

'Wellbeing' and the 'normal child'

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THIS PAPER IS PREMISED ON THE CONCEPT of children and childhood as 'socially constructed' (Christensen & James, 2000; Dahlberg, Moss & Pence, 1999; James & Prout, 1997). Taking such a perspective means that 'what counts' as childhood will vary according to the cultural, political and economic forces that are operating in any given society (Christensen & James, 2000). Within this framework, the powerful institutions within society are seen to do the work of 'institutionalising' dominant versions of childhood. This institutionalising relates to a situation where 'the individual is the thing social institutions need us to feel we are, so that we remain vulnerable to the truths they have contrived for their own efficiency' (Mansfield, 2000, p. 62). The positioning of children within societal contexts, in effect, defines the roles that are on offer to children and for the people working with them.

Children live out their lives in the spaces made available by adults. Since the beginning of the 20th century, in most Western countries 'science' has had a profound influence in constructing children's lives in that it has provided increasingly refined definitions of the 'normal' child. In this paper, I argue that the prevalent construct of wellbeing contributes to a discourse of the normal child and constructs teachers' work with children who are assigned to categories of difference. Furthermore, I suggest that the conceptualisation of wellbeing outlined in the *DECS Learner Wellbeing Framework for birth to year 12* (DECS, 2007) runs the risk of further contributing to a tightening definition of what constitutes the normal child. My central argument is that using a concept of 'normal' (and the associated characteristic of wellbeing) establishes categories of people, the boundaries between these categories, and clearly defines the people who do 'not fit' (Foucault, 1986, p. 184).

Unbelievable children

In order to explore some of the ways children are positioned within a contemporary Australian context, this paper focuses on comments drawn

from an interview with a beginning teacher after her first year of paid employment. The interview was part of a larger study investigating the relationship between the teacher education curriculum and teacher identities.

The beginning teachers interviewed in my study discuss children and families who did not 'fit' their ideas of what 'should be'. In the following interview extract, Sally is discussing her teaching in an early childhood classroom:

Sally: Yeah and I've actually used some of that with my pre-primary who are ... because especially the ones that are ... there are couple that have been diagnosed with ADHD would you believe it? At five or six years old and another couple who are very, very active and aggressive little people and we do ... have started doing some visualisation and relaxation stuff and these people fall asleep which is fantastic and they ... I ask them to draw their pictures or talk about you know their journey when they've been relaxing and we're seeing some different little people.

Sally leaves two of her sentences unfinished when she is describing some of the young children with whom she has worked. It is as if she is struggling to find some appropriate words and then she adds that 'there are a couple who have been diagnosed with ADHD'. She then constructs dialogue by asking a rhetorical question: 'would you believe it?' This question adds to a sense of 'unbelievable' children, and she goes on to add that these children are five or six. We are left wondering what the 'unbelievable' dimension is here. Is it surprising that they are so young or that they have been diagnosed with ADHD or is it the combination of both those characteristics that is surprising? Sally is drawing from a discourse of normality for organising her thinking about these children. The 'limits' of a normal childhood are evident in Sally's next statement. She describes another two children as 'very, very active and aggressive'. The words 'very, very' work together to construct a picture of abnormality, for whilst it is considered appropriate for

young children to be active, by adding the words 'very, very', Sally has introduced a comparison between these children and what she considers to be normal. Describing them as 'aggressive' also adds considerably to the deficit picture of these children. Sally finishes this section of her turn by describing how, when the children have drawn, talked and relaxed, they are 'different'. Sally says that as a result of her pedagogic work, the children were changed.

The contemporary 'normal' child

Sally is teaching in a low socioeconomic area and sees rescuing children from their abnormal, deficit levels of 'activity' and 'aggression' as an important aspect of her work. Bernadette Baker's (1999) analysis of how the concept of education as a rescue operation has changed over time is useful in providing intellectual tools for thinking about Sally's comments. Baker makes that point that the 'new kinds of children are being produced through new categories' for assessment. Categories such as: "ready to learn", "at risk", "attention deficit disorder" suggest the limits of a normal childhood at the end of the 20th century' (Baker, 1999, p. 139). Baker suggests that 'categories of deficit owe less to nature, and more to culturally specific practices. These practices privilege concepts of intelligence, orderliness, rationality, self-control, speed of recall, willingness to submit to authority, a love of reading, writing and colouring, a willingness to sit still, and formal English proficiency' (ibid, p. 138). Sally's comments draw from such 'culturally specific practices', particularly her comment about the activity levels of the children. As I have previously noted, activity is traditionally seen as important for children's development but it seems that these children exceed the 'normal' levels of activity, and this deviance has constructed a problem. The children in Sally's mini-story have been labelled, categorised and 'treated' as deficit. Baker argues that 'categories of deficit' are disproportionately filled with children who are poor, and racially different from the dominant culture. Whilst these categories are used for identifying and helping children, they also are repressive in that they construct the 'not quite ideal child', a child who needs to be rescued.

