, ‘unpleasant’, ‘inappropriate’, ‘insensitive’
Recent work

- working with heads of university counselling and support services, mental health practitioners, British Association for Counsellors and Psychotherapists (BCAP)
- analysing the huge growth of a privatised therapeutic market and the decline of psy-experts in educational settings
- being a joint investigator in a large funded network on student mental health
Student mental health research network (SMaRTEN) 2018-2021

- measures of mental health – a ‘toolkit’ of measures
  - screening
  - evaluation of initiatives
- institutional ‘charter mark’ for mental health
- impact of interventions
- distinctiveness of student mental health
- awareness raising
- recognising dangers of self-fulfilling prophecy and normalising everyday experiences
- whole institution approach
- ‘mental health friendly curriculum’
  - adjusting curriculum, teaching and assessment
Apocalyptic crisis discourses

- unprecedented psycho-emotional pressures for all/certain groups
  - steady stream of international and national policy reports
- SATs (standardised national tests), grades, league tables, university fees, labour market, pressure of working life, social media
  - ‘triggering’ from exam questions (June 2019)
  - emotional harm from certain content
- ‘concept creep’ - mental health problems/issues/difficulties, well-being, mental illness
  - stress, anxiety, trauma, harm, abuse, depression
  - well-being elided with MH
- emphasis on de-stigmatising and awareness-raising
- psycho-emotional responses
  - behavioural training interventions
  - liberal-humanist and radical/critical pedagogies and goals
A ‘vulnerability zeitgeist’ (Brown 2015)

• huge expansion at the policy level 1995 – now (e.g. DfE, OfSTED, NSPCC, Children’s Commission)
• parallel expansion in families, media, institutional practices and conversations
  • ‘vulnerable to’….many everyday experiences from truly traumatic to mundane
• fragile, vulnerable, anxious, stressed, pressured
  ▪ for all to some extent, for certain groups to a greater extent (‘non-traditional’, ‘widening participation’, ‘low achieving’, those with ‘learning differences, ‘disadvantaged’, ‘marginalised’)
• media references to ‘vulnerable’ university students; 1990-5 55; 2005-2010 1,136
• ‘contingent and fragile nature of personhood where we are all potentially vulnerable, where vulnerability is a universal, ontological dimension of human experience and identity (Beckett in McLeod, 2012, p22)
Office for Standards in Education (2012)

- ‘disadvantaged groups’
- ‘looked after’ children, those with SEN, disabilities, immigrant groups
- safeguarding and protection requirements
- and.. “those whose needs, dispositions, aptitudes or circumstances require particularly perceptive and expert teaching and, in some cases, additional support”
Pupils' wellbeing neglected in pursuit of exam success, charity chief warns
January 2011

School lessons in self-control ‘are as important as numeracy’
May 2009

Labour's answer to school discipline: Teach lessons in 'happiness and emotional wellbeing'
September 2007

Mental problems among young ‘twice 1930s level’
June 2007
Kid-life crisis  February 2002

Can children as young as three be depressed?  
September 2010

Can children as young as three be depressed?  
September 2010

Children’s depression stores up trouble for the future if untreated  
December 2009

More children are suffering from mental health problems, says report  
April 2008

Early help ‘key to tackling mental health problems’  
February 2011

Child mental health problems 'to double'  
January 2009
2015

• Mental health problems are a social ‘ticking time-bomb’ (Nicky Morgan, Secretary of State for Education, July 2014-July 2016)

• “Mental illnesses disable millions, disrupt and destroy lives, cause early deaths, lead to human rights abuses, [and] damage the economy….Mental illnesses are killer diseases. They need to take their place among the other killer diseases for investment and priority” (APPG)

2016

• National Union of Students - 80% had a ‘mental health problem’ that year

• “A fifth of children will have a mental health issue by their 11th birthday. If left unresolved, those MH issues can alter the course of a child’s life for ever” (Prince William)

• 2019 Student Minds (advocacy group) - 1 in 3 students have symptoms of a clinical psychological disorder
Mental health

• Mental health as it is now commonly defined includes the ability to grow and develop emotionally, intellectually and spiritually; to make relationships with others, including peers and adults; to participate fully in education and other social activities; to have positive self-esteem; and to cope, adjust and be resilient in the face of difficulties (Weare, 2004, p7, one of educational psychologists who designed the SEAL programme).
A ‘churn’ of universal interventions

In addition to expansion of support services and pastoral roles:

• skills-based ‘prevention’/‘inoculation’ from early years to schools, universities and workplaces
• resilience/mental toughness training
• post-crisis counselling
• mindfulness
• anti-bullying
• therapeutic form of ‘circle time’
• emotional literacy/self-awareness training
• weekly well-being checks, emoticons
• stress and anxiety workshops
• a large commercial market of ‘therapeutic entrepreneurs’
• ad hoc, random, often spurious companies and practitioners
‘Whole institution’ approaches

• ‘responding to emotional needs’; a ‘mental health-friendly curriculum’
  • bans on certain speakers, topics and materials, often on grounds of sensitivity, or vulnerability of particular groups (e.g. rape in law courses, racial or sexual violence in literature, Emile Durkheim’s seminal study of suicide from A-level psychology); summer 2019 – complaints about ‘triggering’ from national exam questions

• highlighting potentially distressing or disturbing content/material (BBC news, university courses etc)

• making assessment feedback more ‘supportive’; reducing exam-based assessment; allowing students to remove distressing topics from exam questions (UoS Sociology)

• offering many forms of ‘learning support’

• huge rise in claims for mitigation on mental health grounds (e.g. individual exams for anxious students)
Alternative ‘progressive’ approaches (1): liberal-humanist