One of the characteristics of the contemporary 'normal' child is commonly described as 'wellbeing'. The child who does not display a sense of wellbeing requires pedagogical work. The DECS (2007)

framework uses Stewart-Brown's (2005) definition of wellbeing as 'a holistic subjective state which is present when a range of feelings, among them energy, confidence, openness, enjoyment, happiness, calm, and caring, are combined and balanced'. The 'idealised' version of the child that is created by this definition where characteristics such as calm, energy, happiness and openness are present and need to be 'balanced' with each other is probably as unlikely in adults as it is in children. Associated with this definition is the idea that educators will be able to 'identify learners whose wellbeing may be at risk' (Stewart-Brown, 2005, p. 3). One of the problems associated with an approach that focuses so intently on the individual child as being 'at risk' is that the social circumstances associated with wellbeing are seen to be insignificant. In fact, the DECS framework (2007) cites Shah and Marks' (2004) statement that 'genes are perceived as influencing 50% of the variation in happiness between people, circumstances (including income and living conditions) contribute 10% and individual 'outlook' account for 40%' (Shah & Marks, 2004, p. 2). This attempt to quantify the influences on wellbeing not only contradicts much research on the social determinants of health (Wilkinson & Marmot, 2003) but also places the responsibility for wellbeing firmly with the individual child and the individual educator.

The construction of wellbeing adds further definition to the concept of what it means to be 'normal'. This additive trend is not new for the construction of normality has a long genealogy. Lynn Fendler (2001) argues that, over time, there has been a 'crucial historical shift' in the meaning of normality. Fendler points out that the idea of normality was originally conceived in medical contexts but later transferred to the social sciences. Although 'pathological' has always been defined in opposition to healthy, Fendler maintains that prior to the early 19th century, pathology was the central and specified term, and healthy was the general or default position' (Fendler, 2001, p. 126). This meant that the pathological condition was clearly defined and described, and anything that did not fit this definition was considered 'normal'. This also meant that the possibilities for being normal were much broader than now, where normality has clearly defined specifications, and whatever does not fit these specifications is defined as pathological. In an educational context, what this means is that

the 'possibilities' for children to be considered 'abnormal' or 'pathological' are much more prolific than ever before. As Fendler (2001) contends:

When the generalizations that stipulate normal development are held to be defined and desirable and all departures from that circumscribed stipulation are held to be not-normal or deviant, the generalization serves more or less explicitly-as the norm, and the lives of individual children are evaluated with reference to that norm. (p. 128)

It appears that the concept and focus on wellbeing is a generalisation that further contributes to the processes of 'sorting' and evaluating the lives of individual children. Sally's statement provides evidence of a beginning teacher organising her thinking about her work with children and making sense of the world of teaching by sorting and categorising people. Sally is typical of many teachers who use labels as categorisation devices to organise their thinking about the social world (Sacks et al., 1974). What becomes particularly significant in the categorisation work done in educational institutions is that the categories are not just used as labelling devices, once they are employed, the categories are used to organise teachers' 'knowledge, beliefs, perceptions, tasks and moral relationships' in their work with children (Jayyusi, 1984, p. 28). Sally's references to some young children as 'different' makes real the complex issues of equity, diversity and teachers' work and revisits the complexity of pedagogic decision making in the current context, where ideas of 'normality' are dominant.

Conclusion

Using a social justice lens to examine the generalisation that is being constructed as 'normal' here, it becomes evident that the labelling of children according to their state of wellbeing focuses attention on individual responsibility and pays little attention to the social circumstances that contribute or exacerbate that state. In summary, children who do not exhibit the characteristics described in the DECS definition of wellbeing are seen to not 'fit' the current version of the ideal child. This emphasis on the individual runs the risk of further marginalising and excluding some children from access and participation in a curriculum that leads to success. This focus on a personal, emotional state alters the frame of

reference from a social justice perspective, with its emphasis on understanding the social circumstances which contribute to a state of wellbeing, to an individual problem for both teacher and child.

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