- counter to narrow behavioural ‘neo-liberal’ approaches
- person-centred learning
- relational pedagogies
- ‘voice’ and identity, recognition, participation, engagement
- empathy, unconditional positive regard, emotional and affective aspects of learning
Alternative approaches (1): critical/radical pedagogies

- Psychological and emotional inequalities created by class, gender, sexuality, race and educational background
- Relational pedagogies of recognition; notions of ‘psychic harm’ and ‘symbolic violence’
- Attention to ‘the investments, feelings, fears, pains, pleasures and contradictory emotions entangled within the world of education’ (Leathwood and Hey, 2009)
- ‘The therapisation’ of social justice (Ecclestone and Brunila, 2015)
- Trigger warnings, classrooms as ‘safe spaces’, removal/replacement of oppressive or elitist knowledge, the no-platforming of controversial speakers, concern about freedom of speech as harmful for ‘vulnerable’ students
Therapeutic culture, therapeutic education

- the intertwining and embedding of psychological and therapeutic vocabularies, practices and assumptions between educational settings, popular culture and everyday life
  - transition from psy-experts to all of us
- therapeutic culture frames all the competing approaches to develop well-being
Head Case
Treat Yourself to Better Mental Health
A complete guide to self-diagnosis
Pamela Stephenson

head case:
treat yourself to better mental health.
Dr Pamela Stephenson Connolly
Tigger on the couch
The neuroses, psychoses, disorders and maladies of our favourite childhood characters

Laura James
10 ways to combat SPAD (Seminar Presentation Anxiety Disorder)

Are you happy?

Do our ‘induction vulnerability’ quiz

Do you have low self-esteem?

What are your emotional barriers to learning?

Is your child going to university? 6 easy ways to stay sane
Cultural therapeutic narratives

- negative emotions are ‘baggage’ / barriers to life and learning
- we’re all emotionally vulnerable: we all have “issues”
- long-term hidden/repressed impact of ‘adverse childhood experiences’
  - defined widely in psycho-emotional terms
- stress, anxiety and depression are a ‘ticking time bomb’ / part of a mental ill-health ‘epidemic’
- interventions or ‘support’ help us understand, discuss (share) and manage feelings about everyday experiences ‘appropriately’
- ‘positive mental health’(elided with well-being) comprises teachable and transferable skills, dispositions and attitudes that prevent future problems
  - MH is a question of ‘health and safety’ at work
Contemporary personhood?

- transformation of distress into emotional injury – notion of vulnerability now goes far beyond describing the weak and powerless into notions of ‘psychic harm’ and ‘symbolic violence’
- ‘intense sensitivity to people’s vulnerability to psychological harm is informed by a uniquely pessimistic account of the workings of human subjectivity and personhood… normalisation of the sensibility of powerlessness… linked to a wider mood of cultural pessimism’ (p21, Furedi 2016)
Evidence-base

Thank you to Edgar yesterday….

• BUT perhaps lack of evidence is irrelevant!
• decline of interventions (?) and widening of support into whole institutional approaches; the success of therapeutic culture
Changes to educational cultures

• danger of a contagious self-fulfilling prophecy of ‘need’
• ‘concept creep’ – vertical (new psychological categories of problem/disorder), horizontally (meanings, definitions and interpretations)
  • vulnerability, MH problems, bullying, abuse, trauma, harm, distress etc etc
• blurring boundaries:
  • real need and real life, real need and social construct; external help and individual responsibility
  • authentic social/ individual networks v professional/pseudo-professional support; introspective or externally-focused response
  • external knowledge v knowledge about the self
• diverting resources
  • difficulty of identifying crisis/distress/mental health emergency
• ‘metrification’ of MH and WB – university ‘charter marks’, targets and measures
• fears about complaints and students’ MH
Questions …

• *Is* there a ‘crisis’ of well-being? Or is it something else – a crisis of adulthood and socialisation?

• What is the impact of constant measuring, surveillance and awareness raising, well-being discourses and interventions from the age of 5 onwards?

• What are the ethical implications of imposed universal interventions with a poor evidence base?

• What is the link between seemingly growing symptoms of distress and psychological malaise and wider cultural context?

• How can educators create educationally meaningful activities, subject knowledge and relationships amidst a sense of profound pessimism?
What can educators do?

- stand up for curriculum knowledge and teaching that:
  - take people out of their immediate world
  - are challenging
  - offer a richer, nuanced, more enduring understanding of wellbeing e.g. stoicism in the face of difficulty, recognising how negative and difficult emotions can be springboards to development
- resist pressure to teach to the test and to equate education with accreditation
- communicate authentically and often with young people; everyday care and recognition
- adult responsibility and measured judgments about/responses to expressions of anxiety and stress
- rein in ‘concept creep’ of mental ill-health, vulnerability, stress and anxiety, informal diagnosis
A holistic view of well-being

• Those only are happy…who have their minds fixed on some other object than their own happiness, on the improvement of mankind, even on some art or pursuit, followed not as means, but as itself an ideal end. Aiming thus at something else, they find happiness by the way. The enjoyments of life are sufficient… to make it a pleasant thing, when they are taken *en passant*, without being made a principal object. Once make them so, and they are immediately felt to be insufficient. They will not bear a scrutinising examination. Ask yourself if you are happy, and you cease to be so. The only chance is to treat, not happiness, but some end external to it, as the purpose of life. Let your self-consciousness, your scrutiny, your self-interrogation, exhaust themselves on that; and if other wise fortunately circumstanced you will inhale happiness with the air you breathe, without dwelling on it or thinking about it, without either forestalling it in the imagination, or putting it to flight by fatal questioning (Mill, [1873] 1989, p117-118).